Proceedings of the Fourteenth Pan American Sanitary Conference, Sixth Meeting of the Regional Committee of the World Health Organization for the Americas

Santiago, Chile, 7-22 October 1954

PAN AMERICAN SANITARY BUREAU
Regional Office of the World Health Organization
Washington, D.C., U.S.A.

Pan American Sanitary Conference, 14th, Santiago de Chile, 1954.

PAN AMERICAN SANITARY ORGANIZATION

OFFICIAL DOCUMENTS
No. 14

Proceedings of the Fourteenth Pan American Sanitary Conference, Sixth Meeting of the Regional Committee of the World Health Organization for the Americas

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PAN AMERICAN SANITARY BUREAU
Regional Office of the World Health Organization
1501 New Hampshire Ave., N.W.
Washington 6, D. C., U.S.A.

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[1] The Final Act, signed on 22 October 1954 by the delegates, was published as Official Documents No. 10.

PART ONE

ORGANIZATION OF THE CONFERENCE

CONVOCATION OF THE CONFERENCE

Washington, D.C.
25 March 1954

Dear Mr. Minister:

In compliance with Article 7-A of the Constitution of the Pan American Sanitary Organization, and Resolution XXV of the VII Meeting of the Directing Council (October 1953), I have the honor to convoke the XIV Pan American Sanitary Conference (VI Meeting of the Regional Committee of the World Health Organization), which will be held at Santiago, Chile, from 7 to 22 October 1954, these dates having been fixed in agreement with the Host Government.

The Conference acts as Regional Committee of the World Health Organization by virtue of Article 2 of the Agreement concluded with that Organization on 24 May 1949. Resolution VIII of the XIII Pan American Sanitary Conference provides that the Directing Council will not meet in years in which the Conference is held.

The agenda of the XIV Conference, pursuant to Article 7-D of the Constitution, will be prepared by the Director and approved by the Executive Committee. In order to ensure the inclusion on the draft agenda of topics your Government believes should be considered by the Conference, I would greatly appreciate your transmitting such topics to the Bureau at the earliest possible date, so that they may be presented to the Executive Committee for consideration at its 22nd Meeting, to be held at Washington, D.C., from 22 to 30 April 1954.

In view of the importance of the topics to be considered at the XIV Conference and their significance in the future development of the Organization, it is hoped that all Member Governments will be represented and also that the delegations will be designated at an early date, so as to enable the Bureau to transmit the working documents sufficiently in advance for adequate study.

Very truly yours,

FRED L. SOPER,
Director

HONORARY PRESIDENT AND VICE-PRESIDENTS OF THE CONFERENCE

Honorary President:

His Excellency the President
of the Republic of Chile
Don Carlos Ibáñez del Campo

Honorary Vice-Presidents:

Dr. Raúl Conrado Bevacqua
Minister of Welfare and Public Health of Argentina

Dr. Julio M. Aramayo Maldonado
Minister of Hygiene and Public Health of Bolivia

Dr. Aramis Taborda Athayde
Minister of Health of Brazil

Dr. Bernardo Henao Mejía
Minister of Public Health of Colombia

Dr. Rodrigo Loría Cortés
Minister of Public Health of Costa Rica

Dr. Carlos Salas Humara
Minister of Public Health and Welfare of Cuba

Dr. Marcial Martínez Larré
Minister of Public Health of the Dominican Republic

Dr. José Icaza Roldos
Minister of Public Health and Hygiene of Ecuador

Dr. Eduardo Barrientos
Minister of Public Health and Welfare of El Salvador

Mr. André Monteil
Minister of Public Health and Population of France

Dr. Carlos Sosa Barillas
Minister of Public Health and Welfare of Guatemala

Mr. Roger Dorsinville
Minister of Labor and Public Health of Haiti

General José Antonio Inestroza
Minister of Interior, Justice, Health, and Welfare of Honduras

Dr. Ignacio Morones Prieto
Minister of Public Health and Welfare of Mexico

Mr. J. G. Suurhoff
Minister of Social Affairs and Public Health of the Netherlands

Dr. Leonardo Somarriba
Minister of Public Health of Nicaragua

Mr. Ricardo Arias E.
Minister of Labor, Welfare, and Public Health of Panama

Dr. Enrique Zacarías Arza
Minister of Public Health and Welfare of Paraguay

Dr. Armando Montes de Peralta
Minister of Public Health and Welfare of Peru

Mr. Iain Macleod
Minister of Public Health of the United Kingdom of Great Britain and of Northern Ireland

Mrs. Oveta Culp Hobby
Secretary of Health, Education, and Welfare of the United States of America

Dr. Federico García Capurro
Minister of Public Health of Uruguay

Dr. Pedro A. Gutiérrez Alfaro
Minister of Public Health and Welfare of Venezuela

CHILEAN ORGANIZING COMMITTEE

The Chilean Organizing Committee was established by decrees numbers 151 and 629 of the Ministry of Public Health and Welfare of the Government of Chile, issued on 19 January and 23 June 1954, respectively, and was constituted as follows:

Dr. Abraham Horwitz B., Assistant Director of the National Health Service, Chairman; Dr. Guillermo Valenzuela L., Director General of Health; Dr. Jorge Torreblanca, Undersecretary of Public Health; Dr. Waldemar Coutts, Professor of the School of Medicine, University of Chile, and former Minister of Public Health; Dr. Amador Neghme R., Professor of the School of Medicine, University of Chile, and Secretary of the Faculty of Medicine; Dr. Nacianceno Romero y O., former Director General of Public Health; Dr. Hernán Romero C., Professor of the School of Medicine, University of Chile; Dr. Roberto Muñoz U., former Director of Public Health; Mr. Guillermo Torres O., Superintendent of Social Welfare; Dr. Marcos Charnes W., Chief, Office of International Affairs, National Health Service; Mr. René Sotomayor D., Acting Assistant Chief, Subdepartment of Health Education, National Health Service; and Mr. Enrique Gómez, Chief of the Conference Section and of OAS Affairs, Ministry of Foreign Affairs.

The Committee collaborated in the preparation and organization of the work of the Conference; published an *Official Guide* with information and data of interest to the delegates; established a medical-care and nursing service; set up a press service; organized a transportation service; and coordinated the social activities of the delegates.

PARTICIPANTS

Delegations of the Member Governments

ARGENTINA

Dr. Raúl Conrado Bevacqua, *Chief of Delegation*
Dr. Gerardo Segura, *Alternate Chief of Delegation*

Delegates:

Dr. Francisco J. Martone
Dr. Antonio Delio Kraly

Advisers:

Dr. Waldemar T. Wilde
Dr. Luis Alfredo Uslenghi
Dr. Angel Forte
Dr. Juan Carlos Costa
Mr. Orlando V. Fagioli
Mr. Osvaldo Piñero
Mr. Carlos Torres Gigena

BOLIVIA

Dr. Jorge Doria Medina, *Chief of Delegation*

Delegate:

Dr. Antonio Brown L.

BRAZIL

Delegate:

Dr. Henrique Rodrigues Valle

Adviser:

Dr. Frederico Carlos Carnauba

CHILE

Dr. Sergio Altamirano P., *Chief of Delegation*

Delegates:

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Dr. Abraham Horwitz B.

Alternates:

Dr. Jorge Torreblanca D.
Dr. Waldemar Coutts
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Advisers:

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Dr. Eduardo Cruz Coke
Dr. Benjamín Viel Vicuña
Dr. Amador Neghme R.
Dr. Nacianceno Romero y O.
Dr. Roberto Muñoz U.
Dr. Marcos Charnes W.
Dr. Hernán Romero
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Mr. Enrique Gómez
Mr. René Sotomayor Díaz
Dr. Hugo Behm
Dr. Teodoro Zenteno
Dr. Jerjes Vildósola
Dr. Arturo Scroggie
Dr. Aníbal Ariztía
Dr. Adalberto Steeger
Dr. Arturo Baeza
Dr. Francisco Mardones
Dr. Carlos Allende Gaete
Dr. Avogadro Aguilera
Dr. Sergio Ibáñez
Dr. Alfredo Taborga
Dr. Rolando Armijo
Dr. Jorge Bravo Murphy
Dr. Jorge Román
Dr. Guillermo Adriasola
Dr. Raúl Ortega
Mr. Mario Rodríguez Altamirano

COLOMBIA

Dr. Bernardo Henao Mejía, *Chief of Delegation*

Delegates:

Dr. Jorge Jiménez Gandica
Dr. Gonzalo Montes Duque

Alternate:

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Advisers:

Dr. Marcos L. Villegas
Dr. Jaime Escallón

COSTA RICA

Dr. Oscar Vargas Méndez, *Chief of Delegation*

Delegates:

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Dr. Jorge Salas Cordero

Alternates:

Miss Elena Quesada Saborío
Miss Graciela Carrillo Castro
Mr. Germán Sojo Arias

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Dr. Pedro Nogueira Rivero

Alternate:

Dr. Roberto Villa León

DOMINICAN REPUBLIC

Dr. Ramón Bergés Santana, *Chief of Delegation*

Delegates:

Dr. Hipólito Sánchez Báez
Mr. Franz Baehr, Jr.

ECUADOR

Dr. Carlos Grunauer Toledo, *Chief of Delegation*

Delegate:

Dr. Juan Montalván Cornejo

Secretary of Delegation:

Mr. Armando Espinel Elizalde

EL SALVADOR

Dr. Juan Allwood Paredes, *Chief of Delegation*

Delegate:

Dr. Alberto Aguilar Rivas

FRANCE

Dr. R. G. Hyronimus, *Chief of Delegation*

Delegate:

Dr. Hervé Floch

Alternates:

Dr. Pierre Bonamour
Mr. Pierre Carraud
Mr. René Crouy-Chanel

GUATEMALA

Delegates:

Dr. José Fajardo
Mr. Humberto Olivero, Jr.

HAITI

Dr. Lucien Pierre-Noël, *Chief of Delegation*

Delegate:

Dr. Richard Nemorin

MEXICO

Dr. Ignacio Morones Prieto, *Chief of Delegation*

Delegates:

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Dr. José Zozaya

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Delegates:

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Dr. G. E. van Beek

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Delegates:

Dr. Claudio Prieto
Dr. Julio Martínez Quevedo

Alternates:

Dr. Antonio Menna
Dr. J. R. Cazal

PERU

Dr. Armando Montes de Peralta, *Chief of Delegation*

Delegate:

Dr. Carlos Lazarte Echegaray

UNITED KINGDOM

Dr. J. W. P. Harkness, *Chief of Delegation*

Delegates:

Dr. L. W. Fitzmaurice
Dr. A. A. Peat

Alternate:

Dr. J. P. O'Mahony

UNITED STATES

Dr. W. Palmer Dearing, *Chief of Delegation*

Delegates:

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Mr. Howard B. Calderwood

Advisers:

Dr. Roy Anduze
Mr. William Belton

Dr. E. Ross Jenney
Dr. Juan A. Pons
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URUGUAY

Dr. Ricardo Cappeletti

VENEZUELA

Dr. Daniel Orellana, *Chief of Delegation*

Delegates:

Dr. Darío Curiel
Dr. Pastor Oropeza

Alternate:

Dr. Arnoldo Gabaldón

Adviser:

Dr. Santiago Ruesta M.

Observer for Non-Member Government

CANADA

Mr. Theodore W. Blockley

World Health Organization

Dr. M. G. Candau, *Director-General*

Officers of the Pan American Sanitary Bureau

Dr. Fred L. Soper (*Member ex officio*)
Dr. Carlos L. González, *Assistant Director*
Dr. Miguel E. Bustamante, *Secretary General*
Mr. Harry A. Hinderer, *Chief, Division of Administration*
Dr. Myron E. Wegman, *Chief, Division of Education and Training*
Dr. Emilio Budnik, *Representative, Zone VI*

Observers for Intergovernmental Organizations

ORGANIZATION OF AMERICAN STATES

Dr. Francisco de Abrisqueta
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FOOD AND AGRICULTURE ORGANIZATION

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INTERNATIONAL LABOUR ORGANISATION

Mr. Moisés Poblete Troncoso

UNITED NATIONS CHILDREN'S FUND

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AMERICAN COLLEGE OF CHEST PHYSICIANS

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Dr. José Perroni

INTERNATIONAL UNION AGAINST CANCER

Professor Alberto Rahausen

INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES AND THE TREPONEMATOSES

Mrs. Philip Riley

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General Agustín Inostroza Pérez

PAN AMERICAN MEDICAL CONFEDERATION

Dr. Héctor Rodríguez Hernández

ROCKEFELLER FOUNDATION

Dr. Robert B. Watson
Dr. John N. Weir
Miss Mary Elizabeth Tennant

WORLD FEDERATION FOR MENTAL HEALTH

Dr. Carlos Nassar

WORLD MEDICAL ASSOCIATION

Dr. Héctor Rodríguez Hernández

RULES OF PROCEDURE

of the

PAN AMERICAN SANITARY CONFERENCE,
REGIONAL COMMITTEE OF THE WORLD HEALTH ORGANIZATION

PART I

Members

Art. 1. The Pan American Sanitary Conference shall be composed of delegates of Member Governments of the Pan American Sanitary Organization.

Art. 2. Delegates of Governments not having their seats within the Western Hemisphere, which

(a) either by reason of their Constitution consider certain territories or groups of territories in the Western Hemisphere as part of their national territory; or

(b) are responsible for the conduct of the international relations of territories or groups of territories within the Western Hemisphere,

shall participate in meetings of the Conference in the manner established by these Rules of Procedure.

Art. 3. The Director of the Pan American Sanitary Bureau shall participate *ex officio* without the right to vote.

Art. 4. The order of precedence of the delegations shall be established by lot during the inaugural plenary session.

PART II

Officers

Art. 5. The Conference shall elect a President and two Vice-Presidents who shall hold office until their successors are elected.

Art. 6. The President shall preside over the sessions of the Conference and execute any other functions assigned to him under these Rules of Procedure.

Art. 7. In the absence of the President one of the Vice-Presidents shall preside, and if all these officers should be absent the Conference shall appoint one of the delegates to preside over the session.

Art. 8. The President or a Vice-President while presiding shall not vote but may appoint another member of his delegation to act as the delegate of his Government in plenary sessions.

Art. 9. If a representative of territories is elected an officer at any meeting, the said representative shall not officiate during a session at which any of the matters enumerated in Article 15 of these Rules of Procedure is under discussion.

Art. 10. In the event that neither the President nor any of the Vice-Presidents are present at the opening of the Conference, the Chairman of the immediately preceding meeting of the Directing Council shall preside.

Secretariat

Art. 11. The Secretary General of the Pan American Sanitary Bureau shall act as Secretary of the Conference and of its committees. He may delegate these functions.

PART III

Meetings and Agenda

Art. 12. The Conference shall meet in the country determined by the Conference or by the Directing Council acting on its behalf.

Art. 13. Should the country chosen for the site of a Pan American Sanitary Conference, because of unforeseen circumstances, be unable to comply with this commitment, the meeting of the Conference will automatically be held at the headquarters of the Pan American Sanitary Bureau.

Art. 14. The meetings of the Conference shall be convoked by the Director of the Pan American Sanitary Bureau not later than six months prior to the date of its opening.

Art. 15. All meetings of the Pan American Sanitary Conference shall at the same time be meetings of the Regional Committee of the World Health Organization except when the Conference is considering constitutional matters, the juridical relations between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States, or other questions relating to the Pan American Sanitary Organization as an Inter-American Specialized Organization.

Art. 16. Each delegation shall have one vote only.

Art. 17. A majority of the members participating and entitled to vote in the Conference shall constitute a quorum.

Art. 18. Representatives of territories are entitled to participate in the debates and vote on the same basis as those of Members, except that they shall not participate or vote when any of the matters enumerated in Article 15 of these Rules of Procedure is under discussion.

Art. 19. The privilege of voting in the plenary sessions on Pan American Sanitary Organization budget matters may be exercised by the representatives of territories, but this privilege shall be contingent on an equitable contribution to the budget of the Pan American Sanitary Organization made on behalf of such territories.

Art. 20. Representatives of territories under the jurisdiction of the same non-American State shall vote as a single unit in the plenary sessions and in the committees whenever they are entitled to vote. Only one vote may be cast on behalf of each such unit.

Art. 21. Unless otherwise determined, the sessions of the Conference shall be public.

Art. 22. Decisions shall be taken by the affirmative votes of the majority of representatives of Members and, in cases where they are entitled to vote, the territories, present and voting. For the purpose of these Rules of Procedure, the phrase "present and voting" means representatives of Members and territories who cast an affirmative or negative vote. Representatives who abstain from voting are considered not voting.

Art. 23. The agenda for the meetings of the Conference shall be prepared by the Director of the Pan American Sanitary Bureau.

Art. 24. The agenda shall include:

(a) Any subject suggested by the Conference at its previous meeting.

(b) Any subject proposed by the Directing Council at its previous meetings.

(c) Any subject proposed, not later than twenty-one days prior to the meeting, by Members, territories, or organizations entitled to propose subjects. The Director of the Pan American Sanitary Bureau may waive this time limitation should such a waiver be justified by special considerations.

(d) Any subject proposed by the Director of the Pan American Sanitary Bureau.

Art. 25. Supplementary items may be added to the agenda during any session of the Conference if two thirds of the delegations participating and entitled to vote approve.

Art. 26. The agenda and all documents relating thereto shall be sent to Members, territories, and organizations entitled to representation, at least thirty days prior to the meeting. Copies of these documents shall be forwarded to national health authorities.

Art. 27. To allow for proper discussion of the items on the agenda, the Director of the Pan American Sanitary Bureau shall formulate a program for the sessions.

Art. 28. The Conference shall adopt an agenda and approve a program at the beginning of each meeting.

Art. 29. The inaugural plenary session shall be held at the place and on the date set by the government of the host country.

Art. 30. The plenary sessions shall be devoted to matters of general interest and to the discussion and approval of the reports of the various committees. The rapporteur of each committee shall be limited to thirty minutes in the presentation of his report.

Art. 31. The Director of the Pan American Sanitary Bureau shall report to the Conference on the technical, administrative, and financial implications, if any, of all agenda items.

PART IV

Committees

Art. 32. A Committee on Credentials, consisting of three delegates of as many Members, shall be appointed by the Conference at its opening session. This Committee shall examine the credentials of delegates of Members and territories and report to the Conference thereon without delay.

Art. 33. The Conference shall establish at each meeting a General Committee and such main committees as it may consider necessary for the study of the appropriate items on the agenda. The Chairmen of the main committees shall be elected by the Conference.

Art. 34. The General Committee shall consist of the President of the Conference (who shall serve as Chairman of the General Committee), the two Vice-Presidents, the Chairmen of the main committees, and additional delegates of two Members not already represented on the General Committee. The Secretary of the Conference shall serve as Secretary of the General Committee without the right to vote. The Director of the Pan American Sanitary Bureau shall serve *ex officio* without the right to vote.

Art. 35. The General Committee shall:

(a) decide the time and place of all plenary sessions and of all sessions of committees established at plenary sessions during the meetings;
(b) determine the order of business at each plenary session;
(c) propose to the Conferece the allocation to committees of items on the agenda;
(d) coordinate the work of all committees established at plenary sessions;
(e) fix the date of adjournment;
(f) otherwise facilitate the orderly dispatch of the business of the meeting.

Art. 36. Each delegation shall be entitled to be represented on each main committee.

Art. 37. Each main committee shall elect a Vice-Chairman and a Rapporteur, who shall submit to the plenary session for discussion the report and conclusions reached by the committee.

Art. 38. Representatives of territories shall be entitled to participate, with the right to vote, in the committees of the Pan American Sanitary Conference, except that they shall not have the right to vote when matters enumerated in Article 15 of these Rules of Procedure are under discussion.

Art. 39. The Conference or any main committee may establish working parties to consider and report upon particular subjects. Alternates and advisers may be appointed to any such working parties as may be established.

Art. 40. The reports of all committees, before being submitted to a plenary session for final disposition, shall be referred to the General Committee for coordinating and editing. Such reports, including draft resolutions, shall, after being examined by the General Committee, be circulated, insofar as practicable, at least twenty-four hours in advance of the plenary session at which they will be considered.

PART V

Debates

Art. 41. Any delegation may request a roll-call vote. The vote of each Member participating in any roll-call vote shall be inserted in the record of the meeting.

Art. 42. All elections shall be held by secret ballot; in other cases a secret ballot may be taken if the Conference so decides; in both events two tellers selected from among the delegations present shall assist in the counting of votes.

Art. 43. When only one Member is to be elected and no candidate obtains in the first ballot the majority required, a second ballot shall be taken which shall be restricted to the two candidates obtaining the largest number of votes. If in the second ballot the votes are equally divided, and a majority is required, the President shall decide between the candidates by drawing lots.

Art. 44. When two or more elective places are to be filled at one time under the same conditions, those candidates obtaining in the first ballot the majority required

shall be elected. If the number of candidates obtaining such majority is less than the number of persons or Members to be elected, there shall be additional ballots to fill the remaining places, the voting being restricted to the candidates obtaining the greatest number of votes in previous ballot, to a number not more than twice the places remaining to be filled; provided that, after the third inconclusive ballot, votes may be cast for any eligible person or Member. If three such unrestricted ballots are inconclusive, the next three ballots shall be restricted to the candidates who obtained the greatest number of votes in the third of the unrestricted ballots, to a number not more than twice the places remaining to be filled, and the following three ballots thereafter shall be unrestricted, and so on until all the places have been filled.

Art. 45. Parts of a proposal shall be voted on separately if any Member so requests.

Art. 46. If two or more amendments are moved to a proposal, the amendment furthest removed in substance from the original proposal shall be voted on first, then the amendment next furthest removed, until all amendments have been put to a vote.

Art. 47. An amendment shall be voted on first and if it is adopted the amended proposal shall then be voted on.

Art. 48. During the discussion of any subject any delegate may rise to a point of order, which shall be resolved immediately by the President.

Art. 49. A Member may at any time move the closure of the debate. His motion shall be given priority and submitted to a vote immediately after one Member has been given the opportunity to speak in favor of and another against the motion.

Art. 50. The President may at any time call for a vote to close the debate. If this motion is approved, the President shall declare the debate closed.

Art. 51. The Conference may limit the time allotted to each speaker.

Art. 52. The right to speak shall be limited to delegates of Members and territories, to observers for organizations entitled to participate, and to the Director of the Pan American Sanitary Bureau. However, the President may grant the right to speak to alternates and advisers of delegates or to the officers of the Pan American Sanitary Bureau for information regarding the subject under discussion.

PART VI

Election of the Director

Art. 53. In accordance with Article 4-E of the Constitution of the Pan American Sanitary Organization, the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the Members present and voting. Acting as Regional Committee of the World Health Organization, and in conformity with Articles 49 and 52 of the Constitution of the World Health Organization, the Conference shall submit the name of the person so elected to the Executive Board of WHO for appointment as Regional Director.

PART VII

Final Act and Minutes

Art. 54. The General Committee shall prepare the Final Act, which shall include all resolutions adopted by the Conference.

Art. 55. At the closing session the delegates, the Director, and the Secretary shall sign the Final Act.

Art. 56. The Pan American Sanitary Bureau shall send copies of the Final Act to each Member and territory.

Art. 57. Verbatim minutes of the plenary sessions and précis minutes of the committee sessions shall be prepared and distributed as soon as practicable.

Art. 58. As soon as possible after the closing of the Conference, the minutes of the sessions, the reports, and the Final Act shall be reproduced and the Director shall transmit copies thereof to Members and territories and to organizations represented at the Conference.

PART VIII

Official Languages

Art. 59. The official languages of the meetings shall be English, French, Portuguese, and Spanish.

PART IX

Amendment of Rules of Procedure

Art. 60. These Rules of Procedure may be amended by resolution of the Conference on 24-hour notice or by a two-thirds majority vote at any time.

Art. 61. All matters not provided for in these Rules of Procedure shall be resolved directly by the Conference.

AGENDA

Topic Number	Title	Working Document
1	Inauguration of the XIV Pan American Sanitary Conference.	
2	Adoption of the Rules of Procedure of the Pan American Sanitary Conference	CSP14/3 CE22/11 and Addendum I
3	Election of the Committee on Credentials	
4	Establishment, by lot, of the Order of Precedence of the Delegations	CSP14/45
5	Election of President and two Vice-Presidents	
6	Establishment of the General Committee	
7	Adoption of the Agenda	CSP14/1, Rev. 2 and Addendum I
8	Adoption of Program of Sessions	CSP14/2 CE22/13
9	Annual Report of the Chairman of the Executive Committee	CSP14/25

Topic Number	Title	Working Document
10	Reports of the Director of the Pan American Sanitary Bureau:	
	a. Annual Report of the Director for 1953	CSP14/4
	b. Four-Year Report of the Director	CSP14/5
11	Technical Discussions:	
	a. Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIII and XIV Pan American Sanitary Conferences	CSP14/17
	b. Discussion of the Topics Selected by the Executive Committee:	
	(i) Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs	CSP14/26 CSP14/69, Rev. 1 and Corrigendum I
	(ii) Control of Infant Diarrheas in the Light of Recent Scientific Progress	CSP14/27 and Addenda I and II CSP14/66
	(iii) Application of Health Education Methods in Rural Areas in Latin America	CSP14/28 CSP14/65
12	Proposed Program and Budget of the Pan American Sanitary Bureau for 1955	CSP14/19 CE22/2 CE22/47, Rev. 1
13	Proposed Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau, for 1956	CSP14/29 and Addendum I CE23/2 CE23/13 CSP14/77 CSP14/89
14	Future Form of Presentation of the Proposed Program and Budget of the Pan American Sanitary Bureau	CSP14/30 CE23/3
15	Revision of the Constitution of the Pan American Sanitary Organization	CSP14/18 CSP14/78
	Membership and Associate Membership in the Organization (Proposal of the Government of Cuba)	CSP14/38

Topic Number	Title	Working Document
	Change in the Names of the Organization, the Conference, and the Bureau; and Change in the Composition and Meetings of the Executive Committee (Articles 13 and 14 of the present Constitution) (Proposal of the Government of Cuba)	CSP14/39
16	Financial Report of the Director and Report of the External Auditor for 1953	CSP14/6 CE22/4
17	Report on the Financial Participation of France, the Netherlands, and the United Kingdom, on behalf of their Territories in the Region of the Americas, in the Budget of the Pan American Sanitary Organization	CSP14/16 CE22/12
18	Status of the Collection of Quota Contributions	CSP14/31 and Corrigendum I
19	Utilization of Surplus Funds from 1953	CSP14/14 CE22/17
20	Report of the Permanent Subcommittee on Buildings and Installations	CSP14/8 CE22/10
21	Report on the Revision of the Staff Rules of the Pan American Sanitary Bureau as Confirmed by the 22nd Meeting of the Executive Committee	CSP14/12 CE22/5 CE22/37
22	Report on the Program of Economies and Decentralization of the Pan American Sanitary Bureau	CSP14/32 CE23/5
23	Relations between the Pan American Sanitary Organization and Nongovernmental Organizations	CSP14/7
24	Treponematoses: General Basis for the Establishment of an Epidemiological Campaign (Proposal of the Government of Chile)	CSP14/33 CSP14/88
25	Unification of Action in Public Health Programs in the Region of the Americas	CSP14/34 CE22/16

Topic Number	Title	Working Document
26	Selection of Topics for Technical Discussions during the VIII Meeting of the Directing Council, VII Meeting of the Regional Committee of the World Health Organization (1955)	CSP14/11
27	Election of the Director of the Pan American Sanitary Bureau, and Nomination of the Regional Director for the Americas of the World Health Organization	CSP14/9
28	Election of two Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Ecuador and Mexico	CSP14/10
29	Place and Date of the XV Pan American Sanitary Conference	CSP14/23, Rev. 1
30	Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau	CSP14/35 CE23/6
31	Working Capital Fund	CSP14/15
32	Eradication of Malaria in the Americas	CSP14/36 CSP14/81 and Addenda I and II CSP14/82, Corrigendum
33	Reimbursement of Travel Expenses of Representatives at Regional Committee Meetings	CSP14/13
34	Modification in the 1955 Program and Budget of the World Health Organization	CSP14/37
35	Technical Assistance Program for 1955	CSP14/21 CSP14/90
36	Environmental Sanitation	CSP14/22
37	Organization of a Service Unit in Mexico City during the Eighth World Health Assembly (Topic proposed by the Government of Cuba)	CSP14/20

Topic Number	Title	Working Document
38	Inter-American Congress of Public Health (Topic proposed by the Government of Cuba)	CSP14/24
39	Emergency Revolving Fund	CSP14/40 CE23/8 CSP14/59
40	Functions of the Executive Committee in the Preparation of Pan American Sanitary Conferences (Proposal of the Executive Committee, Resolutions IX of the 23rd Meeting)	CSP14/42

OFFICERS OF THE CONFERENCE

President:	Dr. Sergio Altamirano P.	Chile
Vice-Presidents:	Dr. W. Palmer Dearing	United States
	Dr. Oscar Vargas Méndez	Costa Rica
Secretary:	Dr. Miguel E. Bustamente	Pan American Sanitary Bureau

OFFICERS OF THE COMMITTEES

COMMITTEE ON CREDENTIALS

Chairman:	Dr. Alberto Bissot, Jr.	Panama
Rapporteur:	Dr. Jorge Torreblanca	Chile
Member:	Dr. José Zozaya	Mexico

GENERAL COMMITTEE

Chairman:	Dr. Sergio Altamirano P.	Chile
Vice-Chairmen:	Dr. W. Palmer Dearing	United States
	Dr. Oscar Vargas Méndez	Costa Rica
Members:	Dr. Juan Montalván Cornejo	Ecuador
	Dr. Félix Hurtado	Cuba
	Dr. José Zozaya	Mexico
	Dr. Gerardo Segura	Argentina

Ex Officio Member:	Dr. Fred L. Soper	Director, Pan American Sanitary Bureau
Secretary:	Dr. Miguel E. Bustamante	Secretary General, Pan American Sanitary Bureau

COMMITTEE I (TECHNICAL MATTERS)

Chairman:	Dr. Juan Montalván Cornejo	Ecuador
Vice-Chairman:	Dr. Ricardo Cappeletti	Uruguay
Rapporteur:	Dr. Abraham Horwitz B.	Chile
Secretary:	Dr. Emilio Budnik	Pan American Sanitary Bureau

COMMITTEE II (ADMINISTRATION, FINANCE, AND LEGAL MATTERS)

Chairman:	Dr. Félix Hurtado	Cuba
Vice-Chairman:	Dr. José Fajardo	Guatemala
Rapporteur:	Dr. José Zozaya	Mexico
Secretary:	Mr. Harry A. Hinderer	Pan American Sanitary Bureau

COMMITTEE I AND COMMITTEE II (JOINT SESSIONS)

Chairmen:	Dr. Juan Montalván Cornejo (Chairman, Committee I)	Ecuador
	Dr. Félix Hurtado (Chairman, Committee II)	Cuba
Secretary:	Dr. Miguel E. Bustamente	Pan American Sanitary Bureau

WORKING PARTIES

COMMITTEE I

Working Party A (Statistics):

Moderator, Dr. Darío Curiel (Venezuela); Rapporteur, Dr. Hugo Behm (Chile); Secretary, Dr. Ruth R. Puffer (PASB). Dr. Enrique Pereda, Chief, Division of Biostatistics, National Health Service, Chile, presented the introductory statement.

Working Party B (Infant Diarrheas):

Moderator, Dr. Juan Allwood Paredes (El Salvador); Rapporteur, Dr. Adalberto Steeger (Chile); Secretary, Dr. Myron E. Wegman (PASB). Dr. Albert V. Hardy, Director, Bureau of Laboratories, Florida State Board of Health, United States, presented the introductory statement.

Working Party C (Health Education):

Moderator, Dr. Carlos Grunauer Toledo (Ecuador); Rapporteur, Miss Graciela Carrillo Castro (Costa Rica); Secretary, Dr. Rigoberto Ríos Castro (PASB). Miss María Zalduondo, Bureau of Health Education, Department of Health, Puerto Rico, presented the introductory statement.

Working Party D (Malaria):

Moderator, Dr. Nicolaas H. Swellengrebel (Netherlands); Adviser, Dr. Carlos L. González (PASB); Rapporteur, Dr. Arnoldo Gabaldón (Venezuela). Dr. Carlos A. Alvarado (PASB) presented the introductory statement. Drafting Committee: Dr. Oscar Vargas Méndez (Costa Rica), Dr. Juan Montalván Cornejo (Ecuador), Dr. Hervé Floch (France), Dr. E. J. Pampana (WHO), and Dr. C. A. Avarado (PASB).

Working Party E (Treponematoses):

Moderator, Dr. Waldemar Coutts (Chile); Rapporteur, Dr. Alberto Bissot, Jr. (Panama).

COMMITTEE II

Working Party I (Revision of the Constitution):

Moderator, Dr. Gerardo Segura (Argentina); Rapporteur, Dr. Frederico C. Carnauba (Brazil).

THIRD MEETING OF THE CHILEAN PUBLIC HEALTH CONFERENCES

The Chilean Public Health Conferences *(Jornadas Chilenas de Salubridad)*, organized by the Chilean Public Health Society, have been held since 1950 in order to study and discuss national health problems as a means of contributing toward the improvement of public health in the country.

The third in the series of Conferences took place in Santiago from 11 to 13 October. Participation at this meeting was included on the program of sessions adopted by the XIV Pan American Sanitary Conference, and the delegations attended the following:

Inaugural session, and first and second sessions, in the Hall of Honor of the University of Chile, 6:00 p.m., 7:00 p.m., and 9:45 p.m., respectively, 11 October.

Third session, 10:00 a.m., 12 October.

Fourth session, at 7:00 p.m., and fifth and closing sessions at 9:45 p.m., 13 October.

VISITS TO HEALTH SERVICES

Visits were made to the San Juan de Dios Hospital, the Quinta Normal Health Unit, the School of Public Health, and the Bacteriological Institute on 21 October.

SOCIAL ACTIVITIES

Banquet offered by the Government of Chile to the delegations at the Union Club, 9:00 p.m., 7 October.

Courtesy visit by the delegations to His Excellency the President of the Republic of Chile, Don Carlos Ibáñez del Campo, 12:00 noon, 8 October.

Special horse races, *Premio XIV Conferencia Sanitaria Panamericana,* at the Jockey Club, 2:00 p.m., 10 October; cocktail party for the delegations by the Club management.

Cocktail-dance given by the delegation of Chile and the Chilean Health Society, at Villa Arcadia, 7:30 p.m., 10 October.

Cocktail party given by the Municipal Authorities of Santiago, at the Cousiño Palace, 7:00 p.m., 14 October.

Formal session at the School of Medicine of the University, 15 October.

Excursion to Viña del Mar; luncheon at the Health Center and banquet offered by the Municipal Authorities at the Municipal Casino, 16 October. Return to Santiago, 17 October.

Cocktail party offered by the delegations attending the Conference, 7:00 p.m., 18 October.

Performance by the National Ballet, accompanied by the Chilean Symphonic Orchestra, at the Municipal Theater, 7:00 p.m., 20 October.

The Committee of Women, organized to accompany and to act as hostesses to the wives of the delegates, included: Dr. Victoria García de Yazigi, Dr. Marta Monares de Muñoz, Dr. Paula Peláez, Mrs. Elisa de Valenzuela, Mrs. Nana de Andriasola, Mrs. Marina Ramírez, and Mrs. de Neghme. The following collaborated with the Committee: Mrs. María de Castellón, Mrs. Laura de Castellón, Mrs. Teresa de la Fuente, Mrs. Luisa Moller de Infante, Mrs. Isaura Abrigo, and Mrs. Julia de Durandin.

DAILY SCHEDULE OF SESSIONS

October 1954		Plenary Sessions	Committee on Credentials	General Committee	Committee I	Committee I Working Parties A	B	C	D	E	Committee II	Committee II Working Party I	Joint Sessions Committees I and II	Total Sessions
Thursday 7	a.m.	Opening												1
	p.m.													
Friday 8	a.m.	First	First											2
	p.m.	Second		First										2
Saturday 9	a.m.	Third												1
	p.m.	Fourth		Second							First			3
Monday 11	a.m.	Fifth	Second									First		3
	p.m.			Third	First	First	First	First			(Suspended)	Second		6
Tuesday 12	a.m.											Third		1
	p.m.													
Wednesday 13	a.m.					Second	Second	Second			Second			4
	p.m.			Fourth		Third		Third				Fourth		4
Thursday 14	a.m.	Sixth			Second			Fourth				Fifth	First	5
	p.m.			Fifth		Fourth	Third	Fifth	First		Third	Sixth		7
Friday 15	a.m.					Fifth			Second		Fourth		Second	4
	p.m.			Sixth	Third	Sixth			Third		Fifth	Seventh		6
Saturday 16	a.m.													
	p.m.													
Monday 18	a.m.	Seventh		Seventh										2
	p.m.				Fourth						Sixth			2
Tuesday 19	a.m.	Eighth												1
	p.m.	Ninth		Eighth	Fifth						Seventh			4
Wednesday 20	a.m.	Tenth			Sixth					First	Eighth			4
	p.m.			Ninth										1
Thursday 21	a.m.			Tenth										1
	p.m.													
Friday 22	a.m.	Closing												1
	p.m.													

PART TWO

VERBATIM MINUTES OF THE PLENARY SESSIONS

VERBATIM MINUTES OF THE PLENARY SESSIONS

OPENING SESSION[1]

Thursday, 7 October 1954, at 11:15 a.m.

HONORARY OFFICERS

His Excellency the President of the Republic, Don Carlos Ibáñez del Campo

Don Fernando Alessandri Rodríguez, President of the Senate

Dr. Ramón Bergés Santana, Temporary President of the XIV Pan American Sanitary Conference and Chief of the Delegation of the Dominican Republic

Dr. Sergio Altamirano P., Minister of Public Health and Welfare of Chile

Dr. Ignacio Morones Prieto, Minister of Public Health and Welfare of Mexico

Dr. M. G. Candau, Director-General of the World Health Organization

Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau

Dr. Miguel E. Bustamante, Secretary General of the Pan American Sanitary Bureau and Secretary of the Conference

GUESTS OF HONOR

His Eminence Cardinal José María Caro Rodríguez, Archbishop of Santiago; Don Roberto Aldunate, Minister of Foreign Affairs; Don Tobías Barros Ortiz, Minister of National Defense; Dr. Eugenio Suárez, Minister of Agriculture; diplomatic representatives of the States Members of the Pan American Sanitary Organization, accredited in Santiago; Don Luis Cubillos, Director of Protocol, Ministry of Foreign Affairs; General Santiago Danus Peña, Prefect of Santiago; Miss María Teresa del Canto, Mayor of the Municipality of Santiago; Dr. Jorge Torreblanca, Undersecretary of Public Health; Dr. Guillermo Valenzuela Lavín, Director General of Public Health; Dr. Alejandro Garretón Silva, Dean of the School of Medicine, University of Chile; Dr. Rodolfo Rencoret, Dean of the School of Medicine, Catholic University; chiefs of the four health zones of Santiago; members of the Chilean Organizing Committee for the XIV Pan American Sanitary Conference; chairmen of the national medical and scientific societies and directors of health centers and hospitals; representatives of the press.

TEMPORARY PRESIDENT:* His Excellency the President of the Republic of Chile will formally open the XIV Pan American Sanitary Conference.

[1] The opening session was held in the Hall of Honor of the National Congress, Santiago, Chile.

* The asterisk denotes that the person spoke in a language other than English.

Address by His Excellency, Don Carlos Ibañez del Campo, President of the Republic of Chile

HIS EXCELLENCY THE PRESIDENT OF THE REPUBLIC OF CHILE:* It is with the greatest satisfaction and in complete accord with the feeling of the Chilean people that the Government of the Republic has the honor to extend to you its most cordial greetings, at the opening of the XIV Pan American Sanitary Conference.

On this most solemn occasion, I should like to express my appreciation of the decision of your Directing Council to give Chile the signal honor of being, for the second time, the seat of this great international gathering.

From the very beginnings of the Organization, our country has recognized the great perspectives that the creation of the Pan American Sanitary Bureau opened for continental health. For this reason it supported the establishment of this permanent agency, was a member of its first Directing Council, and for fifty-two years has been closely linked to, and invariably a supporter of, its resolutions and activities.

This policy is the result of the deep-seated conviction that international solidarity to protect and promote the health of the peoples of America is more than a response to physical needs. It represents a decisive factor in stimulating good relations and harmony among our countries.

You have stated that the fundamental objectives of the Pan American Sanitary Organization are to promote and coordinate the efforts of the countries of the Western Hemisphere in combating illness, prolonging life, and promoting the well-being of the peoples.

These noble aims have imbued your deliberations with a time-honored prestige and have been pursued in an atmosphere of complete understanding.

The peoples of the New World are seeing, ever more clearly, that the principles of Pan American health are inspiring the planning and development of programs and concrete activities that are of benefit to all.

It is a fact that the Pan American Sanitary Conferences, together with their directing and executive bodies, enable our Governments to meet their responsibility of guaranteeing the basic right of their inhabitants to health, either by recommending suitable legislation and standards, or by contributing to the improvement of their technical agencies.

Chile has always maintained that international health is an indivisible unit. It cannot be assured to any one country unless it is shared by all. As early as 1911, when the V Pan American Sanitary Conference met in Santiago, Dr. Alejandro del Río, the President of that gathering and an outstanding figure in Chilean medicine, emphasized those concepts and pointed out, furthermore, that continental health could not be truly safeguarded by the chimera of border vigilance alone. On the contrary, it could be achieved only by improving all the conditions and factors that increase the vigor, the resistance to disease, and the health of each people.

Acting in accordance with these aims, the Government of Chile has adopted every possible measure to promote effective progress in the national state of health.

* The asterisk denotes that the person spoke in a language other than English.

During my earlier administration, it was incumbent upon me to encourage the organization of health activities, in accordance with our Constitution, which sets forth the duty of the State to guard the health and the physical well-being of the people. One accomplishment of my administration was the Sanitary Code still in effect, which contains not only the fundamental standards for the protection of health, but also preventive provisions that have made possible the progressive development of our public health organization. Convinced of the need for and importance of the Pan American Sanitary Code, I supported its ratification, and I have always urged compliance with its regulations and with our bilateral agreements with Argentina, Bolivia, and Peru.

One of the basic concerns of my Government at present is how to maintain and increase our biodemographic progress during this period of economic instability and of reduction of purchasing power in large sectors of the population, factors that are affecting most of our countries.

To this end, and to break the vicious circle of insufficient productivity, with its detrimental effect on the level of health, I have sponsored a realistic policy in the matter of social security and welfare. This policy aims at solving the problems of the working man, so as to prevent or relieve periods of need, and at promoting national health, in order to do away with or decrease the cost and the effects of illness and disability.

We are giving preferential attention to creating new sources of productive work and to improving those already in existence, to constructing low-cost housing, setting a minimum wage for the rural worker, providing family allowances for workers, controlling inflationary trends, and rechanneling social security funds in order to invest them in national plans to promote nutrition, agriculture and animal husbandry, and improved housing for workers.

In like manner, my Government has given special attention to the launching of the new National Health Service, in which the most important institutions for medical care and public health in our country are now incorporated.

The progress we have achieved in health, with the encouraging advances made in the reduction of infant mortality and tuberculosis deaths, in the control of communicable diseases, and in the eradication of malaria and smallpox, will be furthered by the comprehensive economic and social measures now being promoted by my Government. Without such measures, any effort to save human life or to safeguard against communicable diseases would be in vain. For this reason, my Government is firmly supporting plans for economic, agricultural, and industrial development in close connection with programs of public health and education.

I know that in your countries similar advances have been made and that, as you begin your sessions by reading your reports, you will have good cause to congratulate yourselves. It is thus that the principles of the World Health Organization are upheld: the results achieved by one State to promote and protect health should be of benefit to all.

I recognize the invaluable contribution being made to our public health work by the Pan American Sanitary Bureau and the specialized agencies of the United Nations, by the nongovernmental institutions and foundations, and by the technical agencies of the United States Government, through the granting of fellowships

and the furnishing of technical assistance in experimental programs now made permanent by our Government. I should like to express publicly our pleasure at receiving the Director-General of the World Health Organization, Dr. Marcolino G. Candau; the Director of the Pan American Sanitary Bureau, Dr. Fred L. Soper; and the representatives of all the organizations to which I have referred.

May I ask you to convey my most cordial greetings to the Presidents of your republics, which are so eminently represented at this distinguished assembly, and to express to you my best wishes for the success of your deliberations.

With renewed faith in the future of our Continent and in the power of your decisions to inspire the fuller attainment of health, progress, peace, and happiness for our peoples, I hereby inaugurate the XIV Pan American Sanitary Conference, VI Meeting of the Regional Committee of the World Health Organization for the Americas.

TEMPORARY PRESIDENT:* Dr. Morones Prieto, Minister of Public Health and Welfare of Mexico, will now reply to the address of His Excellency the President of the Republic of Chile.

Address by Dr. Ignacio Morones Prieto, Minister of Public Health and Welfare of Mexico

Dr. MORONES PRIETO (Minister of Public Health and Welfare of Mexico):* It has been a long-standing practice, based upon a firm belief of the countries of our Continent, to work together in all those political, cultural, and scientific activities that represent our contribution to the realization of universal ideals. In a world torn by unrest, where every day seems to bring greater divergence of opinion, it is extremely gratifying that, on this part of the globe, nations have agreed to the principle of working together as the best means of studying and solving their problems, through mutual aid.

The spiritual oneness of the Continent finds expression in many ways, and this solidarity has not been the result of chance or of coercion. It is the product of good will and strong spirit of brotherhood. Happily allied with these are other circumstances that show our destinies to be one and the same. Thus, we find one unusual fact: the remarkable similarity of historical development, which has given to America its surprising geographic unity, so that our parallels of latitude and longitude do not symbolize separation. To use a metaphor, those parallels appear on the map as a network that brings us together and unites us, an aggregate of peoples inspired by the same ideals.

The course of the history of independence in the Americas was such that most of our heroes were contemporaries. This fact gave all the countries of the Continent a sense of spiritual oneness. It was not, therefore, by accident that the American spirit developed; this spirit is the fruit of endeavor and determination. Through endeavor and determination America is united, and it is thus that our nations have a single destiny.

Our scientists, our philosophers, our artists, our statesmen are imbued with

* The asterisk denotes that the person spoke in a language other than English.

this idea, and the solidarity characteristic of Pan American efforts is conspicuous in their work.

We have listened with the greatest satisfaction to the eloquent address delivered by President Ibáñez on health and welfare in our Continent.

The history of public health in Chile makes that country one of the pioneers in this field in America. The foresight shown by Alejandro del Río at the V Pan American Sanitary Conference in 1911 continues to serve as a guide in public health work in other nations. The measures enacted during your previous administration, Mr. President, place you among those American Chiefs of State who have most clearly understood the importance of public health legislation. It was you who promulgated the Chilean Sanitary Code in 1930. You have laid great stress also on the importance of the medical research being carried out by the Bacteriological Institute, which has developed as one of the most important institutions in this field in all Latin America.

The comprehensive, human approach that you have taken to public health services in your country, coordinating them as you do with the problems of economics and agriculture—in a word, linking them with the productivity of the land, so as to satisfy man's physical as well as spiritual needs—will, I believe, solve the problem of assuring the welfare of the worker and, especially that of the rural inhabitant. This is a solution arrived at not through many diverse efforts but through a single coordinated effort. In your own words, this is the reason why your Government is "firmly supporting plans for economic, agricultural, and industrial development in close connection with programs of public health and education."

I have noted with great interest the importance you have attributed to the creation of new sources of productive work and the improvement of those already in existence, to the construction of low-cost housing, and to the many other measures that unquestionably will improve the economic and social conditions of the people of Chile.

Your country, as you have stated, has always upheld the theory that international health is one and indivisible. This idea is basic to the development of international public health organizations, and therein lies the reason why our Pan American Sanitary Bureau and our World Health Organization have the firmest of foundations.

It is this strength that has enabled one of these institutions to set the public health standards in our Hemisphere for the past fifty-two years, and the other, the new international organization, to introduce sanitary regulations that are world-wide in scope and to give technical and economic assistance to Member Countries throughout the world.

This Santiago Conference has on its agenda matters of extreme interest, such as the revision of the Constitution and other problems, all of which I earnestly hope our delegations will have the judgment and wisdom to resolve, since their decisions will determine the future progress of our Bureau.

I thank my colleagues for the high honor they have paid me in allowing me to reply to your address, Mr. President, on behalf of the delegations present at this XIV Pan American Sanitary Conference. When I accepted this honor, I did

so because I share the fundamental ideas on public health that you have expressed on behalf of this Republic and on behalf of America as a whole.

I trust that I have interpreted the feelings of the members of this Conference when I acknowledged your American and humanitarian approach to the solution of such complex problems of State as those you have mentioned.

Gentlemen, in the spirit of hospitality, characteristic of American nations—of which we have had today a true and genuine example that we all deeply appreciate—I wish now to extend a cordial invitation from my Government.

Because of the universal nature of the work of the World Health Organization, we believe that the members of WHO would profit greatly from a knowledge of our Region. It is for this reason that my Government has invited the Organization to hold its Eighth Assembly in the capital of the Republic of Mexico.

To the privilege of greeting and establishing bonds of friendship with public officials who, as I, deal with health matters in their respective countries, I venture to add another that is equally gratifying: the privilege of expressing the great pleasure it will give my country to receive you as our guests when the Assembly meets in our capital city.

This is the second Assembly to be held away from the seat of the Organization in Geneva. The first occasion was in Rome in 1949, and the second will now be in Mexico. While this is an honor for my country, it should not be regarded as a mark of special distinction, since we feel the honor has been awarded in equal degree to all our sister republics. This is not the occasion for weighing merits or for losing time in discussing them, as we all know that in Mexico no one will feel that he is away from home. It is simply a meeting place where the great American family, with its traditional universal outlook, may welcome the representatives of other peoples with whom we are linked in the quest for human welfare.

On my return to Mexico I shall be engaged in preparations for the Eighth World Health Assembly and shall rely upon your valuable cooperation, since the technical and moral assistance that I am certain you will afford me will be the guarantee of a successful meeting.

With the benefit of your experience and research, brought by the distinguished experts who will make up your delegations, we shall have yet another motive for feeling certain of the outcome of the Assembly and of the fresh contributions it can make to world welfare.

Gentlemen, although the scope of our mission is scientific and social, allow me for a moment to give vent to that warmth of feeling which has its wellsprings in American brotherhood. This feeling I voice because of the common heritage of ideals that has enlisted us in the service of mankind, and since we feel joyous pride in our solidarity it is not unfitting that, even in the sober atmosphere of these meetings, we should speak in heartfelt terms.

It is with this enthusiasm that Mexico will receive you, so that you may feel at home there.

The President of Mexico, Don Adolfo Ruiz Cortines, sends to you, Mr. President of the Republic of Chile, his respectful greetings, and to all of you his cordial invitation, together with an expression of our people's sincere admiration for your nobly inspired work.

TEMPORARY PRESIDENT:* The Director-General of the World Health Organization, Dr. Candau, will now address the meeting. Dr. Candau.

Address by Dr. M. G. Candau, Director-General of the World Health Organization

Dr. CANDAU (Director-General, WHO):* It is a pleasure for me, as Director-General of the World Health Organization, to be present at this solemn inauguration of the most important public health event in the Hemisphere, and to share with you in the study of some of the problems that affect the health of the peoples of America.

I cannot let pass this opportunity of acknowledging, if only briefly, the warm hospitality of the Government and of the people of Chile, which is made so evident in all the activities of the Conference.

The presence at this ceremony of His Excellency the President of the Republic amply demonstrates the interest of the Government of Chile in the problems that affect individual and community health.

In the last few weeks, before coming to Chile, I visited eleven of the American countries. In the course of this trip I had the opportunity of conversing at length with public health authorities and of discussing their problems with them. On my return to Geneva I shall remember this visit, which has been a truly significant one, as it has brought the Director-General of the World Health Organization near to the scenes of public health work, however far removed they may be from the Organization's headquarters.

As you are aware, it was the unanimous desire of the Member Countries of the Organization to hold the Eighth World Health Assembly in Mexico City, this being the first Assembly to be held outside Europe. Four weeks ago I had the honor of discussing preliminary arrangements for the Assembly with high officials of that country, and on this occasion it gives me great pleasure to state that the Government and the people of Mexico are looking forward to serving as host to all the Member States in May 1955, with complete confidence in the success of this world-wide meeting on health.

During my visit to Guatemala, I saw at the Institute of Nutrition of Central America and Panama concrete results of the cooperative effort of those countries, as I attended the inauguration of the new building constructed and donated to the Institute by the Government of the Republic of Guatemala. The contribution that Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama are making, through this Institute, to the progress of the science of nutrition and its practical application throughout the world, is an example of how united peoples can bring benefit not only to themselves but also to untold numbers of people in the farthest regions of the earth.

In each of the countries I visited, I was able to see how deeply interested the people are in working together, with a true spirit of international cooperation, to solve the problems of health—problems that cannot be considered as isolated

* The asterisk denotes that the person spoke in a language other than English.

phenomena in either national or international life. By the same token, I am very much impressed with all that is being done to put into practice the basic principles set forth in the Constitution of the World Health Organization, according to which "governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures," and "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

It will be a source of satisfaction for you to know that another of the convictions I have gained during this journey through the Hemisphere is that there is a close and intimate coordination between the activities sponsored by the Pan American Sanitary Bureau and those of the World Health Organization. This achievement should stand as an example in the Americas. And it speaks clearly of the efficient work of the Director of the Pan American Sanitary Bureau in the realm of international public health coordination.

In this free association of nations, world health is playing its role, and at this moment meetings similar to yours are being held in various parts of the world. The other Regional Committees are in session in Opatija (Yugoslavia), Leopoldville (Belgian Congo), Alexandria (Egypt), New Delhi (India), and Manila (Philippine Islands), and are discussing problems similar to those to be dealt with at this XIV Pan American Sanitary Conference. Thus we are fulfilling another of our basic principles: "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States."

It remains for the Director-General of the World Health Organization but to express his wishes for the fullest success of this meeting, which will contribute so much toward the end pursued by our Organization: "the attainment by all peoples of the highest possible level of health," defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

TEMPORARY PRESIDENT:* We shall now hear from the Director of the Pan American Sanitary Bureau, Dr. Fred L. Soper.

Address by Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau

Dr. SOPER (Director, PASB):* As Director of the Pan American Sanitary Bureau, I am privileged and honored to greet the people of Chile in the person of its leading citizen, His Excellency the President of the Republic, General Don Carlos Ibáñez del Campo, and in that of its highest dignitaries. I am also happy to have this opportunity of offering the warmest of welcomes to the delegates of all the nations of the Hemisphere attending this XIV Pan American Sanitary Conference, and of expressing my appreciation to the Director-General of the World Health Organization for coming to take part in our discussions.

It has been beyond question a privilege for the Directing Council of our Or-

* The asterisk denotes that the person spoke in a language other than English.

ganization to accept the kind invitation of the Chilean Government to hold the XIV Conference in this beautiful city of Santiago.

It is through no mere chance that so considerable a number of Ministers of Public Health should have met together here, and that this assembly should include most of the highest national health authorities of the republics of the Hemisphere. Such attendance, as distinguished as it is numerous, while revealing a genuine interest in our Organization, must also be attributed to the widespread desire of health experts to gain a firsthand acquaintance with the measures the Chilean Government is taking to improve the physical well-being of its people, and with the fundamental changes which, to that end, it has instituted in its medical care and public health services by incorporating them in the National Health Service.

While listening to the thoughtful and judicious words of His Excellency the President, I saw by your expressions that all he has just said is true also of a part of the life of each of your own peoples, and reflects each of your own deepest concerns. It is natural that it should be so, since we all believe that the protection and promotion of health not only fulfills a physical need but also constitutes a decisive factor in the furthering of cooperative relations and solidarity among nations.

I have had the good fortune, Mr. President, to have had a knowledge, for several years now, of your unfailing interest in public health and international cooperation; and I understand, therefore, your eloquent reference to the fundamental aims of the Pan American Sanitary Bureau, which are "to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people."

The cooperation of the American republics in international public health, initiated in 1902 with the establishment of the Pan American Sanitary Bureau, found concrete expression in 1924 in the Pan American Sanitary Code, the only international treaty ratified by all the republics of America, by reason of its aims and special significance. This cooperation was given still wider scope at the XII Sanitary Conference in 1947, which, with the creation of the Pan American Sanitary Organization, recognized the need to extend international public health action to all the territories, since the health problems are common to the Western Hemisphere as a whole, and provided for close collaboration with the World Health Organization. By virtue of this decision, public health specialists from all the political units of the Western Hemisphere take part in the technical work of these Conferences.

Among the victories the President has mentioned with justifiable pride is the eradication of malaria in this country. So noteworthy an achievement takes on special importance just now, when the XIV Pan American Sanitary Conference will be discussing the planning and financing of a continent-wide campaign for the eradication of this disease. This goal of eradication has already been reached in some countries, has almost been reached in others, but unfortunately is all too far from being reached in extensive areas of the Continent where malaria still causes the yearly loss of thousands of lives and many millions of dollars.

A special source of satisfaction for the Pan American Sanitary Bureau is the fact that for several decades now it has been promoting border health agreements,

among which the one signed in 1946 by Bolivia, Chile, and Peru is still regularly enforced and is providing an example of how frontier sanitary problems can be dealt with adequately through coordination and mutual aid.

Your Excellency, as Director of the Pan American Sanitary Bureau, I feel the deepest confidence that we men of public health are contributing, with diligence and perseverance, to a more perfect concept of American and world solidarity, since we have been able to prove that it is possible to rise above selfish considerations of race, people, nation, or continent, and to lift whole peoples to a loftier plane of achievement, by uniting men in the common pursuit of a noble ideal.

International cooperation in public health is perhaps the most shining example of what can be done in this world when the spirit that inspires men is one of bettering themselves, their fellow-beings, and the environment in which they live and work. Thank you.

TEMPORARY PRESIDENT:* The session is adjourned.

The session was adjourned at 12 noon.

FIRST PLENARY SESSION

Friday, 8 October 1954, at 11:25 a.m.

Temporary President: Dr. RAMÓN BERGÉS SANTANA (Dominican Republic)
President: Dr. SERGIO ALTAMIRANO P. (Chile)

TEMPORARY PRESIDENT:* The first plenary session of the XIV Pan American Sanitary Conference will come to order.

Topic 2: Adoption of the Rules of Procedure of the Pan American Sanitary Conference

TEMPORARY PRESIDENT:* The first item on the agenda is the adoption of the Rules of Procedure of the Conference. The Secretary will read the document on this topic, presented by the Director.

SECRETARY:* The document referred to, entitled: "Proposed Rules of Procedure for the XIV Pan American Sanitary Conference, VI Meeting of the Regional Committee of the World Health Organization," states:

Taking into account the points set forth in Document CE22/11,[1] attached, the Director presented to the Executive Committee, for consideration at its 22nd Meeting, Proposed Rules of Procedure for the Pan American Sanitary Conference (Document CE22/11, Annex I). After studying the proposed Rules, the Executive Committee adopted the following resolution:

* The asterisk denotes that the person spoke in a language other than English.

[1] Unpublished working document of the 22nd Meeting of the Executive Committee containing the Draft Rules of Procedure for the XIV Pan American Sanitary Conference.

Resolution VII. The Executive Committee, having examined the proposed Rules of Procedure for the XIV Pan American Sanitary Conference, prepared by the Pan American Sanitary Bureau (Document CE22/11 and Addendum I); and considering that the said Proposed Rules contain the provisions of the Rules of the XII Pan American Sanitary Conference, with the addition of the articles of the Rules of Procedure of the Directing Council approved pursuant to Resolution XV of the V Meeting of the Council,

Resolves: To approve the Proposed Rules of Procedure and transmit them for consideration of the XIV Pan American Sanitary Conference, VI Meeting of the Regional Committee of the World Health Organization.

Accordingly, the Director has the honor to transmit the aforesaid Proposed Rules of Procedure to the Pan American Sanitary Conference.

TEMPORARY PRESIDENT:* May I suggest that delegates who wish to speak raise the name plate of their country and state their name, because it is difficult to see them from here. The Chair will accept comments from the floor. Dr. Hurtado, of Cuba, is recognized.

Dr. HURTADO (Cuba):* I asked for the floor, Mr. Chairman, to propose to the delegates the approval of the Rules of Procedure. Since this document was drawn up previously and all the Member Countries are familiar with it, it need not be the subject of debate at this time.

As I say, this matter already has been considered, and approval of the Rules at this time will in no way interfere with any amendments or special provisions we may wish to introduce at any time during the Conference. I therefore propose the Rules be approved.

TEMPORARY PRESIDENT:* Is there any other comment? If not, the Rules will stand approved. The delegate of the United Kingdom has the floor.

Dr. HARKNESS (United Kingdom): I understood there was a proposal to the effect that the Rules of Procedure for the Conference and the Regional Committee would be drafted and adopted in a permanent form, so that they need not be brought up for consideration at every meeting. In this case, it would seem desirable that the Rules of Procedure we are now adopting be subject to editing, rearrangement, and clarification, and we hope that the Conference, in accepting the Rules at this moment, will allow itself an opportunity, at a later time during the meeting, to draft them for permanent use.

TEMPORARY PRESIDENT:* The delegate of the Netherlands has the floor.

Dr. SWELLENGREBEL (Netherlands): I wish to support the remarks of the delegate of the United Kingdom with regard to the contents of the Rules of Procedure that are being adopted.

TEMPORARY PRESIDENT:* The delegate of Argentina has the floor.

Dr. SECURA (Argentina):* What has not been clearly specified, or at least I have not understood correctly, is the question of when this study of permanent Rules of Procedure is to take place. If the Conference were to study the Rules of Procedure with the purpose of drafting them to serve for every future case, we

* The asterisk denotes that the person spoke in a language other than English.

would come up against the same difficulty that we have had with the Rules up to now. If the Rules were adopted exclusively for this Conference, there would be no conflict with the provisions we have to study on taking up the revision of the Constitution. Therefore, I believe the easiest course at the moment is to approve the Proposed Rules of Procedure for this XIV Pan American Sanitary Conference. Once a study has been made of the other questions, such as those connected with Article 2 of these Rules of Procedure, which will be dealt with at length when the Proposed Constitution is discussed, then it can be determined how to incorporate the necessary provisions in a set of well-defined Rules. With more definitive Rules of Procedure, there will be no need to make a special study at the beginning of each meeting.

Our delegation therefore moves that the Proposed Rules of Procedure that have been presented be approved at this time, and that the study of the Rules of Procedure of the Conference be made later, after the Proposed Constitution of the Organization has been considered.

TEMPORARY PRESIDENT:* Does any other delegate wish to speak?

Dr. GRUNAUER (Ecuador):* I wish to second the proposal of the delegate of Argentina. In our opinion, these Proposed Rules of Procedure could be adopted at once as a norm of procedure for the Conference. We could then name a subcommittee which, in the course of the Conference and once it is known what modifications will be made in the Constitution, could suggest the necessary changes in the Rules of Procedure for consideration by the proper main Committee and then by the Conference, or could draw up Proposed Rules to serve as a future norm. Our delegation, therefore, seconds the proposal of the delegate of Argentina.

TEMPORARY PRESIDENT:* The delegate of the United States has the floor.

Dr. DEARING (United States): We also feel, with the delegate of Argentina, that the Rules of Procedure should be adopted subject to the conditions which Dr. Segura has stated, and that there is no need for further delay in accepting the Rules. We could then proceed with the business of the Conference.

TEMPORARY PRESIDENT:* The delegate of the United Kingdom has the floor.

Dr. HARKNESS (United Kingdom): In view of the circumstances, my delegation is satisfied that there will be opportunity for discussing these Rules later on during the Conference and, such being the case, we shall not press this motion at the present time.

TEMPORARY PRESIDENT:* *The Rules of Procedure are adopted.*[1]

Topic 4: Establishment, by Lot, of the Order of Precedence of the Delegations

TEMPORARY PRESIDENT:* The second item on the order of business is the establishment, by lot, of the order of precedence of the delegations. Bolivia and Mexico are appointed for this drawing. The Secretary will explain the procedure.

* The asterisk denotes that the person spoke in a language other than English.

[1] See page 9.

SECRETARY:* In the ballot box at the left of the President are twenty-three cards, one for each of the countries present. The only card missing is that of the Republic of Honduras, whose Government was unable to send a delegation, owing to the effects of the recent floods that swept the entire country.

The delegates of Bolivia and Mexico, just appointed by the President, will examine the twenty-three cards prepared for deposit in the ballot box. The cards will then be deposited, and as each one is taken out the name of the country appearing on the card will be placed successively on the list. When all cards have been drawn, the order of precedence of the delegations will have been established for the duration of the Conference.

TEMPORARY PRESIDENT:* Will the delegates of Bolivia and Mexico kindly come to the rostrum to begin the balloting.

The lots were drawn by the two delegates.

SECRETARY:* Mr. President, the order of precedence is the following: Colombia, Costa Rica, United States of America, Dominican Republic, Venezuela, Argentina, Uruguay, El Salvador, Ecuador, Haiti, Mexico, Nicaragua, Netherlands, France, Panama, Chile, Cuba, Guatemala, Peru, Bolivia, Brazil, United Kingdom, and Paraguay.

TEMPORARY PRESIDENT:* The printed list will be distributed in due course.

Topic 3: Election of the Committee on Credentials

TEMPORARY PRESIDENT:* The third item on the order of business is the election of the Committee on Credentials. The delegate of Ecuador has the floor.

Dr. GRUNAUER (Ecuador):* The delegation of Ecuador proposes the delegates of Mexico, Panama, and Chile as members of the Committee on Credentials.

Dr. HURTADO (Cuba):* The delegation of Cuba seconds the nomination.

TEMPORARY PRESIDENT:* If there are no other nominations, the proposal made by Ecuador and seconded by Cuba, naming Mexico, Panama, and Chile as members of the Committee on Credentials, will be approved.

Approved.

Topic 5: Election of the President and Two Vice-Presidents

TEMPORARY PRESIDENT:* The fourth item of business is the election of the President of the XIV Pan American Sanitary Conference. The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* At Pan American Sanitary Conferences, which are always events of great importance, it has been the custom to acknowledge fully the debt of the Conference to the host country. On this occasion, all our delegations have been deeply impressed by the generous and warm hospitality extended to us by our sister Republic, Chile, at this fraternal gathering.

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* The asterisk denotes that the person spoke in a language other than English.

It is thus the wish of all our delegations that the Minister of Public Health of Chile, Dr. Altamirano, be unanimously designated President of this Conference, through a round of applause from all those present here.

The proposal of the delegate of Argentina was approved by acclaim.

TEMPORARY PRESIDENT:* I declare Dr. Altamirano, Minister of Public Health and Welfare of Chile, President of the XIV Pan American Sanitary Conference.

Dr. Altamirano (Chile) took the Chair.

PRESIDENT:* Deeply moved, I gratefully acknowledge, on behalf of the Republic of Chile, the great honor that the Pan American Sanitary Conference has bestowed upon our country by naming its Minister of Public Health as President of this assembly.

I can only wish that your deliberations might demonstrate what Herophilus once said: "Science and art have nothing to teach, the spirit is incapable of effort, riches are useless and eloquence ineffective, if health is lacking." After these deliberations, I should like to hope that science and art might have everything to teach, that the spirit might be capable of effort, that riches might be useful and eloquence effective, with all the health that your discussions will help build in our Hemisphere. Thank you.

We shall now proceed with the election of the two Vice-Presidents of this assembly. Nominations are in order.

Dr. ALLWOOD PAREDES (El Salvador):* Mr. President, I nominate the chief of the delegation of Costa Rica and the chief of the delegation of the United States as the two Vice-Presidents of the Conference. I make this proposal in order that the officers of the Conference may include representatives of the countries of North, Central, and South America.

PRESIDENT:* The delegate of Bolivia is recognized.

Dr. DORIA MEDINA (Bolivia):* The delegation of Bolivia proposes the United States and Colombia for Vice-Presidents.

PRESIDENT:* The delegate of Haiti is recognized.

Dr. PIERRE-NOËL (Haiti)* The delegation of Haiti nominates the chief of the delegation of the United States and the chief of the delegation of Panama for Vice-Presidents.

PRESIDENT:* Any further nominations?

SECRETARY:* The countries nominated are the following: United States and Costa Rica; United States and Colombia; and United States and Panama.

PRESIDENT:* I would like to inquire if the assembly wishes to proceed with the voting immediately, for it should be remembered that the President of the Republic of Chile is expecting the delegates at 12:00 noon at the *Palacio de la Moneda,* or whether the delegates would perfer to vote when the meeting reconvenes, which will be at three this afternoon, I understand.

Does anyone wish to speak? As there are no comments, we shall proceed

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with the voting. The Chair appoints the delegates of Brazil and Nicaragua as tellers, and requests that they come to the rostrum to count the votes.

A vote was taken.

SECRETARY:* The delegates of the United States and of Costa Rica have obtained 21 and 13 votes, respectively.

PRESIDENT:* The delegates of the United States and of Costa Rica are hereby declared elected Vice-Presidents of the XIV Pan American Sanitary Conference.

The delegates are invited to the *Palacio de la Moneda,* where the visit with the President of the Republic will take place within a few moments.

The session was adjourned at 12:20 p.m.

SECOND PLENARY SESSION

Friday, 8 October 1954 at 3:15 p.m.

President: Dr. SERGIO ALTAMIRANO P. (Chile)

PRESIDENT:* The meeting is called to order. The first item of business is the establishment of the main committees. The Secretary will report on the procedure for establishing the General Committee.

Topic 6: Establishment of the Main Committees

SECRETARY:* Mr. President, the members of the General Committee include the President of the Conference, the two Vice-Presidents, and the Chairmen of the main committees, which are Committee I (Technical Matters) and Committee II (Administration, Finance, and Legal Matters). Two additional delegates will be elected by the Conference to complete the membership of the General Committee, in which the Director of the Pan American Sanitary Bureau and the Secretary participate *ex officio.* The duties of this Committee are those set forth in Articles 35 and 40 of the Rules of Procedure of the Conference.

Elections will now be held to choose those who will form part of the General Committee.

At the suggestion of the Chair, I should like to give a few more facts concerning the operation of the committees, which will begin their work as soon as they are installed according to the Rules.

There are two main committees and all delegations are entitled to be represented on both of them. The two Chairmen elected by the Conference will call the opening meeting of their respective committees, at which will be elected a Vice-Chairman and a Rapporteur entrusted with presenting the committee reports and conclusions to the full Conference.

The duties of secretary will be performed in Committee I by Dr. Emilio Budnik, and in Committee II by Mr. Harry A. Hinderer, both members of the Pan American Sanitary Bureau. These committees may establish working parties

* The asterisk denotes that the person spoke in a language other than English.

to study reports on specific topics. Alternate representatives and advisers of delegations may be appointed to any working parties so established.

PRESIDENT:* The President and Vice-Presidents of the Conference will serve as Chairman and Vice-Chairmen, respectively, of the General Committee. We shall now elect the Chairman of Committee I (Technical Matters). Dr. Hurtado has the floor.

Dr. HURTADO (Cuba);* I should like to nominate Dr. Montalván, Director of the Institute of Hygiene of Ecuador, for Chairman of the Committee on Technical Matters, because of his wide experience in this field. Dr. Montalván has served as Chairman of the Executive Committee, and I feel he is highly qualified to direct the work of Committee I.

PRESIDENT:* Are there any further nominations? Dr. Vargas Méndez has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica proposes that Dr. Félix Hurtado, Ambassador in Charge of International Health Affairs of Cuba, be elected to this committee.

PRESIDENT:* The delegate of Ecuador has the floor.

Dr. GRUNAUER (Ecuador):* The delegation of Ecuador seconds the motion of Costa Rica to nominate Dr. Félix Hurtado for Chairman of the Committee on Administration, Finance, and Legal Matters.

PRESIDENT:* The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* We also support the motion of Costa Rica.

PRESIDENT:* The delegate of the United States has the floor.

Dr. DEARING (United States): The delegation of the United States wishes to nominate the delegate of Argentina, Dr. Segura, for Chairman of Committee II.

PRESIDENT:* The delegate of Chile is recognized.

Dr. VALENZUELA (Chile):* The delegation of Chile supports the delegation of Costa Rica's nomination of Dr. Hurtado.

PRESIDENT:* Are there any other nominations for Chairman of Committee I? Then, Dr. Montalván is elected Chairman of Committee I.

We shall now proceed with the election of the Chairman of Committee II. I shall ask the delegates of Haiti and Peru to act as tellers during the voting.

SECRETARY:* The candidates are Cuba and Argentina.

PRESIDENT:* Will the delegates of Haiti and Peru come forward to act as tellers?

A vote was taken.

SECRETARY:* Twenty-three votes were cast: 13 for Cuba, 8 for Argentina, 1 for Ecuador, 1 blank vote.

PRESIDENT:* The delegate of Cuba is elected Chairman of Committee II. The delegate of the United States has the floor.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. DEARING (United States): We should like to suggest that Dr. Hurtado's election to the chairmanship be unanimous.

PRESIDENT:* Dr. Segura is recognized.

Dr. SEGURA (Argentina):* I should like the pleasure of joining the delegation of the United States in the request that Dr. Hurtado be elected unanimously.

PRESIDENT:* Next we shall elect two delegates to the General Committee. Nominations are in order.

Dr. GRUNAUER (Ecuador):* The delegation of Ecuador nominates the delegates of Mexico and Argentina.

PRESIDENT:* The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* The delegation of Cuba proposes the delegates of El Salvador and Uruguay as members of the General Committee.

PRESIDENT:* The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* The delegation of El Salvador seconds the proposal of the delegation of Ecuador.

PRESIDENT:* The delegate of Uruguay has the floor.

Dr. CAPPELETTI (Uruguay).* The Uruguayan delegation supports the proposal of the delegation of Ecuador.

PRESIDENT:* If there are no other nominations, we shall now vote on the two proposals presented.

SECRETARY:* The candidates are the delegates of Argentina and Mexico, and the delegates of El Salvador and Uruguay. That is, the candidates are Argentina, Mexico, Uruguay, and El Salvador.

PRESIDENT:* I shall ask the delegates of Colombia and Bolivia to act as tellers.

With the consent of the assembly, I shall recognize the delegate of El Salvador, who has asked for the floor.

Dr. ALLWOOD PAREDES (El Salvador):* I have a point to make concerning the Rules of Procedure. I believe the Chair should not have called for the vote, because the nomination of the delegates of Uruguay and El Salvador has not been seconded. I wish to inquire whether it is necessary to continue with the voting, despite the fact that this requirement has not been met.

PRESIDENT:* The Secretary will inform us. However, I would like to point out we already have the precedent of the last voting.

SECRETARY:* The Rules of Procedure, approved this morning and now in force, state no requirement that a motion must be seconded before being considered.

A vote was taken.

SECRETARY:* A majority has been obtained by Mexico and Argentina, each of which received 14 votes.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* Mexico and Argentina are elected members of the General Committee. The Secretary will read the complete list of members of the General Committee.

SECRETARY:* The members of the General Committee are: Chile, Chairman; Costa Rica and the United States, Vice-Chairmen; Ecuador, attending as Chairman of Committee I; Cuba, attending as Chairman of Committee II; and Mexico and Argentina, the members elected by majority vote. The Committee will hold its first meeting at 5:00 p.m.

Topic 7: Adoption of the Agenda

PRESIDENT:* We shall next consider Topic 7 (Agenda) and then Topic 8 (Program of Sessions). The Secretary will report on the agenda.

SECRETARY:* The first six agenda topics have already been considered and we are now taking up the seventh. The draft agenda ended with Topic 39 (Emergency Revolving Fund). Topic 40, entitled "Functions of the Executive Committee in the preparation of Pan American Sanitary Conferences," was included as an additional topic pursuant to a resolution of the Executive Committee. The covering document will be distributed to the delegates in due course.

The Secretary then read the agenda.[1]

PRESIDENT:* You have heard the agenda read by the Secretary. Does any delegate wish to comment?

The agenda was approved.

The Secretary will report on the program of sessions.

Topic 8: Adoption of the Program of Sessions

SECRETARY:* Mr. President, Topic 8 entitled "Adoption of the Program of Sessions," consists of two parts: the first is a document of the Pan American Sanitary Conference and the second, a document of the Executive Committee meeting held in Washington last April.

The Secretary read the first document on this topic.[2]

As can be seen, the draft program of sessions has been followed quite closely. We have thus far held the preliminary session on 6 October, the opening session on the 7th, the first plenary session this morning at 11:00, and the present second plenary session.

The Secretary read the second document on this topic.[3]

The table in Annex II shows the number and type of sessions to be held during the Conference. May I especially point out to the delegates that 12 October

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* The asterisk denotes that the person spoke in a language other than English.

[1] See page 14.

[2] Working Document CSP14/2, unpublished.

[3] Working Document CE22/13, unpublished.

is the date the Executive Committee set aside for attendance at the meetings of the Chilean Public Health Society.

PRESIDENT:* The proposed program of sessions is open for discussion. The delegate of Mexico has the floor.

Dr. ZOZAYA (Mexico):* According to the program just read, Committee II, on Legal Matters, will meet on Wednesday morning, the 13th.

Since that Committee is to study the Constitution, I should like to propose that a working party be established in advance, and as soon as possible, to begin this study, so that this topic, perhaps the most important of the Conference, will not be left for hasty consideration at the last moment.

If I understand correctly that the first session of Committee II will not be held until Wednesday, the 13th, then perhaps the working party on the Constitution could be set up before that date, so as to expedite the study.

PRESIDENT:* The delegate of the United States is recognized.

Dr. DEARING (United States): I have a suggestion and a question regarding the proposal of the delegate of Mexico. Could that not be referred by a plenary session to Committee II for consideration, in order to expedite this part of the work? My question regarding the program which the Secretary has just called to our attention is whether it is to be understood as tentative, in view of the general assignment given to the General Committee to be responsible for planning all the work of the Conference and for adjusting the program as the work develops.

PRESIDENT:* The question of whether to set up a working party, as proposed by Dr. Zozaya, or to refer the matter to the General Committee is up for discussion. The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* It is my understanding that there is a Permanent Committee for the study of the Constitution. It would seem, therefore, that the working party should call on this Committee to report to it on the status of the problem.

PRESIDENT:* Dr. Hurtado has the floor.

Dr. HURTADO (Cuba):* The suggestion made by the delegate of Mexico, Dr. Zozaya, is very pertinent, since we must certainly gain time in the study of a subject that may well prove to be the most controversial of the Conference. However, I believe the prescribed procedure would be to refer this very relevant suggestion to the General Committee, which will meet this afternoon.

The General Committee surely will be the one to take into consideration Dr. Zozaya's suggestion and establish the working party he has requested.

With regard to the suggestion made by Dr. Cappeletti, of Uruguay, the Permanent Committee that studied the proposed revision of the Constitution has, to all intents and purposes, now completed its work. It submitted its conclusions to the Executive Committee, which referred them to the Directing Council; the Council in turn referred all documents and conclusions of the Permanent Committee to the Conference for consideration and decision. Thus, when the study

* The asterisk denotes that the person spoke in a language other than English.

of the revision is begun, the main document under consideration will be the one containing the conclusions of the Permanent Committee; other special proposals on revision, such as those presented by the Government of Cuba, also will be studied.

In brief, gentlemen, I am in favor of expediting the study of the revision of the Constitution, and of setting up the working party suggested by Dr. Zazaya. But I would prefer that the matter be referred to the General Commitee, with the suggestion that it be considered at the Committee's first session this afternoon.

PRESIDENT:* Dr. Zozaya, does your motion still stand?

Dr. ZOZAYA (Mexico):* It does, Mr. President.

PRESIDENT:* The Secretary has some additional information.

SECRETARY:* Dr. Hurtado's explanations concerning the Permanent Committee on Revision of the Constitution are correct. This Committee, composed of the United States, Chile, and the Dominican Republic, has been working on the revision for several years. Its final report, containing the draft proposal, was transmitted to the governments. That is the report now to be studied by the Conference. The Permanent Committee can be considered as having completed its study.

PRESIDENT:* We can solve the problem by asking if any other delegation upholds the motion presented by the delegate of Mexico. If not, the matter will be referred to the General Committee for study and decision.

It was so agreed.

Topic 9: Annual Report of the Chairman of the Executive Committee

PRESIDENT:* We shall now consider the Annual Report of the Chairman of the Executive Committee. In order to allow time for the General Committee to meet, this will be the last item of business at this session. Dr. Segura has the floor.

Dr. SEGURA (Argentina):* I am honored to report to this most important Pan American Sanitary Conference, on behalf of the Executive Committee of the Organization, on the work accomplished by the Committee at its 21st and 22nd Meetings held in Washington, D.C., and at its 23rd Meeting held just a few days ago here in this hospitable city of Santiago. Following the decision of the XIII Conference, this is the first time the Directing Council has not met at the time of the Pan American Sanitary Conference, and it is also the first time that the Chairman of the Executive Committee has made his annual report to the full Conference.

In summarizing the work of the Committee, I wish to point out that it has examined the budget presented by the Director of the Bureau for 1955, and, after a careful study was made by a working party, it was agreed to limit the total amount of the budget to that voted for the preceding year. The programs were distributed in such a way as to keep a balance between the most urgent requirements of the national public health services and those of over-all Pan American

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public health. This budget is now to be studied by the committees named by the Conference, which will decide if any changes are to be made.

Mention should be made of certain points of particular interest. Our Organization has now paid off, in advance, the loans extended by the Kellogg and the Rockefeller Foundations for the purchase of the headquarters buildings in Washington.

With the payment by some governments of quota contributions in arrears, a surplus was created in the amount of some $144,000, the utilization of which is to be studied on the basis of the recommendation of the Director. This topic has been included on the Conference agenda for consideration.

A similar question will be considered with respect to the sum of $400,000 received with the payment of all the outstanding quota contributions of Argentina, and also the amount of 1,500,000 pesos made available to the Organization in fulfillment of the pledge made by General Juan Perón, President of Argentina.

Your opinion will be requested on a matter of the utmost importance, which in successive resolutions has been left to the Conference for final decision: I refer to the revision of the Constitution of the Pan American Sanitary Organization. The significance of this topic is self-evident.

A study was made also of the reports of the Permanent Subcommittee on Buildings and Installations, and of the preliminary report on "Unification of Action in Public Health Programs in the Americas." Topics were selected for the technical discussions that will take place during the present meetings.

The Executive Committee has deemed it advisable to encourage a study with a view to increasing the stipends paid to fellowship students, so as to improve their standard of living during their stay abroad.

The Conference is to elect two new members of the Executive Committee. It is also to elect the Director of the Pan American Sanitary Bureau for a four-year term. In addition, it will select the seat of the XV Pan American Sanitary Conference.

It should be pointed out that, at its 22nd Meeting in April 1954, the Executive Committee requested that the authorities of international health organizations endeavor to give greater publicity to the activities they carry out at the wishes of their governments, since it is the public that, in the final analysis, supports these activities. Ninety per cent of the public is uninformed of this work and of its influence in the field of health. How is it possible, under such conditions, to ask the public to increase its contributions? To stand still can mean only a step backward for progressive organizations that must follow a course of logical expansion.

In a television broadcast in Buenos Aires last September, officials of the United Nations stated that it was absolutely essential to inform the public of their activities in all fields and suggested making use of documentary films, among other media. This is exactly what was proposed in Washington last April.

In my opinion, the members of the Executive Committee have a great responsibility. When the Member Governments of this Organization delegate to them the task of studying and solving public health problems in the Hemisphere, with what means are available, the effectiveness of the work of the Pan American

Sanitary Bureau depends on the ability of these representatives to act wisely and on their interest in the work. This is true, since the Committee provides stimulus to the technical directors of the Bureau, who, in turn, both at Headquarters and in the Zones, work conscientiously in the assurance that their efforts are recognized; and those of us in constant contact with these officers can appreciate their valuable work.

It is apparent, therefore, that the appointment of the members of the Committee is of the utmost importance, and those receiving this honor should recognize the responsibilities of their mission and be willing to work unceasingly in its behalf.

This Organization, which has been in existence for fifty-two years, operates with ever-widening cooperation among the American countries, since its guidance and direction have been the product of successive meetings of the Conference, the Directing Council, and the Executive Committee. It has the collaboration of a growing number of technical personnel and experts from all the countries, and its future could not be more promising.

More and more, this Organization will become for American public health workers the forum wherein sound policies will be adopted. When the governments recognize its true worth, it will be easier to obtain more funds. With them, we shall be able to eliminate from the Americas those diseases for which preventive medicine has provided the means of eradication, which, if applied intelligently and resolutely, can accomplish this final aim.

When one works with devotion in the public health service of one's country and then enters the international field, all one's skill and ability are placed in the service of common goals. These goals, in turn, are broadened by the contribution of all; and it is then that we can take the best of these achievements and mold them into the activities of our own public health systems.

It is a noble ideal, therefore, to contribute to the establishment of industrious and well-informed national health services that are able to cooperate and share a place in the altruistic cause of Pan American health.

PRESIDENT:* I should like to express the great satisfaction I have felt upon hearing this address by the Chairman, Dr. Segura, on the work accomplished by the Executive Committee. I know that all the delegates join me in congratulating Dr. Segura. The report of the Chairman of the Executive Committee is open for discussion.

Dr. CAPPELETTI (Uruguay):* The report of the Chairman of the Executive Committee should not go without a word from us. Even though some of the delegates may not agree with certain aspects of the work done, the accomplishments of the members on this Committee should be recognized at full value.

Those of us who at one time or another have had the privilege of serving on the Committee know what it means to represent all our sister countries. May I, through its Chairman, congratulate all the members of the Executive Committee who have served during the period just passed.

Dr. GRUNAUER (Ecuador):* I should like to join in congratulating Dr.

* The asterisk denotes that the person spoke in a language other than English.

Segura on the excellent report he has just presented on the work of the Executive Committee.

I should perhaps ask the pardon of the Conference for not having reported on previous meetings over which I had the honor of presiding. However, I understood that the report to the Conference was to cover only the later meetings of the Executive Committee. Dr. Segura has given a splendid review of the work of the Committee and the participation therein of all its distinguished members. So that any report I could have submitted would have added little to Dr. Segura's remarks.

It is truly gratifying to note how ably the delegate of Argentina has interpreted the task performed by the Executive Committee in the period elapsed since the last meeting of the Directing Council.

PRESIDENT:* The delegate of the United States has the floor.

Dr. DEARING (United States): We, of the United States delegation, also would like to compliment Dr. Segura on his excellent report. We are particularly challenged by the remarks regarding the responsibility that the health officials of every country have for keeping their governments and their peoples constantly aware of the importance of health services, so that they may understand and support these services, which are so necessary to the total welfare of their countries.

PRESIDENT:* The delegate of Colombia is recognized.

Dr. HENAO MEJÍA (Colombia):* I wish to congratulate Dr. Segura on his excellent report, which I feel should be widely distributed. I propose that the assembly give a round of applause to Dr. Segura.

PRESIDENT:* The unanimous applause just given amply expresses our congratulations to the Executive Committee and to its former Chairman on his comprehensive report.[1]

The next topic before us is the Report of the Director of the Pan American Sanitary Bureau. However, it has been deemed advisable to end the plenary session now, in order to allow time for the meeting of the General Committee. This important topic will be the first item of business at tomorrow's plenary session, if the delegates so agree.

It was so agreed.

The Secretary has some announcements.

SECRETARY:* Will the delegates please obtain from the distribution desk their copies of the Four-year Report of the Director (Document CSP14/5). This report, which covers the past four years, was not distributed earlier because it has just been received by air mail. The Annual Report has already been distributed.

New documents or any mail or invitations should be picked up daily at the distribution desk, where the delegates may also obtain additional copies of any documents missing from their sets.

The session was adjourned at 4:40 p.m.

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* The asterisk denotes that the person spoke in a language other than English.

[1] See Resolution I, Final Act, page 621.

THIRD PLENARY SESSION

Saturday, 9 October 1954, at 9:25 a.m.

President: Dr. SERGIO ALTAMIRANO P. (Chile)
Later
Dr. W. PALMER DEARING (United States)

PRESIDENT:* The session is called to order. The Secretary will read the program of the day.

The Secretary read the order of the day and informed the delegates that Colombia, Venezuela, Argentina, and Costa Rica had requested time to present the four-year reports of their countries in plenary session.

First Report of the Committee on Credentials [1]

PRESIDENT:* We shall hear the first report of the Committee on Credentials. The Rapporteur of the Committee has the floor.

The report was read by the Rapporteur, Dr. Torreblanca, of Chile.

PRESIDENT:* We have heard the first report of the Committee on Credentials. Does any one wish to comment?

The report was approved.

Designation of the Honorary President and Vice-Presidents

Dr. HURTADO (Cuba):* May I request the floor, Mr. President?

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* May I bring up one question before we continue with the order of business, namely, the approval by this plenary session of a unanimous agreement reached at the preliminary meeting held here by the chiefs of delegations. I refer to the agreement to designate His Excellency the President of the Republic of Chile, General Carlos Ibáñez, as Honorary President of the XIV Pan American Sanitary Conference, and to designate the Ministers of Public Health of all the countries represented at this meeting as Honorary Vice-Presidents.

At the preliminary meeting, it was recommended that this unanimous agreement be endorsed by the full Conference. I propose that the decision now be officially approved.

PRESIDENT:* The assembly has heard the proposal of the delegate of Cuba. Does anyone wish the floor? If there are no comments, the proposal will stand approved.

Approved.

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* The asterisk denotes that the person spoke in a language other than English.

[1] See page 437.

PRESIDENT:* I wish to thank the delegate of Cuba for his proposal and the assembly for the honor it has accorded His Excellency the President of the Republic in designating him Honorary President of this Conference.

Report of the General Committee

PRESIDENT:* We shall now consider the second item of business, the report of the General Committee. The Secretary will please render the report.

SECRETARY:* The first session of the General Committee took place on 8 October, at 3:15 p.m. The following were present: Dr. Altamirano, President of the Conference; Dr. Palmer Dearing and Dr. Vargas Méndez, Vice-Presidents of the Conference; Dr. Montalván, Chairman of Committee I; Dr. Hurtado, Chairman of Committee II; and Dr. José Zozaya and Dr. Gerardo Segura, delegates of Mexico and Argentina, respectively. The Director and the Secretary of the Pan American Sanitary Bureau also attended.

After consulting the members of the Committee, the Chairman proposed that Topics 10, 11-A, 27, and 28 be referred directly to plenary session. These topics relate to the reports of the Director, the technical discussions, the election of the Director of the Bureau, and the election of two Member Countries to the Executive Committee. The General Committee assigned the topics to Committees I and II.

The Secretary read the list of topics so assigned.[1]

Dr. Hurtado proposed that Committee II meet today to study Topic 15; he was supported by Dr. Montalván. Dr. Zozaya proposed that it meet immediately after the study of the Director's reports in plenary session.

PRESIDENT:* Are there any questions on the report of the General Committee?

The General Committee report was approved.

We shall now take up the third item of business, the reports of the Director of the Bureau.

Topic 10: Reports of the Director of the Pan American Sanitary Bureau: (a) Annual Report for 1953; [2] (b) Four-Year Report [3]

PRESIDENT:* The delegate of the United States has the floor.

Dr. DEARING (United States): We understand that a number of the delegations received these very important reports, both the four-year and the one-year report, just a day or so ago and feel they need more time to study them so as to be better prepared to understand and discuss their full implications.

I would suggest, therefore, for the consideration of the delegates, that we might defer this topic until perhaps Monday, in order to proceed with the other

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* The asterisk denotes that the person spoke in a language other than English.

[1] See minutes, first session of General Committee, page 321.

[2] Document CSP14/4, published separately.

[3] Document CSP14/5, published separately.

topics, discussing those reports of the various countries whose delegates are already prepared. I submit this simply as a suggestion, Mr. President.

PRESIDENT:* You have heard the proposal of the delegate of the United States of America. The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* The delegation of Cuba finds the proposal of the United States delegation very much to the point, but this proposal need not preclude our hearing the Director's report. The presentation of the report—which, certainly, will be summarized and bring out the highlights of the Director's excellent work—is one thing, but quite another is the debate that may follow the presentation.

Rather than postpone the Director's report, we should follow the order of the day and hear the report at this time, even though it is not discussed afterward.

PRESIDENT:* The delegate of the Netherlands is recognized.

Dr. SWELLENGREBEL (Netherlands): If discussion of the reports out of the record could be postponed until next Monday, I would be quite agreeable to the suggestion made by the representative of Cuba to have the reports presented by the Director but, I repeat, only if the discussion is postponed until Monday.

PRESIDENT:* The delegate of the United States has the floor.

Dr. DEARING (United States): The suggestion of Dr. Hurtado was certainly in the spirit of the suggestion that I have made, and, if the Director is prepared to submit his report now, I should be very happy to hear him, with the understanding, then, that we have a longer time to present our discussion, carrying it over perhaps to Monday.

PRESIDENT:* Would the Director be willing to read the report now, with the understanding that the discussion will take place on Monday? The Director has the floor.

Dr. SOPER (Director, PASB):* Mr. President, I am willing to present my report immediately, but wish to state that I had prepared a document to read. However, after hearing the comments on the lack of time, I have reduced the document to a few points that I would like especially to mention. Perhaps the delegates should become acquainted with the entire report so as to better understand my comments. In any event, the remarks I have to make may arouse your interest in the entire document.

I am at the disposal of the Conference and can read the entire report or refer only to certain points on which I feel comments should be made, whichever the Conference decides.

Dr. SEGURA (Argentina):* Our delegation believes that, since the information the Director can give would be useful to us in the later work of the Conference, an opportunity should be afforded him to read his full report.

PRESIDENT:* If the Conference so agrees, the Director of the Pan American Sanitary Bureau will take the floor. The Director is recognized.

Dr. Dearing, of the United States, then took the Chair.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. SOPER (Director, PASB):* Mr. President, delegates:

This XIV Pan American Sanitary Conference is of the utmost importance. Not only will it formulate the directives for the Pan American Sanitary Bureau and for the Regional Committee of the World Health Organization, but also, since such a large group of health authorities of the Continent are gathered here, the decisions of this Conference will have a great influence in each of the countries of the Americas.

At this Conference we shall not only learn of the work carried out by the Bureau from 1950 to 1953, but also examine what has been accomplished by each country in that same period, information that will be of even greater interest, perhaps, than the reports of the Pan American Sanitary Bureau.

One of the purposes of our Organization is to collaborate in improving the health services in each country. There is no better way to evaluate the results of international services than to study the reports of the countries. I wish to congratulate this Conference and to thank the representatives of all the countries for the information that, for the first time in the history of the Organization, was obtained soon enough in advance of the meetings to enable us to study and to prepare a statistical summary of the country reports.

The statistical summary prepared for this Conference attempts to present a comparative report on the situation in each of the different countries. We believe this document is significant not only as a basis for statistical studies but as a yardstick to measure future progress.

The document, which summarizes the statistical part of the country reports, brings into relief (a) the great difference in the statistical data furnished by the various countries, and (b) the enormous variety of conditions found among the different countries.

In the Americas we still have countries where health conditions are very primitive, and such conditions cannot persist without constituting a threat to the future of countries where health conditions have been improved, or without threatening the Continent itself.

I shall not enter into the details of the statistical summary, which is to be discussed at another time. However, I think we should continue to look at conditions as they exist in the Continent as a whole, not just in individual countries, for the problems are common to the entire Region.

As I stated, I shall not repeat what is already contained in the reports. But certain points concerning the situation in general and also certain specific matters should be mentioned.

The administrative situation of the Pan American Sanitary Bureau has improved notably. Some years ago the Bureau worked only with the American Republics, and in the Caribbean area there was a health section of the West Indian Commission. Today the Pan American Sanitary Bureau carries on activities in the whole Region and has the collaboration of the entire Continent, with the exception of Canada; and all the countries of the Americas participate in the World Health Organization with the single exception of the Republic of Colombia, which,

* The asterisk denotes that the person spoke in a language other than English.

for certain reasons, has not been able to join that Organization. Thus, we have the PASB acting in the field of health throughout all areas of the Americas.

As to the administrative problems, during the period under review, the Bureau completed its program of establishing the Zone Offices. The last of these was set up in Mexico City in 1952. We must admit that the distribution of countries by Zones and the locating of Zone Offices may not be the best possible. We are continuously studying new possibilities for distributing the services and are always willing to consider future changes.

In the Organization itself, during the last six months and for the first time in recent years, all the posts of highest rank have been filled.

I should also call attention to the fact that the Pan American Sanitary Bureau today has a truly international staff. All countries are represented among the Bureau experts and no single country predominates; nor would it be possible to register any criticism in this regard. The geographic distribution of our personnel shows that, in the Americas, there is a real possibility of profiting by the services of professionals from all countries of the Region.

With respect to the program and the changes made in it from year to year, a study of the budget documents will show that the trend is to increase collaboration in general projects. Fewer and fewer of the budget allotments are made for programs to combat only single diseases. In the past few years there has been a marked trend toward cooperation with the countries in solving general problems, so as to accomplish what has to be done in a given geographic area through a single service, rather than through numerous services.

We have also been able, during the last few years, to devote preferential attention to educational activities. As can be seen in the 1953 report, 415 fellowships were granted in that year. Of these, 144 were for regular courses, 102 for special courses, 91 for seminars, and 78 for study travel.

However, just as it is necessary to lay emphasis on general programs, we should not forget that certain problems must be taken up individually and dealt with as special problems. There are problems that lend themselves to a complete solution and that require entirely individual attention within the possibilities of the general services. In reality, there is no conflict between one and the other service. However, we should not lose sight of the fact that the general services require highly trained personnel, a type of administration and of staff capable of dealing with various problems at the same time, and that to organize services extending throughout a country is not always possible with the manpower available or with the existing financial resources.

The so-called unilateral or eradication services can be considered as those necessary to solve certain serious problems that affect a large part of the population. These are problems whose solution is relatively simple, not too costly, and attainable with the use of personnel who can be trained in a short time at a low cost.

We should also remember that the eradication program requires a type of direction and administration that is somewhat more intensive than that of the generalized services, a type of direction and administration often not found in such services.

Many times, in attacking a specific problem, we must carefully judge the proper moment to begin and the time required to complete the work. If we were to limit ourselves to waiting to attack malaria, for example, or to suspending the campaign, until the time when the problem can be dealt with by some generalized service, we would leave the needs of many malaria zones unattended during the present generation.

With respect to these points, we can call attention to the fact that in 1929 Dr. Connor, then chief of the yellow fever service in northern Brazil, proposed the decentralization of the *Aëdes aegypti* control program in favor of the organization of municipal health services; and ten years later Dr. Barber recommended that the inhabitants of northeast Brazil be educated to adapt their lives to the permanent presence of the *Anopheles gambiae,* which had been introduced from Africa. Fortunately, in these cases it was decided to undertake regional eradication campaigns and thus the problems in question were finally solved. In Egypt, during World War II, similar action was taken against the *A. gambiae* despite recommendations to the contrary made by a well-known English malariologist.

During the period under discussion, the World Health Organization adopted its International Sanitary Regulations No. 2, at the May 1951 Assembly, and in the 1952 Havana Protocol certain articles of the Pan American Sanitary Code were abrogated in order to permit the WHO Sanitary Regulations to be given general application.

In the past year certain difficulties have arisen in the application of Article 70 of the International Sanitary Regulations. This article provides for the delineation of yellow-fever endemic and receptive areas.

The 1954 World Health Assembly considered the report of the International Quarantine Committee and referred this report back to the Committee for reexamination of the articles of the Regulations concerning yellow fever. The Committee will meet again in Geneva to study this problem.

The point under discussion in the International Sanitary Regulations refers, principally, to the relative importance of jungle yellow fever and *Aëdes aegypti*-transmitted yellow fever as an international threat.

We in the Americas have seen, during the last twenty-two years, quite an extensive distribution of jungle yellow fever, from northern Argentina to the Republic of Honduras. Lately, we have arrived at the opinion that the jungle yellow fever problem is one that from time to time affects all regions of the Americas where monkeys and mosquitoes coexist. Several times in the past twenty-two years we have seen the jungle yellow fever virus invade cities and become a disease transmitted directly from man to man. However, we have witnessed this only in cases where the infected cities were situated very near the forest areas; never have we seen jungle yellow fever come from very far away to become established in an urban center. In the Americas we have not recommended the application of restrictions on passengers coming from countries where the *A. aegypti* does not exist. In Africa, some experts do not agree with this procedure. In Asia, moreover, there is a real terror of importation of yellow fever, to such a point that they are willing in that part of the world to prohibit and declare prohibited contact with any infected area if passengers have not been duly vaccinated.

I am giving details of this fact because this has become an international problem, a problem that might be called interregional. Thus, we have witnessed, at the Assembly, the countries of the Americas solidly supporting one position and nearly all countries of the remainder of the world taking the opposite stand. Naturally, this is a problem that interests us much more as an American problem than as one between America and Asia. Hence, I believe that this Conference should do nothing in the matter but await the results of the Quarantine Committee meeting now being held in Geneva.

After having referred to yellow fever, perhaps I should speak of the course this disease has taken in the last few years.

During 1950 and 1951 the third invasion of the yellow fever virus to be observed in the past twenty years, started in southern Brazil. In 1950, 1951, 1952, and 1953 the disease penetrated vast areas where it had been present in previous years.

In 1954 an invasion of other regions of the south was expected but, surprisingly, it did not occur. Perhaps the drought served to interrupt transmission by mosquitoes.

Since 1948 we have seen a wave of infection advancing from Panama toward Central America and Mexico. During 1954 the Republic of Honduras was affected. We have not received word of human cases, but are aware that the virus invaded the country, because of the mortality among monkeys.

Lately, the presence of yellow fever was discovered on the Island of Trinidad. It is interesting to note that, in 1914, Dr. Balfour wrote an article on the presence of yellow fever in Trinidad, indicating that the people in the interior of the Island said they always saw monkeys die in the jungle when there was yellow fever in the city.

This was one of the first references we had on the possibility of the coexistence of yellow fever in animals and in man.

The laboratory installed in Trinidad by the Rockefeller Foundation two years ago obtained yellow fever virus from a jungle case in April 1954, and in August it isolated the virus in a case that occurred in Port-of-Spain. This is the first time in the last twenty-five years that we have seen the yellow fever virus in a seaport of the Americas. It is worth noting that the virus existed on the Island several months before becoming established in a city. This fact confirms our previous experience to the effect that the yellow fever virus comes to a city located near the jungle before it is capable of causing the development of an infection potentially dangerous to places abroad.

Undoubtedly, the Director of Medical Services of Trinidad, who is a delegate to this Conference, will have the opportunity of giving further details on the present situation.

We were very fortunate in this Trinidad case, since the Rockefeller Foundation laboratory was able to make what may be called an early diagnosis of the infection that appeared in Port-of-Spain. Thus the infection in the city was discovered and reported with an advance notice that, under other circumstances, could not have been expected. Therefore, we are confident that the situation in Trinidad will be dealt with rapidly.

I should also mention the other diseases of international significance: smallpox, typhus fever, cholera, and bubonic plague.

The smallpox situation is good on the one hand and bad on the other. In the Americas, there is a great contrast between the situation in some countries and that in others. Conditions in the Caribbean Area, in Central America, and in North America can be considered satisfactory. Only five cases of smallpox were reported in the United States last year. One case was diagnosed in Guatemala. This covers the picture in the Northern Continent. In South America the situation is quite good in some countries, but there is still much to be done in others.

Two years ago, a special fund of $75,000 was established in the Bureau to combat smallpox. This fund is being applied to improve the production of smallpox vaccine, especially the dry type, in order to have a firm basis on which to intensify the smallpox eradication campaign in the Americas in the near future. The program to promote the production of this vaccine is well advanced, and in the discussion of the budget some suggestions for the future program will be heard.

Typhus fever was not an international problem during this period. The Bureau is collaborating with some countries in typhus control work, and recently it has cooperated in the study of a vaccine of live rickettsias that may represent a step forward in the solution of this problem.

Since the cholera invasion in Egypt in 1947, when 20,000 deaths occurred, this disease has shown no tendency to spread in regions where it might be a threat to the Americas.

With respect to bubonic plague, it might be said that, even though the disease is known to exist in the interior of seven or eight American republics, it has not become a serious international maritime problem during the last four years. At present, plague constitutes an international problem only in those places where it has crossed land frontiers.

There are a few remarks I wish to make to this assembly on individual projects.

Regarding the problem of yaws in Haiti, since October 1951 an intensive campaign has been under way to eradicate that disease. During the period 1950-1951, penicillin was applied in clinics and dispensaries; but during the past three years of the campaign, doses of from 300,000 to 600,000 units of this antibiotic have been applied by the house-to-house system, in rural areas, to all suspect cases of yaws and to all contacts.

By June 1954, penicillin had been administered to 3,224,000 persons, of whom 666,000 were treated in dispensaries. Recent studies show that there is not a single zone in the country with a percentage of infection of over 1%, and the infection average in the zone covered by this method is estimated to be one-third of one per cent.

I wish to make special mention of this program because it is a demonstration of a means of eradicating this disease, a goal that in Haiti seems near to being achieved.

The natural concern of a government, and of the organizations, with respect to a problem that is about to be solved, is the possibility that there may be a

slackening in the activities necessary to complete the task. This has not been the case in Haiti. The Government has faithfully continued to support this program as an eradication campaign and very good results have been obtained, since we now know that the final achievement of eradication of yaws in Haiti is simply an administrative problem. In the coming year, with at least some changes in administrative techniques, we shall continue our collaboration with the Government of Haiti, in order to do everything possible to root out the last remaining cases in the country. The antiyaws campaign in Haiti has shown that, using relatively small doses of penicillin, it is possible to prevent transmission of the disease.

I shall not speak at length on the *Aëdes aegypti* eradication campaign, but wish to emphasize that many advances have been made during the past few years toward the completion of this task. It was a great satisfaction to us—in the few years preceding this Conference—to have concluded agreements or organized services in Cuba, Mexico, the Dominican Republic, Argentina, Haiti, and in some territories.

I now wish to mention an international agency that we consider of great value: the Institute of Nutrition of Central America and Panama (INCAP). This Institute has functioned for five years with the collaboration of the six countries in that region, of the W. K. Kellogg Foundation, and of the Pan American Sanitary Bureau. Various other organizations also have collaborated in the Institute's technical work and program. As to the administration and organization of this agency, the six countries signed a preliminary agreement in 1946 and, with the collaboration of the Kellogg Foundation and the Bureau, the INCAP laboratory began to operate in 1949. The year 1954 saw the inauguration of a new building, constructed by the Government of Guatemala especially to meet the needs of INCAP. The Institute functions with a budget supported largely by the six Member Countries. Although its administration is under the auspices of the Pan American Sanitary Bureau, the Institute's Council, in which all the Member Countries participate, governs its program and budget, and there is thus no need to maintain an international organization especially for that purpose. The Pan American Sanitary Bureau, therefore, is serving as the administrative organization through which the six countries and the Kellogg Foundation pool their efforts in the field of nutrition and apply the results of the Institute's studies.

It is to be noted that the quota contributions made by each Member Country to the Institute of Nutrition are larger in amount than those made by the same countries to the Pan American Sanitary Bureau, and usually they are received just as easily. Possibly, it is in INCAP that we have found the system through which international collaboration can be obtained from various groups of countries for the solution of problems of special interest to them. For example, it has been suggested that an institute of biological products be established in Central America. Since last year we have had an approved project for a zoonosis institute, to be financed through the Technical Assistance Program of the Organization of American States, and possibly this agency could be organized not as a Pan American institute but rather as an institute of the various countries especially interested in that problem.

How to finance international health work is a problem that, as I stated in my

report last year, concerns and will continue to concern the governments in the coming years. I am sure that all those present here are aware of the difficulties we have encountered in administrative matters during recent years, because of fluctuations and uncertainities with respect to funds available for future activities. At present we are very uncertain as to Technical Assistance funds for 1955, owing to the fact that certain countries are not in a position to make pledges for the near future.

I wish to call attention to the fact that these international public health programs are financed largely through the generosity of the United States Government. In effect, that Government contributes 33% of the World Health Organization budget for the entire world and 66% of the Pan American Sanitary Organization budget; it also contributes to, or better, it supports the Institute of Inter-American Affairs, an organization engaged in public health activities in this Continent. It contributes to the budgets of UNICEF, 70%; of the Technical Assistance Program of the Organization of American States, 70%; and of the Technical Assistance Program of the United Nations, 60%.

We cannot foresee what the situation will be in the future financing of international activities. An examination of the budgets of the Pan American Sanitary Bureau since 1949, when the approved figure was $1,700,000, will show that there has been practically no increase. The increase to approximately $2,000,000 represents less than the depreciation, we might say, that has occurred in the currency during that period.

Mr. President, I have taken more of the assembly's time than I had intended. I believe that, rather than continue this lengthy monologue, it is preferable to leave any further explanations for the time when the Conference makes its comments and suggestions concerning the work on which I have reported.

PRESIDENT: Thank you very much, Dr. Soper, for emphasizing these points, which go beyond the more detailed part of your report.

We will, according to the decision taken earlier this morning, defer final discussion of this report until later, although the Chair would offer, to any delegate who wishes to ask questions, the opportunity to comment freely at this time. If no one wishes to do so, we will proceed to the fourth item on the order of business, the technical discussions.

Topic 11-A: Technical Discussions: Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIII and XIV Pan American Sanitary Conferences [1]

PRESIDENT: Anyone who is prepared and who has submitted his name to the Secretary may comment on his country's report. It is our understanding that these comments will be limited to ten minutes, but we have time to devote to this topic before adjourning to allow Committee II to hold its meeting.

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[1] A statistical analysis of the member country reports is published separately as Scientific Publications No. 25, *Summary of Reports on Health Conditions in the Americas*, 1950-1953.

SECRETARY:* Mr. President, according to the list, the following countries have registered: Colombia, Costa Rica, the United States of America (for the report of Puerto Rico), the Dominican Republic, Venezuela, Argentina, El Salvador, and Ecuador.

PRESIDENT: Dr. Henao Mejía is recognized.

REPORT OF THE DELEGATE OF COLOMBIA

Dr. HENAO MEJÍA (Colombia):* I shall begin by cordially greeting all my colleagues and asking them to forgive the hasty presentation of our report in the short time at our disposal.

It is truly gratifying to note the interest aroused in the Hemisphere by the Pan American Sanitary Conferences, which are destined to bring such significant results.

In this Hemisphere and, we might say, throughout the world there has developed a true awareness of the importance of public health campaigns, which can save our communities and make us free and healthy peoples.

My country, with its very special geographic conditions—cut as it is by three mountain ranges that run its length from north to south (Eastern, Central, and Western), and faced with the difficulties of distance and transportation—has many obstacles to overcome in solving its health problems. In mountainous countries such as ours a large part of the population resides in those high ranges. It is for this reason that my Government has wished to facilitate health campaigns by "motorizing" the service in Colombia through the use of aircraft, particularly helicopters. We have just received ten helicopters that will be employed in public health campaigns, especially those for the benefit of the rural inhabitant, the backbone of our nation.

In 1950 there was a network of 396 health centers serving 48% of the population, and a budget of 10,714,000 pesos to care for that population.

By 1954 the number of health posts had risen to 672, covering 82.25% of the population, and the budget to 20,213,000 pesos. These increases speak amply of the interest my country has taken in public health.

In order to bring health services to the distant and forest regions, we have used launches staffed with physicians, dentists, and nurses, following our navigable rivers to reach the most remote and inaccessible sectors of the population.

To combat the important endemic diseases existing in our country, especially yellow fever, yaws, and malaria, important campaigns are being undertaken with the cooperation of the Pan American Sanitary Bureau. We have thus been able to carry on a yaws campaign along the Pacific coast with quite satisfactory results, while in other regions this campaign is just being started.

With respect to malaria, we still have much to do, although we have achieved encouraging results in a campaign being conducted in the Caribbean area and in the northern departments of the country. Concerning this subject, I wish to state that my Government has resolved to cooperate with the Pan American Sanitary

* The asterisk denotes that the person spoke in a language other than English.

Bureau in making every effort possible to achieve the eradication of malaria, not only in Colombia but also in the rest of the Americas.

We are also carrying out maternal and child care programs, through the UNICEF. Our Government is putting special emphasis on this work because we feel that no country can progress without healthy, well-fed children, or without healthy, well-fed workers. I believe there are two fundamental bases on which the progress of any country is built: health and education. If these are lacking, anything we might do in the way of public works or other campaigns is to little avail. If a country wishes to be great, strong, and worthy of respect, it should before all else pay attention to the child and safeguard the wealth that youth represents, by raising children who are well-fed, healthy, and able to read and write.

With reference to a comment by Dr. Soper on the fact that Colombia does not belong to the WHO—which is correct—I should like to say something by way of explanation. Because of special circumstances in my country, during these past years in which we have lived in a state of political unrest and even of undeclared revolution, the approval of this agreement by my country's Congress has not been possible because that body has not convened. But I wish to declare, on behalf of my Government, that we are interested in the matter and will do everything possible to make Colombia's participation in the World Health Organization a reality. It has therefore not been because of unwillingness on the part of my Government, but rather because of special legislative circumstances that we have been unable to carry out this intention of joining the WHO.

One of the most important matters my country is considering is the establishment of public health schools, an activity already far advanced in other American countries and now gaining ground in ours. As a starting point in our project, we have founded the Advanced School of Hygiene for the training of a corps of specialized health workers to take part in the campaigns so important to the country—a corps of career health workers who are not subject to political interests and will serve as a nonpolitical force dedicated exclusively to the service of the nation.

We have now embarked on the national BCG vaccination campaign and have obtained excellent results. Specialized personnel were trained beforehand for this project and are conducting it very effectively. We estimate that by the end of some four years the country will be completely protected. In this work we have also had the cooperation of specialists, particularly from UNICEF, of experts of the WHO, and of Dr. Urquijo, of Argentina, who heads the campaign as an expert in this field. So, I repeat, we hope to achieve our goal in the course of some four years.

Dr. Soper made a very interesting reference to the Institute of Nutrition of Central America and Panama, a type of agency also well established in other countries. Colombia is attempting to organize its Nutrition Institute on a firm basis, so as to be able to join with the other nations and organizations of the Continent in contributing toward higher standards of nutrition.

Recently, we launched a very interesting campaign to reduce the very high incidence of goiter in the country, through the use of iodized salt by applying

iodates in potassium chloride. We hope to reduce this incidence to very low figures within a few years.

This is, in very general terms, an outline of the programs we are carrying out at the present time, programs that we want to intensify day by day, with the cooperation of the Pan American Sanitary Bureau, of the WHO, and of all the organizations interested in this field.

My Government is particularly pleased to express its desire to cooperate closely with all the organizations and all the republics of North, Central, and South America in this campaign to safeguard our Continent—an endeavor headed by the Pan American Sanitary Bureau and the World Health Organization.

Dr. Altamirano P. (Chile) then took the Chair.

PRESIDENT:* We have heard the report presented on the health situation in Colombia. We are proud of its proposals to intensify its progress as rapidly as possible. If there are no comments on the report of the delegate of Colombia, I offer the floor to the delegation of Costa Rica.

REPORT OF THE DELEGATE OF COSTA RICA

Dr. VARGAS MÉNDEZ (Costa Rica):* Mr. President, gentlemen, the delegation of Costa Rica will circulate among the delegates a series of pamphlets to illustrate its statistical report. Also, we hope to present a small graphic exhibit to show the work we have done in four years.

Costa Rica, a country of 800,000 inhabitants, has a national budget of two hundred million pesos. In the past four years the health budget has increased from three and a half million to nine million pesos.

With a view to ensuring proper organization, the sections of the Ministry have been grouped into four major divisions: one of preventive medicine; one of maternal and child care; another of environmental sanitation; and the no less important, but often neglected, division of administration.

The Ministry has worked out a training plan for the operation of these sections, and we are pleased to state that there is not a single section that does not have one or more staff members duly trained under fellowships abroad. A total of seventy-two persons have left the Ministry to train abroad in their respective fields. In addition, we have developed an intensive in-service training program.

As a complement to such training and to proper organization, it is essential to ensure stability of employment to those working in the public health field.

The Constitution of Costa Rica, enacted in 1949, established a civil service for State employees, and a special clause fixed June 1953 as the date for its entry into force. This statute, which ensured stability of employment to trained personnel, has given impetus to our program and permitted the improvement of salaries. Government personnel in Costa Rica need no longer fear removal because of political uncertainties or transfer when no longer wanted in a given job. These guarantees have led to greater enthusiasm and increased efficiency in the performance of duties.

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Together with these measures, it has been necessary to introduce technical improvements and set up plans of work in many sections in the last four years. I wish particularly to mention, without entering into details, the public health nursing section; the health education section; the insect control program, which has achieved noteworthy results against malaria; the maternal and child care program; the biostatistics section; the dental hygiene service; the program for reorganization of health units, to incorporate our programs in community plans; the sanitary engineering section; and the nutrition section.

With respect to epidemiological conditions, during the four-year period we have had three serious outbreaks: yellow fever in 1950; infant gastroenteritis in a rural zone in 1952; poliomyelitis in 1954.

The delegates who so wish can obtain data on these outbreaks from the delegation of Costa Rica.

The Ministry has maintained excellent relations with all the international organizations, especially the World Health Organization and the Pan American Sanitary Bureau. Its specific programs have included: nutrition programs with UNICEF, FAO, and WHO; BCG programs with UNICEF and WHO; malaria programs with UNICEF and WHO; and a School of Nurses with the WHO.

I wish to mention that the funds to finance Costa Rica's School for Nurses come from all the institutions that require nurses: Social Security Fund, hospitals, Ministry of Health, School of Obstetrics, Dental Health Service—as well as from the Institute of Inter-American Affairs.

Great care has been taken, on starting these programs, to ensure that there will be no duplication of effort and that the country will be able to incorporate the services effectively in its regular programs, within a certain time.

Equal in rank to the National Department of Health is the National Department of Social Welfare, headed by Dr. Escalante, who is present today. This Department is responsible also for hospital care.

Two special laws, in 1950, laid the bases for the present organization of medical care services. The first gave to the medico-social welfare service the technical direction and financial supervision of the hospital institutions of the country. The second created the Technical Committee, as an associate body responsible for distribution of the net income of the National Lottery among hospital institutions, which today have 5,034 beds throughout the country and work with a budget of 20 million colons, plus 9 million contributed by the Health Ministry.

This, gentlemen, is a résumé of the work done in four years. As a final comment, I would like to say that Costa Rica deeply appreciates the international cooperation it has received, and that, as a sign of this appreciation, it pays its contributions promptly.

PRESIDENT:* The Chair wishes to thank the delegate of Costa Rica for his remarks and congratulates him on his report. The delegate of Puerto Rico now has the floor.

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* The asterisk denotes that the person spoke in a language other than English.

REPORT ON PUERTO RICO

Dr. PONS (Puerto Rico):* It is a source of deep satisfaction to be able to report to you that, on the Puerto Rican front, we continue to gain ground in the hard and courageous battle being waged by all the American countries against the relentless enemies of mankind: hunger, ignorance, and disease. The progress made by Puerto Rico, a country with great limitations, proves that it is possible to win this battle on all American fronts and strengthen our peoples' faith in their ability to advance toward the living standards enjoyed by the industrially developed nations.

Since my report in October 1950 on health conditions in Puerto Rico, our faith and our ability to wage this battle have grown because of momentous events in the government of the country. On 25 July 1952, through a voluntary agreement subscribed to by the Congress of the United States and the people of Puerto Rico, our country became a Commonwealth, with a constitution of its own making. Within this completely autonomous regime, recognized as such by the United Nations' General Assembly in its resolution of 3 November 1953, all programs, functions, and activities of an internal character, at all levels, depend upon principles and policies determined by the Government of the Commonwealth of Puerto Rico, whose origin and composition are the result of the will of the people, as expressed at the polls.

The Commonwealth of Puerto Rico, with a population of 2,240,000 in an area of 3,435 square miles, is the most densely populated country in America, with the exception of Barbados. To indicate the full significance of this high population density, it suffices to point out that if the twenty Latin American republics had a population density of 650 persons per square mile, as has Puerto Rico, they would have a total population of 4,800,000,000 inhabitants, or twice the population of the world in 1950. I point out this fact to emphasize the scarcity of land, which is the principal natural resource of Puerto Rico. What is more, only a little over half the total area of Puerto Rico can be cultivated and it has not been possible to find in its subsoil, despite repeated explorations, coal, oil, iron, or any other mineral (with the exception of limestone and silica) in commercial quantities. The sea that separates our island from the two neighboring continents has not provided us with a good fishing ground. The only abundant economic resource Puerto Rico has is its population, which can be a source of wealth, if effectively utilized, or of poverty, if production is insufficient for its consumption needs. In our specific case, the advantageous economic relations existing between the United States and Puerto Rico can be considered a positive factor. These relations signify free access to the world's richest market for the sale of Puerto Rican products, for the utilization of technological knowledge and the fruits of scientific investigations, and for attracting investment capital for Puerto Rico's economic development. They also mean freedom of movement toward that area for Puerto Rican workers in search of better employment opportunities. We have tried to make effective use of these positive factors in order to counteract the depressive effect of the adverse ones. In this way, despite our very limited natural resources, we have been able to combat poverty, ignorance, and disease.

* The asterisk denotes that the person spoke in a language other than English.

The Commonwealth of Puerto Rico has set itself the goal of having 90% of its families enjoy an income of $1,500 or more by 1960, and a minimum of $2,000 by a not too much later date. It has also fixed a goal of defeating unemployment, with its multiple attendant problems. To achieve these ends, the manufacturing industry must be expanded to produce about 80,000 new job opportunities before 1960, which will give rise in other sectors of the economy to sufficient job opportunities to reduce unemployment from its present level of 14% of the working population to only 5% in or about 1960. This employment goal signifies an increase in the net national income of about $1,000,000,000, or, from the present level of $960,000,000 to $1,900,000,000 in 1960. In terms of production, it means raising the present level of $1,100,000,000 to $2,100,000,000 by the same date.

These objectives of income and production require an investment of over $400,000,000 in the manufacturing industry alone, during the next six years. It is estimated that, if the Government invests $110,000,000, private enterprise may invest the remainder of about $293,000,000. To carry out this policy, the Government of Puerto Rico has put into effect a system of priorities or preferences and a program of action.

Up to the present date, the program has been developing successfully. The Government has been making the necessary investment, and private enterprise has been responding just as was anticipated. From the middle of the past decade up to the present, about 300 new industrial enterprises have been established in Puerto Rico. New items are gradually being added to the already long list of new industrial products: cement, china, glassware, plastics, fountain pens, textiles, chemicals, electrical and metal products, etc.

A third of the invested capital has been contributed by Puerto Rican businessmen, a third by United States enterprisers, and the other third by the Government of Puerto Rico.

It should be pointed out that such industrial expansion would not have been possible had the Government of Puerto Rico not previously created a favorable climate through the expansion of electric power, ports, airports, highways, communications, water supply and sewerage systems, health centers, etc., and through the improvement of general education and vocational training. Along with the development of public services, the activities financed by private enterprise have also grown, such as banking, commerce, and all the other activities that both contribute to and depend on economic expansion and diversification.

The program of economic development does not depend exclusively on industrialization as a source of employment and income. Agricultural development, tourist trade, commercial promotion of certain basic items, and various other programs also play an important role. The economic growth of Puerto Rico has also received a healthy stimulus from the growing expenditures of the Federal Government of the United States in Puerto Rico. We cannot fail to acknowledge the full cooperation of the United States with Puerto Rico.

The income of Puerto Rico has increased from $228,000,000 in 1940 to $956,000,000 in 1954. The increase, adjusted to compensate for higher prices, was 109% during this period. The per capita income increased from $112 in 1940,

$273 in 1945, and $304 in 1948, to $430 in 1954. The daily wages of the workers increased, in real terms, 98% between 1941 and 1952.

Between 1941 and 1953, the authorities have constructed more than 22,000 dwellings in Puerto Rico for small-income families. Better-income families have built thousands of homes in modern urban developments on the outskirts of the principal cities. In the rural zones, more than 40,000 families have been installed in small communities where it has been possible to provide them with water, light, and other public services. All families in the urban areas and 67,000 of those in the rural areas are supplied with electricity. All or almost all of the 76 cities and towns of Puerto Rico and many of the rural communities have athletic fields. Over 1,000 school lunchrooms have been constructed, and by 1957 Puerto Rico will have reached the goal of providing this important service to all schools that need it.

Although we still have a long road ahead of us, the progress achieved in the last 15 years strengthens our confidence in our ability to defeat extreme poverty in Puerto Rico in the not too distant future.

In our fight against illiteracy, education is ranked among the major activities of the Commonwealth of Puerto Rico. The objectives are to decrease illiteracy from the present rate of 22% to 10% for the entire population in 1957, and to establish the necessary buildings to permit 79% of the population between 6 and 18 years of age to attend school by 1957, and 83% by 1960. From 1940 to 1953, the Commonwealth constructed and put into operation a total of 3,420 classrooms, at a total cost of a little over $16,000,000. The afore-mentioned objectives require the construction of about 2,400 additional classrooms in the next six years. The school budget in Puerto Rico has increased from $7,300,000 in 1940 to $43,000,000 in 1954. The University of Puerto Rico also has shown the expansion of the system and of school enrollment. University enrollments increased from 5,441 in 1941-1942 to 12,151 in 1953-1954. The inclusion of summer enrollments in the last figure would bring the total to about 20,000. The Government of the Commonwealth annually grants fellowships for study in Puerto Rico and abroad. Emphasis has also been laid on vocational training.

Through these efforts, and through others too numerous to mention, illiteracy is being conquered in Puerto Rico.

The last of the three enemies—disease—already seems to be in full retreat.

The general mortality rate for all causes decreased from 9.9 per 1,000 inhabitants in 1950 to 8.1 in 1953, with 3,942 less deaths in 1953 than in 1950. At the same time, birth rates dropped from 38.7 per 1,000 inhabitants in 1950 to 34.9 in 1953, with 7,953 less births in 1953 than in 1950. Taking into account the emigration to the Continent, in 1953 Puerto Rico, perhaps for the first time in its history, had a population loss, amounting to about 13,000 inhabitants.

The most notable drop in mortality rates was for tuberculosis, which in 1950 took 2,861 lives at the rate of 129.6 per 100,000 inhabitants, and in 1953 accounted for only 1,046 deaths with a rate of 47.1.

Diarrhea and enteritis, which in 1950 accounted for 3,060 deaths with a rate of 138.6, caused only 2,327 deaths with a rate of 104.8 in 1953. The mortality rate for pneumonias dropped from 68.9 to 47.6, and that for nephritis from 29.9

to 17.3. Deaths attributed to syphilis in 1953 were one half the total for 1950, and the same was true with regard to whooping cough. In 1950, 57 deaths were attributed to malaria, and in 1953, only 2. The infant mortality rate decreased from 68.3 per 1,000 live births in 1950 (5,835 deaths) to 63.1 (4,893 deaths), and maternal mortality from 2.4 per 1,000 live births (208 deaths) to 1.7 (133 deaths). The total of 3,997 fetal deaths in 1950 (rate of 46.8 per 1,000 live births) decreased to 3,270 in 1953 (rate of 42.2).

Tuberculosis, which throughout the years shared first place with diarrhea and enteritis as a cause of death, dropped to fifth place in 1953. Diarrhea and enteritis are now in second place. Cardiopathies, among which the degenerative type predominates, now occupy first place, but without showing a marked absolute increase in the number of victims. Cancer holds third place. Diabetes has gained some ground.

In the four-year period 1950-1953, no epidemic of major importance occurred.

Five additional health centers equipped with first-class hospital units have been put into operation, and five more will be opened in the near future. A tuberculosis hospital with 800 beds, 200 of them for children, was put into community service in 1952.

Approximately 70% of our urban and rural population are now supplied with potable water, either totally or partially treated, through public supply systems. Sewer services have been expanded, the waste being treated to prevent contamination of water bodies.

Since 1952, we have been adding sodium fluoride to our water supplies, for the prevention of dental caries, in a metropolitan area that includes one-half million people, and during the next five years we hope to cover all the urban water systems, which also supply a number of rural inhabitants.

Our school of medicine this year has already graduated the first class of 45 physicians, and we have just inaugurated a school for nurse-midwives.

During the last four years, some of the countries represented here have been sending more and more experts to make use of our training facilities. The agencies that offer technical aid and the international organizations have requested our collaboration in this field, and we have cooperated with pleasure. Recently, the FAO and the Government of Puerto Rico concluded an agreement whereby a large number of fellows will be sent to our country to study various aspects and programs of public health. Whatever we may have there that can be of benefit to you is at the service of all our sister countries in the Americas.

PRESIDENT:* The Chair thanks the delegate of the Commonwealth of Puerto Rico for his interesting report. The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* I wish to refer especially to the last paragraph of the report of Puerto Rico concerning training, and to express the appreciation of the Government and people of Costa Rica for the full cooperation given to all workers we have sent there for training in public health field services.

We have discovered that, even though other sources are available for the most

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important basic and classic studies, the experience of Puerto Rico is extremely valuable to us in the direct application of this knowledge to the community.

PRESIDENT:* The Chair recognizes the delegate of the Dominican Republic.

Dr. BERCÉS SANTANA (Dominican Republic):* We would very much appreciate it if the President would allow us to postpone our report until this afternoon.

PRESIDENT:* Very well. Dr. Orellana, of Venezuela, has the floor.

REPORT OF THE DELEGATE OF VENEZUELA

Dr. ORELLANA (Venezuela):* All the delegations have in their possession the narrative report and statistical tables that summarize the development of public health work in Venezuela from 1950 to 1953.

I shall refer now only to certain specific points that our delegation considers to be of special interest. First, I wish to mention the major changes in organization made during this period. We have now merged into a single organization, a single technical department, the two departments previously charged with programs of preventive care, on the one hand, and of medical care on the other. These formerly separate departments were joined to form one general technical agency, the Department of Public Health, which has responsibility for carrying into effect all activities of the Ministry of Public Health and Welfare.

This merger represents the achievement of the goal of integration that has been pursued by the Venezuelan health service for many years. A similar change took place at the local level, with the establishment and operation of over-all health centers in which, under a single direction and one roof, complete medical care services are provided to the community. There are now eight of these centers in operation in Venezuela and others are under construction or in the planning stage. The remainder of the public health administrative services in the country have not changed, so that the basic networks of preventive, curative, or over-all medical centers continue the same.

The preventive care network, comprising 48 health units located in as many cities, provides mainly preventive care to two million inhabitants.

The hospital care network, operating under the Ministry, covers the same number of inhabitants through 56 hospitals. In addition, the states, municipalities, the Social Security Fund, and other governmental and private agencies support slightly over 200 hospitals. Added together, these hospitals make up a total of 19,000 beds.

There is also a network of mixed services provided especially for the rural population. This comprises 400 rural medical units called *medicaturas rurales*, which are staffed by one or two physicians who also provide curative care together with a minimum of preventive care services.

The public health budget in Venezuela increased from 126 million bolivars in 1950-1951 to 161 million in 1953-1954. This is the amount allotted to the Ministry of Public Health and Welfare, and to that sum are added the funds paid in by states, municipalities, the Social Security Medical Services, and other govern-

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mental sources, making the total of Venezuelan expenditures for health 366 million bolivars, or the equivalent of US$109 millions. This sum represents 12% of the national budget.

Mention should also be made of the important increase in the staff available to Venezuelan public health services. In 1950 there were 1,033 physicians, 35 engineers, 79 dentists, 11 veterinarians, 273 graduate nurses, 204 inspectors, and 1,052 technical auxiliaries working in the Ministry. During 1953 the figures increased to 1,647 physicians, 44 engineers, 130 dentists, 14 veterinarians, 665 graduate nurses, 619 laboratory technicians, 422 inspectors, and 2,525 technical auxiliaries.

Together with this increase in staff, a carefully planned program is maintained for the training of personnel through the development of local facilities and the utilization of facilities obtainable abroad.

As to communicable-disease control work, I wish to make special mention of the program of mass vaccination for the eradication of smallpox. During the period under review, vaccinations were completed in the country's twenty-three federal divisions. Through this work it was possible to increase protection from the initial figures of between 40% and 50% of the population, to a maximum of from 80% to 90%, and in some federal divisions to as high as 90% or 95%.

The Ministry is now carrying out plans to continue this program through a second cycle, endeavoring to penetrate deeper into rural areas. The favorable results can be seen from the fact that the incidence of the disease in 1946 was about 7,000 cases, whereas thus far in 1954 only 11 cases have been reported in Venezuela.

The antimalaria campaign has not slackened during the past few years. The results are reflected in the fact that the figure of 70% of houses protected in the malaria zone in 1950 rose to 87% in 1953. It is hoped to pursue measures for maximum protection until all of the most resistant foci in the country are covered.

In the antituberculosis campaign, which has received very careful attention, BCG vaccinations have been applied on a nation-wide basis. Use has been made of highly specialized teams who visit the local services and train them to continue the program.

BCG vaccinations increased from 42,000 in 1950 to 105,000 in 1953. In this same antituberculosis campaign, a measure of particular importance was the initiation of a program for eradication of bovine tuberculosis, which was preceded by a careful survey of all legal and technical aspects of the work. It is particularly significant to note that the program for eradication of bovine tuberculosis is carried out simultaneously with intensive stable sanitation work, a method that has proved most effective.

Another important step forward in the consolidation of the health units as local public health agencies is the great stress that has been laid on equipping these units with special buildings designed to meet operating requirements.

The program of constructing buildings for health units in Venezuela is well under way. Up to now, five such buildings have been completed and four others are under construction. As these services depend on the number of inhabitants, the size of the building varies accordingly.

In concluding, I wish to stress the interest that the Venezuelan Government has taken in the problem of providing general and specialized medical care through the construction of hospitals. It has set a national goal of 30,000 beds; 19,000 are already available, and within a short time additional hospitals will provide another 3,000. It is hoped that the original time period of ten years, set in 1950 for completion of the hospital construction plan, will not have to be extended. In the four-year period 1950-53 alone, Venezuela opened seven hospitals with a total of 1,170 beds.

PRESIDENT:* As the time limit set for this session has now been reached, delegates who wish to comment on the excellent report of the delegate of Venezuela will be given an opportunity to do so at the afternoon session. The Committee on Administration, Finance, and Legal Matters will meet at 12:15 p.m. The General Committee will hold its second session at 12:45 p.m. The Secretary has some information.

SECRETARY:* Since most of the delegations have more than one representative or delegate, it is suggested that, in order to ensure a quorum, they designate representatives to attend the simultaneous meetings of the two main committees during the coming week.

Next week Committee II will meet in the *Salón Sur*, on the first floor of the Hotel, which will be fully equipped. The main committees may establish working parties to study or report on any topic, and alternates and advisers may participate in any of these working parties.

As the President has indicated, the fourth plenary session, to be held at 3:00 p.m., will hear additional reports of the countries. The countries that have registered with the Secretary, are, in order: Argentina, the Dominican Republic, El Salvador, Ecuador, France, Chile, and Cuba.

The session was adjourned at 11:50 a.m.

FOURTH PLENARY SESSION

Saturday, 9 October 1954, at 3:25 p.m.

President: Dr. W. PALMER DEARING (United States)

PRESIDENT: The Conference is called to order. I believe there is an announcement by the Secretary.

SECRETARY:* Mr. President, the Secretariat has received a note in which all chiefs of delegations are requested to meet this afternoon after the plenary session to name a committee to proceed with the arrangements for the reception in honor of the Government of Chile, as was agreed at the preliminary session. The chiefs of delegations are therefore requested to meet at the close of this session.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT: Thank you, Mr. Secretary. This meeting will be very brief. We have thought it well to have a few informal minutes in order to proceed with the planning of the reception.

This morning we completed the report of the delegation of Venezuela, and the Chair closed the discussion with the promise that there would be an opportunity for anyone who wishes to do so to comment this afternoon on the excellent work of Venezuela. Does any delegate wish to comment? If not, we next have the privilege of hearing the report of the Dominican Republic and the comments thereon. The delegate of the Dominican Republic is recognized.

Topic 11-A: Technical Discussions: Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIII and XIV Pan American Sanitary Conferences (*continuation*)

REPORT OF THE DELEGATE OF THE DOMINICAN REPUBLIC

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Mr. President, we shall review only briefly the status of public health in our country. The Dominican Republic, a country of the Caribbean zone, small geographically but great in its hopes and its desire to contribute to the advancement of American health, is pleased to report on the constantly increasing efforts of the Government to raise the nations' health to the highest level. In this endeavor, no sacrifice has been spared in strengthening the public health policy maintained during the last decades.

In the development of our health programs, we have received the efficient cooperation of the World Health Organization, the Pan American Sanitary Bureau, and the Rockefeller Foundation.

At the present time, an insect control program is being carried on successfully for the eradication of the yellow fever mosquito. Some time ago, an agreement concluded with the Pan American Sanitary Bureau was put into effect with the following objectives: to develop and organize, within the Ministry of Public Health, the technical and administrative activities of the local health-unit services; to establish a permanent unit for the training of professional and auxiliary personnel in the Ministry; to offer public health training facilities to physicians and students of medicine, nursing, and health education; to introduce, test, and develop new systems for public health programs. Under this program the Government of the Dominican Republic gives its fullest cooperation in the fulfillment of the aims of the World Health Organization and the Pan American Sanitary Bureau.

A modern children's hospital, with space for no less than 600 needy children, is now being constructed in Ciudad Trujillo, capital of the Republic; and in the interior of the country hospitals are being constructed in various provinces, in order to increase the number of hospitals to 30. These are equipped with maternity wards operated under the Ministry of Public Health.

In conformity with a resolution of the XII Pan American Sanitary Conference, held in Venezuela, which recommended unified control of the tuberculosis campaign—that is, that the campaign be entrusted to the national department

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responsible for public health problems in order to avoid conflicting criteria—the Government of the Dominican Republic, in 1953, abolished the Council on Tuberculosis and transferred its responsibilities to a department of the Ministry of Public Health called the Tuberculosis Division.

The malaria control activities have been expanded to the point where they can be considered nation-wide in scope. The campaign method used is to spray DDT on the inside of dwellings. At the time the insect control plan was put into effect, late in 1952, the Division of Malariology had been conducting a malaria control program based on intradomicile spraying with DDT in areas known to be the most heavily endemic for malaria. Approximately 5,560 houses were sprayed per month, and the sprayings were repeated every six months.

In our country there is no yellow fever. However, since that disease continues to persist in Central and South America, and because of the present rapid means of transportation, the possibility exists that the infection may be spread to other countries of the Continent. Recognizing the problem, and actively cooperating in the campaign sponsored by the Pan American Sanitary Organization, the Dominican Republic started its program for eradication of the *Aëdes aegypti* in October 1952. Through this campaign we are not only endeavoring to wipe out the threat of yellow fever in our country but at the same time are making a contribution toward the safety of our neighboring countries. I thank you, Mr. President.

PRESIDENT: Thank you for this very excellent and stimulating report. Does anyone have a comment or question? If not, we shall have the privilege of hearing from the Argentine delegation, which wishes to comment on its report. Dr. Segura is recognized.

REPORT OF THE DELEGATE OF ARGENTINA

Dr. SEGURA (Argentina):* Gentlemen, the Ministry of Public Health of Argentina, in the development of its programs, has attributed the greatest importance to two great health principles. First of all, it considers the physical and mental health condition of the public to be greatly influenced by the economic status of the country, and therefore it has been the Government's goal to improve and raise the standard of living through wages and salaries, prices, and—a most vital factor—proper and healthful working conditions, toward which much has already been accomplished. Secondly, the Government believes that the results of all technical work done in the field of public health and hygiene should reach every citizen. Everyone should be educated to this end, and everyone should cooperate to obtain the results desired. In this respect, the Government of Argentina has promoted the establishment of social services in all public agencies; preventive medicine has been extended to the entire country; vacation places for union or professional workers have been established; polyclinics have been constructed for professional workers and also, particularly, for workers in the larger unions; and, dealing with all these services, a Department of Health Education has been created. This agency, because of its extensive field of activity, has tried to reach every individual, in order to give him advice on how to cope with every health problem, on what

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the State will require of him, and what he should do about it to receive the most benefit.

In a country such as ours, with a central government and autonomous provinces as well, excellent results have been obtained through the annual meeting of the Provincial Public Health Ministers with the National Minister, where coordinated plans can be made so that there will be no waste or duplication of effort.

Since the last report of our country, sixty-four large-scale projects have been completed in Argentina, in addition to innumerable innovations that we shall not mention. These projects increased the number of beds available in the nation from 100,000 to 130,000 at the end of 1953. Upon completion of the projects now under way (sometime between 1954 and 1955), the goal of ten beds for every 1,000 inhabitants will have practically been reached. The technical personnel through whom the Ministry carries on its work have been increased from 5,000 to 40,000 at the present time.

The present health conditions among the population are excellent. The incidence of communicable disease is normal. Statistics show that the general mortality rate is 8.6 per 1,000, this rate having decreased from 9.0 per 1,000 in 1950. It is interesting to note that the causes of death in our country differ to a certain extent from those reported by other countries. Cardiopathies are the principal cause of death, the rate being 210 per 100,000. Cancer follows with 121 per 100,000. According to the statistical summaries prepared by the Bureau, the causes of death in our country follow an almost exact parallel with those of the United States of America. As far as our health program is concerned, there are two main problems at the moment: to perfect our biostatistics program, and to train public health personnel for the purpose of expanding the programs already undertaken in our country. There is a special need to promote training in public health, as this career does not yet have the appeal of curative medicine. Therefore, the training of personnel is one of the main activities to be developed in our country.

I am not putting great stress on the organization of the public health service in Argentina up to the present time, because it is now in the process of being modified and replanned, and I would not be able to say at this moment what the results of the present study will be.

With respect to diseases, certain noteworthy facts can be pointed out. In the case of leprosy, for example, our public health services have set the objective of eradicating this disease within the period of two generations. On the basis of the number of beds, the number of dispensaries, the effectiveness of drugs, and the low incidence of leprosy, which is constantly decreasing, this is the theoretical time period set for eradication of the disease.

As to plague, it has been two years now since we have had any report of a case of this disease.

Malaria has ceased to constitute a public health problem. Incidence has been reduced to 0.1%, but the antimalaria campaign is nevertheless being continued to safeguard against any recurrence, as anopheline vectors still exist in some breeding places and the parasite could be carried by infected persons from abroad. To intensify the antimalaria work, a DDT plant will be opened within a short

time in our country. This plant will include every modern facility available in various DDT plants throughout the world.

One epidemic of smallpox occurred during 1950, a total of 4,000 cases having been reported. In the years when the disease has occurred since that date, we have had figures of 275 and 270 cases. Smallpox always represents a problem in our country, since in the large border movements there are great numbers of persons who are not properly vaccinated. At this time, under an agreement with the Pan American Sanitary Bureau, dry vaccine is to be produced on a large scale for our own consumption as well as for use abroad. Also, a model smallpox campaign will be carried out in collaboration with the Bureau in the border provinces of Salta and Jujuy.

In the campaign against tuberculosis, the trend toward lower incidence has been constant, thanks to the treatments given by the clinical services of the Department of Tuberculosis Surgery and to the preventive work being conducted through education of the public and vaccination with BCG. These efforts have brought about a gradual reduction in the number of tuberculosis patients, and the incidence rates are quite low.

We have two plants for the production of BCG—one that is being constructed in Jujuy and is about to be completed, and the other, a model plant, in the federal capital.

Venereal disease also is on the decline, inasmuch as treatment of syphilis is by law obligatory and a penalty is imposed for failure to comply with this requirement.

Antiveneral health education plays a prominent role. It is carried out either by direct action or through publicity in the armed forces, universities, schools, clubs, factories, workshops, labor unions, etc. The result is a downward trend, as can be seen from the tables presented in our report.

Despite the fact that there are no yellow fever victims in our country, the existence of vectors makes it necessary to continue a campaign to eradicate the *Aëdes aegypti*. Residents of forest areas inhabited by monkeys are vaccinated, and surveys are made by means of viscerotomy. Perhaps the campaign for eradication of the *A. aegypti* has not been carried on as intensively as might be desirable. Perhaps it has not been thought to be a problem of the greatest importance, since there have been no cases registered, and activity has been directed to other channels. However, we should like to state that, before coming to this Conference, our country signed an agreement with the Pan American Sanitary Bureau to undertake the eradication of *A. aegypti*, and, as we mentioned this afternoon, to speed up this campaign and reach the position we should really occupy.

As in other countries, the appearance of poliomyelitis is creating a problem for us. In 1953 we had a severe outbreak of this disease with as many as 2,500 cases, whereas the usual number does not exceed 600 to 700 cases a year. In the face of all the diverse aspects and the obscurity of the polio problem, we continue to look for a formula that will go deeper to the root of this problem.

Insofar as trachoma is concerned, a plan is now under way that takes into account both our own experience and all that has been suggested by the WHO Expert Committee on Trachoma. We hope for good results from these measures.

To illustrate, since 1951 Argentina has maintained a cornea bank and the blind have been treated with considerable recuperative results. We give no definitive figures because frequently, after a period of good results, persons given corneal grafts begin to experience a period of corneal opacification and sometimes the grafts must be repeated. I may add, as a point in illustration, that we know of some patients treated by ophthalmologists in the United States, who have been submitted to corneal grafting sixty times. This means that the eye lesion is capable of undergoing up to that number of traumatisms caused by the treatment. This is an item of information I offer over and above the report, as I learned it from those who were carrying out this process. I merely submit it as a complementary fact.

A great source of concern in our country is zoonosis. You will readily imagine this from the size of our stock-breeding industry.

A joint commission, formed by the Ministries of Agriculture and of Public Health of our country, is now making a combined study of this problem. And in view of the fact that the Organization of American States has agreed, at our suggestion, to the creation of a Pan American Zoonosis Center, we have offered this Organization an entire building, with all the necessary installations and fully equipped, in the very heart of the stock-breeding district in the south. The matter is awaiting consideration by the Organization of American States, and there is the possibility of setting up this research agency for all interested countries, should our country be chosen as the site, and of ensuring its reports and surveys the utmost degree of accessibility.

As I fear that I have little time left, I am anxious not to omit some important points. Our country attaches great importance to dental public health. We are actively promoting this activity, and so important do we consider it that we are to propose it as a topic for technical discussions at next year's Directing Council meeting. On this matter similar concern was expressed by the Executive Board of the World Health Organization, which, at its Thirteenth Session this year, on 12 January 1954, proposed that very careful attention should be paid to promoting the dental health program.

The development of industrial hygiene is a topic of which the mere mention is enough to suggest its great importance; but I do not want to spend time on it, any more than on the discussion of mental hygiene.

I should like to call attention to the importance we have been attaching of late to health precautions in sports and athletics. In view of the importance of this factor with respect to cardiovascular diseases as a cause of death in our country, we have begun to take measures to ensure that sports will not be practised without proper safeguards or become a cause of disturbance of the circulatory system, to which end all persons who devote themselves to any branch of sports or athletics must undergo a compulsory examination before taking part in these.

It is estimated that in our city of Buenos Aires, 700 examinations of new participants in sports are carried out daily. All this health work has taken on the special status of a medical organization and has adopted a specialized character, courses being established that enable those who take them to qualify as "sports' doctors" (*médicos del deporte*).

As for cardiovascular diseases, I shall say only a few words of warning and no more. Preventive medicine is faced with a great task in the attempt to reduce the rate of incidence of these diseases. The people must be educated on a far-reaching scale, for countless everyday bad habits have vast repercussions on the soundness of the circulatory system. Much has been achieved for the benefit of the cardiopathic patient, compared with what still remains to be done.

Arteriosclerosis is the cause of fifty per cent of the deaths from cardiopathy. It must therefore be suppressed from its very onset, before it does irreparable damage.

Hypertension wears man out when society expects most of him. As a general rule, its advance is slow and progressive, though unperceived. It must be detected in time by periodic examinations, so that the work may be adjusted to the state of the disease.

I can speak from experience. The heart cries out its own inadequacy and weakness, when it has been long and severely maltreated. In all our physical setup it is the organ that has most to bear from the rude handling to which human indiscipline subjects it. Hence everything that imposes order and method on man's habits constitutes the best form of prophylaxis for cardiovascular diseases.

With respect to supervision of drugs and pharmaceutical industries, we do the same as the rest of the world, except that now penicillin, streptomycin, and terramycin, etc., are produced in Argentina, and from an importer our country has become an exporter of these products.

Alcoholism is not a serious problem in our country. In general, alcohol is consumed in Argentina as it is everywhere, but it does not constitute the problem that we see in other countries. Nevertheless, there are always areas where it is necessary to carry on a campaign.

An American seminar on alcoholism conducted last year was attended by world authorities on the subject, including Jacobsen, from Denmark; Jellinek, from WHO, and Lolli, from Yale. Our country is publishing a book with all the reports on the seminar and all the suggestions made. According to Dr. Jellinek, of the World Health Organization, who conducted the seminar, this book will be the most modern and complete reference work that can be consulted. Our country places this publication at the disposal of any governments that may be interested, and it will be sent in the greatest spirit of collaboration.

Our Ministry has a Section on Sanitary Legislation, and it is felt that a doctrine of public health law should be developed. To this end, our country publishes a journal of public health law. The director of this publication, who is my colleague here today, has some issues available. This journal we also place at the disposal of all the health departments of America, with a view toward interchange of information in this field.

I shall mention only briefly our nutrition program, with which many countries are acquainted through one of the institutions that has received most fellowship students in the Americas: our National Institute of Nutrition, with its staff of dietitians and its record of accomplishments in the field of general studies.

Finally, I wish to say that in the international field, which is the one that

concerns me personally, we have tried to collaborate as intensely as possible with all the countries and all the international organizations.

From the moment Buenos Aires was chosen as the site for the Bureau's Zone VI Office, which has jurisdiction in Chile, Paraguay, Uruguay, and Argentina, this Zone Office has collaborated very effectively in our public health activities, and I do not doubt that its activities will increase as additional common problems are taken up.

At this time we are conducting a series of programs in collaboration with the Pan American Sanitary Bureau. A program for the study of ovicides in dogs is being carried on at the Malbrán Institute in cooperation with Bureau experts in Buenos Aires. Also within our Ministry, a program is being studied relative to vector resistance to DDT. There is a cooperative program for control of smallpox, as I have mentioned, through the production of dry vaccine. A program has just been undertaken for the eradication of *Aëdes aegypti* in the entire country. The nursing program is about to be set up. We have also proposed the Pan American Zoonosis Center.

With our neighboring countries, we have tried to cooperate and fulfill our agreements. In July 1953 we had a very interesting meeting in Montevideo with Brazil, Paraguay, and Uruguay. Each one of these countries has named a permanent delegate and in this way there will be a constant exchange of information among the four countries, with a meeting held annually. Another meeting was held in San Martín de los Andes, with Chile. A study on the anti-hydatidosis campaign in the border area was undertaken in Uruguay, in June 1954, by Brazil, Uruguay, and Argentina. We have cooperated with the health services of the American countries by sending sera and vaccines.

Fellowships have been granted through the Bureau. Our country has awarded fellowships to governments that have requested them. We have provided information to some countries on the conduct of certain programs that are in progress.

The goal of all this activity of the Department of International Health Policy is to further the program in every way possible so as to have full cooperation and collaboration with all countries of the Americas.

PRESIDENT: Thank you, Dr. Segura, for your challenging and informative report. I think I can speak for all the delegates in saying that we share your appreciation that economics and health cannot be separated. And I also take note of your discussion of the problem of cardiovascular diseases and the new challenge to preventive medicine in fields that are developing, as we make progress in the control of diseases. Does any delegate wish to comment or ask questions? If not, the Chairman will next recognize the delegation of Uruguay, which wishes to discuss its report. Dr. Cappeletti is recognized.

REPORT OF THE DELEGATE OF URUGUAY

Dr. CAPPELETTI (Uruguay):* Mr. Chairman, gentlemen, someone has said that Uruguay, in its zeal for progress, is like a laboratory for experiments in

* The asterisk denotes that the person spoke in a language other than English.

social and political laws. Not to deny this comparison, I would emphasize, as a fact of fundamental importance in the political and social life of my country, the change in the structure of its government, whereby the office of president of the Republic has been replaced by a coalition council and ample autonomy granted to the departmental governments. The National Council of Government *(Consejo Nacional de Gobierno)* has been functioning for more than three years now, and, although that is nothing in the lifetime of a nation, we can affirm that the system is working smoothly. We have high hopes that, as time goes on, its position will become more and more secure, as it earns the confidence of the people.

This Government has already voted the necessary funds and set up the appropriate agency for carrying out a national census and thus paying off a debt to the other countries of America. It has also approved the last general expenditure budget, amounting to the sum of 482,138,928.15 Uruguayan pesos, of which 48,319,410.80 pesos are ear-marked for the Ministry of Public Health. In addition, as the delegates know, a total sum of 8,679,519 pesos is also being invested in child welfare through a separate agency, the Child Welfare Council. Again, the Honorary Commission for the Antituberculosis Campaign, which works under the auspices of the Ministry of Public Health, has its own autonomous administrative machinery and already has a capital of 11,000,000 pesos.

The State Sanitation Agency is specifically concerned with the supply and control of potable water and with sewage disposal. It has a budget of 15,000,000 pesos, expenditure being equally divided between the capital city and the interior of the country. The agency is under the direction of a council made up of sanitary engineers and physicians.

The Inter-American Cooperative Public Health Service (SCISP) at present makes a contribution to public health funds of $250,000 subscribed by Uruguay and $50,000 by the United States of America, which represents, at the present rate of exchange, some 900,000 pesos in our currency.

After these preliminary remarks, on approaching the health problem as such, I wish to state the following: The public health policy of our Government has been directed toward expanding or extending the basic public health services required by any community, such as potable water, sewage disposal service, and low-cost housing. To this must be added the raising and progressive regulation of wages through the Wages Commissions and the establishment of Family Allowance Funds, whose success in the social work they carry out and whose economic potentialities are greater every day. Of such importance is the collaboration received from these Funds by the Ministry of Public Health that the maternity care they provide, for instance, already covers a larger number of patients than are given care in the establishments run by the Health Ministry itself, as far as Montevideo is concerned. Moreover, their service is superior to that of the Ministry's own maternity hospitals. They already have a capital of over 27,000,000 Uruguayan pesos.

With respect to water supply, I do not propose to go into details as to the state of this problem in Uruguay, since on this point you have a detailed statement in our full report. It will suffice to state that fully protected drinking water is

available to over sixty per cent of the population of the country. This service is one of our Government's constant preoccupations, and the authority in charge of it is a council made up of sanitary engineers and physicians. A law has just been passed whereby over 100 million pesos are to be invested in the extension of these services, including the building of a fourth pump-line to enlarge the Montevideo system.

With respect to the sewage disposal system, considerable progress has also been made, and the network has gradually been extended not only in Montevideo but in all the cities of the interior.

Housing is the other point of fundamental importance. Three agencies in our country have been especially concerned with the building of low-cost housing: the Institute of Low-Cost Housing, which from 1950 to 1953 built 811 dwellings and invested a sum of 12,400,000 pesos; the Insurance Bank, which has been active mostly in Montevideo, where it has built groups of several-story apartments for employees in the lower income brackets; and the municipalities, which also have attached great importance to this problem, the Municipality of Montevideo alone having invested 17,520,000 pesos and built special dwellings suited to various districts of the city. The other municipalities have undertaken similar projects, though on a smaller scale.

With reference to preventive work and over-all services in connection with the diseases existing in our country, where, in fact, malaria, plague, cholera, typhus, and yellow fever are unknown, we can make a rapid summary.

We have practically eradicated smallpox from our environment, thanks no doubt to the fact that our regulations on compulsory vaccination and revaccination are steadily enforced. Every five years we take steps to ensure the vaccination of all persons who do not hold a valid vaccination certificate, and in 1949, while Professor Enrique Claveaux was Minister, we vaccinated 1,400,000 persons. Recently, at the beginning of 1954, we carried out a further vaccination of 700,000 persons.

But vaccination is made compulsory above all for children, especially when they first enter school, and this has been the case now for over thirty-three years. The arrival of a smallpox patient in Montevideo does not worry us unduly, as the immunity figures for the population of Montevideo are very high. Such cases as have occurred are generally of a mild type of smallpox, alastrim, and always appear in border towns and in remote settlements that are difficult to reach.

As for diphtheria, up to 1943 we had a very high incidence of three, four, and even five thousand cases, with three, four or five hundred child deaths. From then on, after a mass inoculation of the whole child population, we can assert that this disease has been fully under control. The morbidity statistics appearing in our report are almost certainly higher than the true figures, as many of them come from purely clinical diagnoses, that is, diagnoses made in the interior of the country, where there is no possibility of carrying out the bacteriological test.

The incidence of whooping-cough continues to be very high.

With respect to typhoid, the morbidity curves show a downward trend and, of course, modern treatments have brought down the mortality figures.

As for leprosy, the only census we have taken was in 1908, when a total of 250 patients was recorded, but possibly if we made a thorough survey today we should arrive at a higher figure.

All our efforts are directed toward the application of modern therapeutics, and plans are being made for a new hospital network which is sure to be much better than the one we have at present.

As for trachoma, it is not a disease that affects us seriously. Our forms of trachoma are very mild and there are only one or two foci in the country, one on the Brazilian frontier, in the Department of Cerro Largo, and another in the south, in the Department of San José y Canelones. The figures are very low, twelve cases having been reported in 1953. We have, moreover, modified the measures taken with respect to trachoma patients arriving in our country; when they display cicatricial lesions the measures taken are not as severe as formerly. We allow the persons to enter, hospitalize them, and for a time have them supervised by ophthalmologists.

I do not propose to discuss the problem of tuberculosis in my country, but I am going to suggest to the delegates that when they reach their own countries and have an opportunity of reading Uruguay's report they devote special attention to the points presented. For we feel that, where tuberculosis is concerned, Uruguay is very well organized, not only from the economic viewpoint, since the tuberculosis organization has capital funds of about eleven million pesos, but because of the curative, preventive, and social work being done. The mortality figure among tuberculosis patients in Uruguay has fallen enormously, but this does not particularly impress us, as it is a universal phenomenon. However, I do call your attention to the fact that in Uruguay the morbidity curves also show a downward trend, which certainly is not a widespread phenomenon, and possibly it is here that the action of the well-organized service to which I alluded makes itself felt.

Our figures with regard to venereal diseases are also being reduced gradually.

As for hydatidosis, in this problem Uruguay is in more or less the same position as it was some years ago with regard to morbidity and mortality. The Hydatidosis Center for the study and prophylaxis of the disease has done a very thorough job in the matter of research. It has carried out investigations and circulated information, but its influence has not made itself felt in prevention. The small number of cases occurring in Uruguay varies from 500 to 600 per year, 50 or 60 of which are fatal. The remainder are patients who have undergone very troublesome and costly surgical operations, with aftereffects that in a high percentage of cases make them practically incapable of useful work. The Government has of late taken two very important steps toward the solution of this problem. The first was to bring before Parliament a proposed law to create the taxes and resources necessary for the development of a nation-wide campaign. While this proposal is being made law, we have concluded an agreement with the Pan American Sanitary Bureau covering a plan for the prevention and control of hydatidosis. The fundamental aim of the plan is to demonstrate how this

disease can be abolished, through constant effort and the use of well-trained technicians.

Finally, I should like to make special reference to our ten years of collaboration with the United States Institute of Inter-American Affairs. Under the existing agreement we are operating five health centers and two projects, one for the expansion of the Biostatistics Bureau and the other for the campaign against *Aëdes aegypti.* Other projects have already been absorbed into the regular budget, as for instance the foundation and financing, this year, of the University School of Nursing.

I should like to inform the delegates, as it may interest them, that in a week's time a kind of seminar will be conducted in Montevideo, with delegates from the Institute, officials of the Inter-American Cooperative Public Health Service (SCISP), and officials of the Ministry of Public Health. One of the basic topics of discussion at this seminar will be the future of the Institute's technical assistance in our country.

I wish to emphasize that Uruguay, like all the nations of America, is a country in process of formation, not fully organized as yet, but we continue to follow our steady purpose in matters of over-all international policy, which, as always, is that of full collaboration and good understanding with the other peoples of the world. Within a few days, the UNESCO Conference, with delegates from seventy countries, will open in Montevideo. There, we shall try to show that we are still pursuing this same goal and that it is our conviction that mankind can only live together in peace and harmony if it lives by the basic human principles of liberty, justice, and culture.

PRESIDENT: I thank you, Dr. Cappeletti, for this report on Uruguay, your great laboratory. Is there any discussion? If not we are privileged to hear next the delegate of El Salvador report on progress in his country in the past four years.

REPORT OF THE DELEGATE OF EL SALVADOR

Dr. ALLWOOD PAREDES (El Salvador):* Mr. Chairman, gentlemen, El Salvador may be considered the prototype of a group of countries in the tropic zone, insofar as its economic, social, and health conditions and problems are concerned. Perhaps it is this fact that may give significance to an account of its efforts in behalf of public health. With its dense population, in an agricultural economy; its largely arid and unproductive soil; its climate that favors the breeding of insect vectors of all kinds of disease; the individual's lack of concern for his health, a concern so readily stimulated in the temperate zones, owing to abrupt changes and extremes of temperature—El Salvador has encountered all manner of experience in the course of its development and has proved besides that public health cannot be divorced from the economy or from the culture of a country.

For this reason, the report of El Salvador to the Conference is prefaced with references to the country's economic and cultural development in the past four years, so as to place in its proper perspective the progress achieved by our Republic in public health matters.

* The asterisk denotes that the person spoke in a language other than English.

With respect to our economy, we can point out that national production has increased 47% in the last four years, as against an increase of only 40% in the cost of living. The important fact that over 60% of the national budget represents productive capital investment is also worthy of note. In the report that I wish to summarize, figures are brought to bear concerning the progress achieved in the realm of education. Suffice it to point out that 16% of the national budget for the current year is assigned to public instruction, and in El Salvador the number of teachers exceeds that of soldiers in active service, although of course not the number in the reserves.

Faced with problems that demand attention, and subject to limited human material resources, an underdeveloped country motivated by a progressive spirit ought to decide its course of action by choosing feasible programs, productive of the most lasting benefits than can be anticipated. With this aim in view, the Government of El Salvador has deemed the recruiting and training of personnel to be a foremost and fundamental activity in the interest of public health. The report of El Salvador contains data that will illustrate this effort. It can be noted that 80% of its professional and auxiliary public health personnel have received training courses at home or abroad. The Government has taken great interest in creating sufficient incentives to attract select personnel for its public health service, giving them the opportunity of training later in the specialized branch of their work. This effort is also significant in the light of the fact that a third of the members of the medical profession in El Salvador have received fellowships for study abroad during the last four years.

The vigorous impetus given to this aspect of public health, thanks to an ideal organization of the services, has been productive of considerable efforts in the last five years, and of a growing spirit of confidence and of service among public health workers. It also has permitted the planning, strengthening, and consolidation of public health administration, in such manner as to cope with problems that formerly were insurmountable.

The next problem to which it was considered necessary to give preferential attention is environmental sanitation. In a country where the principal causes of disease and death are infections of the digestive tract—a country whose population, for economic, cultural, demographic, and climatological reasons, lacks a protected water supply, faces crowded living conditions, and is exposed to noxious insects that breed the year round—first priority must be given to the basic program of environmental sanitation if significant gains are to be made in public health.

The statistical tables in our report show the seriousness of the health problems arising from the insanitary conditions of water and soil and from the breeding of insects. To summarize the progress reported in these documents, we can state that 50% of the urban population have a protected water supply and 15% of the rural inhabitants are supplied with potable water through the installation of sanitary facilities in the homes.

The malaria control campaign, based on the application of DDT, is considered part of this program. We have succeeded in reducing malaria from the serious scourge that it was before 1950 to a problem of secondary importance

in 1953, in terms of both number of cases and deaths, and resulting economic losses.

The report indicates, also, the achievements of El Salvador in the field of medical education and in medical care for the sick.

In concluding, Mr. Chairman, I wish to express the feelings of my Government with respect to international cooperation in public health. In joining the international organizations of which it is now a member, El Salvador was not motivated by the thought of obtaining immediate benefits for itself. The benefits derived from these commitments have only begun to be felt in the last few years. I believe, however, and I trust, that both the Pan American Sanitary Bureau and the World Health Organization will succeed in giving concrete expression to their working philosophy, which is to strengthen and to help strengthen and develop public health organizations at the national level. My Government also assumes that international organizations, in carrying out their objectives, will not lose sight of the fact that the enduring and final gains in public health do not always benefit the present generation, but rather the generations of the future. In my opinion, it should be the working policy of the executive offices of those organizations that these various experts be well versed in the specific problems of the countries that are to be benefited, and that advice on any matter should be given only on the basis of such knowledge.

El Salvador has been prompt in meeting its financial and other obligations to the international organizations it has joined. My Government wishes to take this opportunity of expressing its faith and its optimism with regard to the high destiny of international health. Thank you very much.

PRESIDENT: We have been fortunate in hearing this expression of optimism. Is there any discussion? If not, we are privileged to hear the delegate of Ecuador, Dr. Grunauer Toledo.

REPORT OF THE DELEGATE OF ECUADOR

Dr. GRUNAUER TOLEDO (Ecuador):* Mr. President, the National Public Health Service of Ecuador has presented a narrative and statistical report, which has been distributed to the delegates. Therefore, I shall try to be very brief by mentioning only the most important stages in the evolution of health programs in our country during the last four years.

The over-all organization of the health service has not been changed. This service has been maintained as an autonomous division within the Ministry of Public Health and Welfare. Also included with this Ministry are the public welfare and social security offices, which have a special department dealing with health protection and treatment for the insured. In a total budget of 650 million sucres, some 45 million are set aside annually for public health alone.

Among the nation's public health activities, preferential attention has been devoted to the problem of communicable diseases. The important efforts made to control certain of these diseases should be mentioned at this time. In the

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case of tuberculosis, in addition to the organizations already active in the detection and treatment of cases, preventive campaigns have been intensified, especially through the use of BCG vaccination. In 1950-51, a mass vaccination program undertaken with the cooperation of UNICEF resulted in tuberculin tests of 700,000 persons (from 1 to 20 years of age) and vaccination of approximately 350,000 persons. Also with the cooperation of UNICEF, a permanent program was later continued by which an excellent laboratory for the production of vaccine was established in the National Institute of Hygiene. This laboratory will soon be able to provide vaccine to other countries in need of it. As part of this tuberculosis program, complete services for the study of respiratory physiopathology have been established, as well as a central laboratory for bacteriological diagnosis of the disease. These services and programs, together with the agencies and organizations already in existence, have meant the establishment of a center for the study of tuberculosis, which has already begun to receive for training, from other countries, fellowship students sent by the Pan American Sanitary Bureau.

The malaria campaign initiated in 1949, the first activities of which were reported at the last Conference, has continued to be developed. Each year has brought about an increased number of protected dwellings, so that at this time almost 90% of the affected area has been protected, although economic and climatic difficulties occurring during the past two years have prevented the complete eradication of this disease, except in well-defined areas. The number of protected inhabitants is now 1,300,000, and present indices verified in suspect cases vary between 0.5 and 1.5%. With the assistance of the Inter-American Cooperative Public Health Service, the program has now almost been completed in the northwest of the country, where at one time the incidence of the disease was so great that it constituted a public menace.

Since the outbreak of jungle yellow fever that occurred in 1951, no additional cases have appeared, but the use of vaccinations has been continued in areas neighboring those in which foci were discovered. The *Aëdes aegypti* is now almost completely eradicated; only definitive verification of its eradication is necessary in certain localities that were previously positive but that proved negative in the last inspections.

Worthy of mention in the campaign against venereal diseases are the important experiments conducted through mass treatment of exposed persons. This work was carried out in the cities of Portoviejo, Manta, and Bahía, with the cooperation of the Pan American Sanitary Bureau, whose statistical studies will eventually show the true effectiveness of this method of treatment. In the meantime, a new center has been established in Guayaquil to carry out the campaign through the use of similar methods.

With the cooperation of the Pan American Sanitary Bureau, Ecuador is pursuing its efforts to eradicate smallpox in the country. The equipment necessary for the production of dry vaccine in sufficient quantities has been obtained by the National Institute of Hygiene; a special service has been set up for this purpose and is now actively engaged in the work.

The persistence and spread of rabies in Ecuador in the past ten years have

shown the need for establishing a laboratory for the production of human vaccine. This laboratory is now being set up within the National Institute of Hygiene.

One of the outstanding activities in public health in the past few years has been the movement toward health protection for the mother and child, a movement that has already gained national recognition. This campaign has been promoted to a large extent by the National Health Service, which, in collaboration with the Pan American Sanitary Bureau, the World Health Organization, and UNICEF, has reorganized and enlarged the national department of maternal and child health. New health centers have been established in Quito, Guayaquil, and other large provincial cities. Within this program are included training courses, such as the general course for physicians in maternal and child care and public health, given by the National Institute of Hygiene with the aim of preparing the specialized personnel necessary to carry out future activities.

Two years ago a new autonomous agency was established in Ecuador to conduct the campaign against cancer. It received a large grant from the Government, and among its early accomplishments was the creation of an institute for diagnosis and treatment and intensive educational work for the prevention of cancer. The institute promises to play a significant role in the fight against this disease, which in Ecuador, as in all parts of the world, assumes increasing importance as a cause of sickness and death.

The national health authorities are deeply interested in promoting environmental sanitation projects, which, unfortunately, are by law entrusted to the local authorities (i.e., municipal), who do not always give these projects the attention they deserve. However, some progress has been made through the cooperation of the Inter-American Cooperative Public Health Service. Also, the National Public Health Service proposes to increase as much as possible the number of these projects, by using special legal powers to apply more municipal revenue for the work of environmental sanitation and improvement. This work is now being planned, and assistance has already been received from a sanitary engineer sent by the Inter-American Cooperative Public Health Service. A program to be carried out through the cooperation of the National Health Service is in preparation.

In conclusion, Mr. President, I should like to express, on behalf of my Government, our deep gratitude to the World Health Organization for the assistance it has given us through its Regional Office; to the Pan American Sanitary Organization, as the Pan American agency in this field; to UNICEF; to the agency called the Joint Enterprise; and to the Inter-American Cooperative Public Health Service.

PRESIDENT: Thank you very much, Dr. Grunauer. Is there any discussion or question on Dr. Grunauer's report? If not, we shall hear the report of Haiti. Dr. Pierre-Noël is recognized.

REPORT OF THE DELEGATE OF HAITI

Dr. PIERRE-NOËL (Haiti):* Mr. President, delegates to the Conference, on behalf of the delegation of Haiti, I have the honor to present a résumé of the

* The asterisk denotes that the person spoke in a language other than English.

report on the activities carried out in my country during the past four years for the improvement of the health of our people, in accordance with the objectives set by the Department of Public Health. Actually, these public health activities constitute only one phase of the campaign for the improvement of the standard of living, undertaken through the media of education, labor, and health.

The problems of pathology in our country are many, but three endemic diseases are of primary importance. The first of these is yaws, which, up until a few years ago, was considered the greatest threat because of its high morbidity rate. At one time it affected 50% of our primarily agricultural population. Thanks to the joint campaign for the eradication of this disease, waged by the Government of Haiti, the World Health Organization, the Pan American Sanitary Bureau, and UNICEF, we have great hope for the future in view of the results obtained after three years of concentrated effort. Because of its great success, this campaign is one of the best examples of the advantages of international public health cooperation. Only this morning the Director of the Pan American Sanitary Bureau told of what has been achieved. Yaws, as an endemic disease, has now dropped to fourth place among the major public health problems in our country.

Malaria, without a doubt, has now become the primary disease threat in Haiti, and great efforts are being made to cope with this problem. Under an agreement concluded between the Government of Haiti and the Pan American Sanitary Bureau, a campaign has been launched with the dual purpose of eradicating the *Anopheles* and, at the same time, eradicating malaria, which has so gravely menaced our cities. The seriousness of the problem is suggested by the results of an epidemiological survey carried out in 1942 by the Government and the Rockefeller Foundation, which showed that approximately 42% of the population of Haiti were suffering from malaria. If it is true that the extensive urban development projects undertaken in the large cities have considerably changed the malaria situation, it is no less true that the problem has not abated in cities of medium or small size and in rural areas.

In the field of rural medicine, which, as I have mentioned, is Haiti's greatest concern, the Government has completely revised its policy during the past three years. Instead of weekly clinical services or ambulatory clinics, permanent medical services have been established in rural communities, and a law was passed to require young physicians, after leaving medical school, to serve two years in a rural area. To enable the country to receive the maximum benefits of this law, health centers, dispensaries, and hospital-dispensaries have been set up throughout the nation. Also, all young physicians have taken a two-month practical training course in the various services of preventive medicine, so as to become familiar with their new duties.

During the past three years, nine hospital-dispensaries, eight health centers, and six dispensaries have been established, and forty-three dispensaries already in existence have been repaired and improved. At this time, fifty-three young physicians are serving the rural communities, which receive the benefit of both their scientific knowledge and their professional dedication.

Another of the activities under way in Haiti relates to public health admin-

istration. Recognizing that one aspect of this work is based on laboratory services, we have established, with the aid of the Pan American Sanitary Bureau, a public health laboratory in Port-au-Prince. This laboratory is an extension of the serology laboratory previously set up under the yaws eradication campaign. A group of trained technicians will be included with the other teams needed to make up the staff of the public health laboratory.

The Government has continued to give particular attention to the training of specialized personnel. If one considers the limited number of Haitian professionals, on the one hand, and the lack of financial means, on the other, one can see what a great effort the Government has made in the training of experts. From January 1950 to January 1954, 30 physicians took graduate studies abroad in the various branches of medicine and public health. During the same period, 17 nurses, 9 dentists, 3 statisticians, 5 sanitary inspectors, 4 laboratory technicians, and 2 health educators completed studies in Europe, the United States, South America, or Canada. All were under fellowships awarded by the Government of Haiti, the World Health Organization, the Institute of Inter-American Affairs, or the Kellogg Foundation. In addition to these fellowships, the World Health Organization, at the beginning of 1954, offered further opportunities to the Department of Public Health by awarding travel grants to employees holding responsible positions.

All these improvements have been made possible by the new public health policy followed by the Government. In three years, the budget of the Department of Public Health has more than doubled. It jumped from 8 million gourdes in 1950 to over 16 million in 1954, and this figure does not include special receipts, which were over 8 million gourdes.

Deeply concerned with the improvement of the health conditions of its people, Haiti has given its cooperation in the development of the program of the Pan American Sanitary Organization. The World Health Organization, the Pan American Sanitary Bureau, UNICEF, and the Institute of Inter-American Affairs, in their joint projects with the Government of Haiti to combat suffering and disease, have all shown a spirit of cooperation and self-denial that I, on behalf of my Government, should like to acclaim publicly. Thank you.

PRESIDENT: Thank you, Dr. Pierre-Noël. Are there comments on this report? If not, is the delegation of the Netherlands ready to report? I believe not. Then we shall be pleased to hear the report of the delegate of France. Dr. Hyronimus is recognized.

REPORT ON THE FRENCH DEPARTMENTS IN THE AMERICAS

Dr HYRONIMUS (France):* Mr. Chairman, the report that I have the honor to summarize concerns the public health and demographic progress achieved in the French Departments in the Americas since the last Conference. France has the satisfaction of giving its collaboration (from the strictly technical point of view, as is incumbent upon it) to the organizations responsible for health in the

* The asterisk denotes that the person spoke in a language other than English.

Americas, and of thus helping bring about the geographic unity of action so indispensable to effective public health and social measures, the importance of which the Director of the Pan American Sanitary Bureau emphasized in his interesting statement this morning.

As regards population, although French Guiana continues to be sparsely populated, the Departments of Guadeloupe and Martinique each have some 300,000 inhabitants. As the area of Guadeloupe is 1,300 square kilometers and that of Martinique 1,100, the population density of both is extremely high, exceeding 250 inhabitants per square kilometer. The public health administration of these Departments is very similar to that of the Departments in Metropolitan France. Public health conditions as a whole have been satisfactory during the past four years. No case of a quarantinable disease has been recorded for many years, and it is especially worthy of note that there have been no cases of smallpox.

Typhoid fever continues to be endemic, particularly in certain areas, and we have been combating it principally through improvement of the potable water supply. In Martinique, for example, a large water supply network has recently been installed and is now supplying water throughout the central and southern regions of this Department. Also, we are continuing to give preventive vaccinations systematically, whenever a threat appears.

There are very few cases of yaws, but these receive careful attention. Both tuberculosis and venereal diseases are subject to a systematic search for cases, a method we are improving each year. Leprosy is, without a doubt, one of the public health and social problems that concern us most. Case investigation, now systematically organized, shows us the relative frequency of the disease. For this reason, we have notably extended and improved hospital services, with the view of treating in the earliest possible phase, with modern methods, all reported cases of leprosy. Bilharziasis is of equal concern to us. This disease exists mostly in Guadeloupe and in the northern region of the Department of Martinique. The campaigns against malaria and yellow fever are being carried out as intensively as our financial resources permit. In French Guiana (and Dr. Floch will go into further details when he speaks after me), total eradication of the *Stegomyia* has been achieved, and we are now about to achieve the eradication of the *Anopheles* vector.

In Martinique, as well as in Guadeloupe, the campaigns being conducted show hope for good results. I should add that Guadeloupe must contend with both the *Anopheles* and the *Stegomyia*, whereas in Martinique we have, practically speaking, only the *Stegomyia* to combat.

During the past few years, maternal and child health has received our special attention. We have established many dispensaries for mothers and babies. The success of this work has already been shown, since infant mortality has now dropped to a figure not over 50% to 55%, a percentage that we consider relatively satisfactory and hope to improve in the future. Hospital services in the three Departments have improved considerably. Important projects are now in process of execution. For example, in Fort-de-France, we are establishing a new maternal and child hospital. This hospital will have a large maternity section, with more than 100 beds, and a surgery section and a children's medical section,

each with 50 beds. The 100-bed sanatorium established two years ago in Martinique is now functioning very satisfactorily and is applying the most modern treatments. A psychiatric hospital, which will soon have 250 beds, has also been established in Martinique. As I have mentioned before, we have set up new services for the hospitalization and treatment of leprosy patients. In Fort-de-France, a new 100-bed service has just been opened, and another new one will soon be opened in French Guiana.

These results achieved in the last few years will serve to illustrate the public health efforts we have made in our three French Departments in the American Hemisphere.

One of our greatest concerns is the population problem in the Departments of Guadeloupe and Martinique. Obviously, the larger the population in a small area, the more difficult the living conditions, and our concern is increasing daily with the rise in birth rates. At this time, it is estimated that the population increases annually by 8,000 inhabitants in each of the Departments of Martinique and Guadeloupe.

In conclusion, I would ask that my colleague, Dr. Floch, be permitted to speak on the notable results achieved in the antimalaria campaign in French Guiana.

PRESIDENT: Thank you, Dr. Hyronimus. Dr. Floch is recognized.

REPORT ON FRENCH GUIANA

Dr. FLOCH (France):* Mr. President, delegates, at the XIII Pan American Sanitary Conference, as a supplement to the general report presented by France, I read a statement on the results of DDT spraying in French Guiana: extermination of *Aëdes aegypti* and spectacular decrease in malaria. Since then we have continued our effort. What is our present situation? In the first place, it should be pointed out that for four years there has not been a single report of *A. aegypti* in French Guiana. This problem has been solved. Secondly, malaria has decreased considerably in our South American Department since 1950. This decrease is due solely to our intradomicile application of residual-action insecticides, especially DDT.

Of 164 species of mosquitoes identified in the Pasteur Institute of Cayenne since 1938, 21 were *Anopheles*, these being of decided importance from the point of view of the natural transmission of malaria. *A. darlingi* was the most dangerous by a wide margin and, before our campaigns, existed everywhere in the Department, with the exception of Cayenne.

Among the plasmodia, *Plasmodium falciparum* was by far the most predominant, having been found in 80% of the cases. *P. vivax* accounted for only 18% of the total, and *P. malariae* was very rare.

The malaria endemo-epidemia kept its endemic form during the rainy season but became completely epidemic in the dry season; it was at this time that dangerous, often fatal attacks frequently occurred. Malaria indices were high, especially

* The asterisk denotes that the person spoke in a language other than English.

in the rural areas. Under these conditions it was very difficult for the farmer, the woodcutter, or the miner to work efficiently.

We have described in detail the situation with respect to our first five DDT campaigns; the seventh is now about to be completed. All inhabited regions of Guiana, including the river sources, are treated once a year.

Let us now glance at the principal results. Beginning in February 1950, there was a spectacular decrease in malaria cases. From then on, malaria, in our South American Department, has decreased radically, dropping 93% in 1952 and 98.6% at the present time in 1954.

The splenic index had already dropped in French Guiana in 1952 from 17 to 2.2 and the plasmodic index from 10 to 0.3; the gametic index was reduced to zero from a previous figure of 2.2; and the Ross endemic index, which prior to the DDT spraying was 26, decreased to 2.6. The investigations made in 1953 and 1954 show that the splenic index (and related indices) later decreased considerably in the interior.

From the beginning of our spraying campaigns, we noted that our demographic picture was turning from an unfavorable to a favorable trend. The application of Pearl's vital index, each year, actually showed a notable increase in the population of Cayenne as well as of the Communes, an increase achieved for the first time in the history of Guiana, as the result of the spraying work. The index, which previously was less than 100, exceeded 200 by the end of 1953.

Calculating the cost of days of hospitalization due to malaria and the reduction in the number of such days in 1950 (a reduction that became more marked in the following years), we have estimated the annual savings derived from the antimalaria campaign to be approximately double the cost of operating the service. And even this estimate is below the true figure. On the other hand, from the viewpoint of the economic value of human life (an important factor in a country like ours where manpower is scarce), the antimalaria campaign in French Guiana represented also an estimated annual savings of from 100 to 150 times its cost.

With regard to the *Anopheles*, we have as yet observed no indication of a real resistance to DDT on the part of *A. darlingi* in French Guiana, and we believe there is no reason to suppose that *A. darlingi* (zoophilic) should be any less sensitive to DDT than the domestic *A. darlingi* (anthropophilic) or that it should lose this sensitivity in the event of any reinvasion, from the jungle, of the regions inhabited by man.

There can be no doubt, as far as the antimalaria campaign is concerned, of the excellent public health—demographic, social, and economic—results achieved in our French Department in South America. Thank you, Mr. President.

PRESIDENT: Thank you for this report, which has touched on another aspect of the relationship between economics and health. It has brought out the contribution of health to economics.

If the delegates so agree, we shall close the session at this time so that the General Committee may meet about 5:30 p.m. If there is no objection, we shall adjourn after the Secretary has made certain announcements.

SECRETARY:* Mr. President, the General Committee was scheduled to hold a meeting at 12:45 today, but was unable to do so because the meeting of Committee II was carried over. It will therefore meet this afternoon to decide on next Monday's program.

The countries that have registered to present their four-year reports on Monday are: the Netherlands, Panama, Chile, Cuba, Guatemala, Peru, Bolivia, the United Kingdom, Paraguay, and the United States of America.

The session was adjourned at 5:00 p.m.

FIFTH PLENARY SESSION

Monday, 11 October 1954, at 9:30 a.m.

President: Dr. SERGIO ALTAMIRANO P. (Chile)
Later
Dr. OSCAR VARGAS (Costa Rica)
Dr. W. PALMER DEARING (United States)

PRESIDENT:* The session is called to order. First, the Secretary will give a report. The Secretary has the floor.

SECRETARY:* Mr. President, immediately after the first session of Committee I (Technical Matters), the three working parties will be set up to study the topics on: (a) raw statistical data, (b) control of infant diarrheas, and (c) application of health education methods in rural areas. Therefore, at the 11 o'clock recess this morning, cards will be distributed to the delegates so that they may sign up for those working parties, if they so desire.

May I remind the delegates that the second session of Committee II (Administrative Matters) will take place at 3:00 p.m.

Thus, we hope that the four different groups will be able to meet this afternoon at the same time: one main committee, Committee II, in the *Salón Sur*; and, in addition, the three working parties.

In order that we may count on the attendance of everyone, it is necessary for us to know, and for the delegations to decide, which sessions they will attend. We have brought this matter to your attention at the beginning of the session, so that by 11 o'clock we shall have an idea of the size of the various groups, especially of the working parties, in order to give this room to the working party that has the largest attendance, and assign the other rooms to the other two working parties (approximately thirty persons).

A second announcement concerns the documents of the Conference. As you have probably seen, No. 5 of the Conference Journal lists the names of the Honorary Vice-Presidents who are attending the Conference. It is the proposal of the delegate of Cuba that the Ministers of Public Health of all the American

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countries be Honorary Vice-Presidents. The necessary addition will be made in subsequent issues of the Journal, which, as you know, is published only for the information of the delegates.

If the delegates wish any further explanations, we shall be at their disposal at the 11 o'clock recess.

PRESIDENT:* The delegates have heard the information read by the Secretary. The delegate of Ecuador has asked for the floor. Dr. Grunauer is recognized.

Honorary Vice-Presidents of the Conference

Dr. GRUNAUER (Ecuador):* I wish to ask the Secretary to explain further—because I wasn't able to hear well—the proposal of the delegate of Cuba to designate all the Public Health Ministers of the Americas as Honorary Vice-Presidents. I did not hear all the information he gave, but I gathered that this designation applies only to the Ministers present at this Conference. Would the Secretary enlighten me on this matter.

SECRETARY:* The proposal of the delegate of Cuba applied to the Ministers of Public Health in all the American countries, whether present here or not.

Dr. GRUNAUER (Ecuador):* No communication to this effect has been distributed.

SECRETARY:* It appears in the daily Journal. However, the Journal is not an official document, but an informational one.

Dr. GRUNAUER (Ecuador):* That is the reason I asked for an explanation.

PRESIDENT:* Are there any further comments? If not, we shall take up the first item of the order of business: Technical Discussions, Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIII and XIV Pan American Sanitary Conferences.

The following delegations are to present reports, according to the established order: the Netherlands, Panama, Chile, Cuba, Guatemala, Peru, Bolivia, United Kingdom, Paraguay, and the United States of America.

It is therefore the turn of the delegate of the Netherlands to present his report. Dr. Van der Kuyp has the floor.

Topic 11-A: Technical Discussions: Reports of the Member States on Public Health Conditions and Progress Achieved during the period between the XIII and XIV Pan American Sanitary Conference (*continuation*)

REPORT ON SURINAM

Dr. VAN DER KUYP (Netherlands): Surinam is about four and one half times as large as the Netherlands, but most of its area is uninhabited, or else virgin

* The asterisk denotes that the person spoke in a language other than English.

jungle. The total population is about 250,000 and is composed of mulattoes, Hindustani, Indonesians, Negroes, American Indians, Chinese, Europeans, etc., who live peacefully together. Foreigners often say that Surinam is an example of the United Nations.

The interior is practically uninhabited, except for American Indians and Bush Negroes. The greater part of the population inhabits the coastal area. More than one third live in the capital, Paramaribo.

The budget for the entire medical service was about two and a half million Surinam guilders in 1949 and about four and a half million in 1953.

There are more than one hundred physicians, of whom two-thirds are in government service. About twenty-five physicians are specialists trained in Europe or in the United States of America.

The country is divided into twenty-seven medical districts. There are fourteen general hospitals with about twelve hundred beds.

In 1944, a Bureau of Public Health, consisting of four officers, was established for preventive medical services. In 1949, the staff was nearly one hundred, and, by the end of 1953, more than two hundred and fifty. At present, this Bureau has more than thirty sections.

The Foreign Operations Administration and the Government of Surinam signed an agreement to establish rural health centers.

In the registered area, the death rate is 9.7 per one thousand inhabitants; the birth rate is 37.8. Therefore, the birth excess is 28.1 per one thousand inhabitants. The infant mortality is 45 per one thousand live births.

Surinam has a medical school and schools for pharmacists, nurses, midwives, pharmacist's assistants, and laboratory technicians.

In general, the housing is bad. However, more and more new houses are being built in the suburbs. Several new sections are being added to the capital city. In one of these, more than one thousand new houses, concrete houses, have been built. Many slum dwellings are being cleared in the capital. In their place much larger and better houses are being built. The aided self-help building project in Surinam started in 1952 and serves as a model for neighboring countries. The bauxite plants and other companies build houses of a good standard. In the remaining rural areas, the houses are usually of very primitive construction.

The capital has had an excellent water supply since 1933. *Escherichia coli* has never been found in the water. The number of bacteria is two to six per milliliter. However, the fluorine content is not sufficient. In the bauxite plants and on some estates the water supply is also good. In the remaining rural areas the water is still inadequate.

Owing to the better economic condition, the people in general consume more adequate food. Still, many persons are suffering from partial malnutrition. About 2,300 school children are given a lunch free of charge on every school day. A few months ago, UNICEF started to provide dried skim milk for toddlers, school children, and pregnant and nursing women.

In 1949, a TB specialist entered the government service. In 1950, a well-equipped, but small, TB bureau was opened. In 1953, a new modern TB hospital was put into operation. A large, modern TB consultation bureau has been built this year.

Within a few months, a mass BCG campaign will be started with the assistance of the Pan American Sanitary Organization and UNICEF. The purpose of this campaign is to prevent TB and, also, leprosy.

Owing to the treatment with DDS, many patients who have been suffering from leprosy have been discharged from the leprosarium. The old leprosy outpatient clinic, which was too small, has been enlarged to about five times its previous size. In 1931, a special school for children suspected of suffering from leprosy was opened. In the last two years children suffering from tuberculoid leprosy have also been admitted. These children are kept at school from 7 a.m. to 5 p.m., including Saturdays and holidays. They are given meals and they take baths there. They have a school garden and playground. They are daily under strict medical care.

In 1949, residual house-spraying with 5% DDT in kerosene was introduced. In several parts of the country, *Aëdes aegypti* has been eradicated. In 1952, a regulation was passed by the Legislative Council by which everyone is compelled to submit to the measures prescribed for destroying mosquitoes. In 1953, the UNICEF offered assistance for the insect control program for the period of two years. The Bureau of Public Health provides mosquito bed-nets to indigents at very low cost and, if necessary, entirely free of charge.

The percentage of yards infested with *A. aegypti* larvae in the capital was 42.1 before the spraying. After spraying started, this percentage was about 5 during the rainy season and even dropped to 0.4 during the dry periods. However, in January 1953 the percentage rose again to 12.2.

At first, I thought that this was due to DDT-resistant *A. aegypti*, but fortunately the studies by Mr. Hobbs, Dr. Browning, and myself showed that a portion of the DDT in use did not conform to the required standards.

Jungle yellow fever occurs in the interior, according to the results of the mouse protection test. Persons leaving for the interior are vaccinated against yellow fever with vaccine 17D, prepared in the Institute of Tropical Hygiene and Geographical Pathology in Amsterdam. Since 1935, this Institute has examined blood samples from Surinam for yellow fever. At present, this survey is being carried out on a much larger scale than before.

Malaria is decreasing steadily in the coastal region. In 1931, the number of new cases of malaria reported by the State physicians was nearly 14,000. Last year this number was 769.

In 1949, the filariasis control was organized. Two special consultation bureaus were opened. More than 50,000 inhabitants of the capital have been examined. Seventeen point four percent had *microfilariae bancrofti* in their blood. Eighty percent were treated with hetrazan. Of the persons treated, about 80% had no microfilariae in their blood during the first year after treatment. In the rural areas, the percentage of persons with microfilariae is much lower.

PRESIDENT:* The information furnished by the delegate of the Netherlands is greatly appreciated. The delegate of Panama will now take the floor. Dr. Bissot is recognized.

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* The asterisk denotes that the person spoke in a language other than English.

REPORT OF THE DELEGATE OF PANAMA

Dr. BISSOT (Panama):* In my discussion of the four-year report that Panama has presented to the XIV Pan American Sanitary Conference, I shall limit myself to a few observations, since the text itself gives detailed explanation.

Among the communicable diseases mentioned, neither plague nor smallpox exist in Panama. Nevertheless, vaccination against smallpox is a permanent campaign waged throughout the country.

The incidence of leprosy, murine typhus, yaws, and diphtheria is exceptionally low, and none of these diseases constitute a national problem. The control of diphtheria and of whooping cough is carried on through the health units, by immunization programs that reach the entire child population.

As for venereal diseases, there has been a drop in syphilis cases, but even more important is the fact that in the past year we have not been notified of a single case of congenital syphilis.

Malaria is still a serious problem, in spite of the fact that the control campaign has been intensified and that, through drainage and DDT work, about one third of the population is protected and approximately 65% of the endemo-epidemic zone covered.

We have been more successful in the yellow fever campaign. Since 1951, there has been no record of any case of this disease in its jungle form, an outbreak of which occurred in 1948. Of the utmost importance, also, is the fact that in the course of the surveys carried out in recent years there has been no sign of *A. aegypti* on the Isthmus.

There has also been an improvement in the tuberculosis problem, thanks to the mass BCG vaccination campaign, the community X-ray service, the inauguration of a modern tuberculosis hospital, and the enlargement of the isolation wards of various State hospitals.

In view of the high infant mortality rate, especially in rural districts, the Department of Public Health has devoted special attention to the protection of the mother and child. To this end, and with the assistance of the World Health Organization, UNICEF, and other international agencies, it has embarked on an extensive rural public health program. This task has involved a complete reorganization of both the central and the field offices and the coordination and expansion of the existing public health services, with a view to extending them to the remotest parts of the country.

Essential for the success of this program are the activities now being carried out, at both the international and the national levels, for the training of professional and auxiliary technical personnel employed in the Department.

At present, a model health unit is being set up to serve as a demonstration and training center. Also, the number of beds available for maternity cases in the rural districts has been increased through the establishment of maternity rooms in four of the twenty-three health units now operating in the country.

Remote localities will be served by nursing auxiliaries working under the

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supervision of doctors and nurses attached to the health units. This auxiliary corps, carefully selected and trained through an intensive eleven-month theoretical and practical course, followed by a period of service in the health unit itself, will supplement in distant rural communities the lack of professional nursing personnel.

This brief description gives some idea of the work that has been going on in my country during recent years.

I wish to submit to the Conference a copy of the Rural Public Health Program of Panama, so that if it thinks fit it may place this document in the library, at the disposal of the delegates. This report was drawn up during the last two years, with the collaboration of the World Health Organization and other international agencies, and has been duly approved. It contains not only general information on our Republic, with respect to its history, geography, government, population, and vital statistics, but also a brief outline of the health and socio-economic problems of the country, a survey of available resources, and a description of the organization of the Public Health Department and of the activities at present under way.

Finally, gentlemen, I should just like to mention that, out of an annual budget of over forty million dollars, fifty percent of the total national expenditure in my country is absorbed by public health and national education.

PRESIDENT:* The Chair thanks the delegate of Panama for his interesting account.

The Vice-President, Dr. Vargas Méndez, of Costa Rica, took the Chair.

PRESIDENT:* The delegate of Ecuador has asked for the floor.

Dr. MONTALVÁN (Ecuador):* I did so in order to express our pleasure in hearing the delegate of Panama read the outline of his report, and, above all, because we were so struck by his statement with reference to the high proportion of the national budget allocated to public health. If I understood him correctly, the delegate spoke of fifty percent.

Dr. BISSOT (Panama):* The fifty percent is earmarked for public health and national education.

Dr. MONTALVÁN (Ecuador):* In any event, it is a very high percentage to be spent on those two activities of such fundamental importance in the life of a country and of such immediate interest to us. I think it is truly worth while to lay stress at this Conference on so significant a fact, which reveals the depth of a country's concern for its work in the spheres of public health and education. I feel that, if we so often ask Member Governments to pay more attention to the problems of public health and education, closely interrelated as they are, it is our duty, when we have the opportunity of listening to a report of this kind, to put on record our pleasure in learning that so marked a priority is given to educational and public health matters. So that I wanted to interrupt the reading of the reports in order to give expression to this satisfaction, which, if it is shared by the

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other delegates, I should like to see put on record as representative of the sentiments of the Conference.

PRESIDENT:* Thank you very much. I am sure, Dr. Montalván, that the majority of the delegates are in agreement with your remarks, and it will be so recorded. The delegate of Chile will now take the floor. Dr. Valenzuela is recognized.

REPORT OF THE DELEGATE OF CHILE

Dr. VALENZUELA (Chile):* In the four years that have elapsed since the Pan American Sanitary Conference in Ciudad Trujillo, an event of great importance has taken place in Chile, namely, the creation of the National Health Service. We have therefore thought it best to deviate from the traditional form of these reports, in order to give you some account of the principal features of this Service, its problems, its organization, its resources, and the considerations on which its programs are based.

The National Health Service was created by Law No. 10,383, promulgated on 9 August 1952. Two years have gone by since the enactment of the decree, and we are now experiencing the results of its application.

We shall attempt to put before you the basic problems that the Service has to face. To this end, we shall describe the characteristics and circumstances of our population, the organizational structure of the Service, and the financial, material, and human resources at its disposal. Lastly, as a corollary to the above, and with this background information, we shall set forth the bases for the drawing up of programs and for the establishment of priorities.

I. CHARACTERISTICS OF THE COUNTRY

A. Geophysical Conditions and Transportation

1. *Physical Environment.*—The economic and social characteristics of the country are determined in part by the long and narrow shape of the territory, which produces great variations in climate and productivity and creates the problem of communication.

From north to south, there are five natural regions. The first is the northern desert region, an extensive arid plateau that produces our principal mineral wealth and whose population centers around the nitrate and copper mines and in the ports that ship these products. Farther south, there is a mining and agricultural region where fertile transversal valleys producing fruits and forrage alternate with mining areas producing iron, copper, gold, and manganese. The third region is that of the central, longitudinal valley, the most densely populated area of the country and the main industrial center. The northern part of this region is an agricultural area rich in vineyards, orchards, and vegetable farms. The southern part produces meats, dairy products, cereals, and wood, and is also the coal-mining center. The fourth, or Straits region, rich in forest reserves and pasture

* The asterisk denotes that the person spoke in a language other than English.

lands, is a sparsely populated area whose principal industry is sheep raising. The fifth region is the antarctic zone, the white desert of the south, which is unexploited but potentially rich as a mining center.

2. *Transportation and Communications.*—Because of these geophysical factors, communications are of vital importance. An extensive railroad network runs north and south through the country, completed by a series of branch lines to the main urban centers. This network is partly supplemented by a system of roads running parallel to the railways.

Maritime transport is not as important as would be expected in a country with a 4,000-kilometer coast line. Air traffic, although considerably developed, represents only a small part of the local transportation system and for the most part consists of passenger service.

B. Demographic Factors

1. *Population.*—According to the 1952 census, the country has a total population of 5,930,000. In the past ten years the annual rate of increase has been 1.8%, and the present density is 7.3 inhabitants per square kilometer, exclusive of the antarctic region. In the productive, populated areas the density reaches 28 inhabitants per square kilometer.

Emigration is minimal, but population pressures within the country lead to the large movements of inhabitants from one area to another. There is a tendency for the population to concentrate in the large cities and industrial centers. Whereas in 1875, 27% of the inhabitants lived in urban areas and 73% in the rural zones, by 1952 the distribution was 60% and 40%, respectively. The Province of Santiago accounts for about one third of the total population. Forty-five percent of the people live in 67 cities of over 5,000 inhabitants, and 38% are distributed among 33,000 villages of less than 500.

The distribution by age groups (1952) shows that the population of Chile is young. The group 0-14 years accounts for 37.3% of the total; that from 15-54 years, for 53.3%; and that 55 years and above, for 9.2%. Together with a percentage decrease in the child population, there has been an increase in the population over 55 years of age.

2. *Births.*—The birth rates have followed a slightly downward trend from 1917, when the rate was 43.3 per 1,000 inhabitants, to 1952, when it was 36.6. This slight decrease is not in proportion to the sharp drop in the general mortality, a fact that accounts for the considerable increase in the vital index. Whereas that index, that is, the birth-rate ratio, was 1.5 in 1917, it rose to 2.7 in 1952. These figures, added to the immigration figures, account for the considerable rise in the population of the country.

3. *Crude Mortality Rate.*—There has been a constant decrease in the mortality rate from 1917 to 1952.

The rate in 1919 was 36.6 per 1,000 and that in 1952, only 13.8. In other words, over a period of some 30 years mortality has dropped to one third its original level.

Despite this rapid decrease, however, the rate is still high in our country,

when one considers that rates of 9.7 and 9.0 were recorded in the United States and Canada, respectively, in 1951.

The decline of infant mortality and that for tuberculosis and certain epidemic diseases plays an important role in this downward trend, as it does in other countries.

(a) *Mortality by causes.*—A study of mortality by specific causes shows great changes in recent years. In 1948, mortality for diseases of the respiratory tract held first place, followed by that for tuberculosis, diseases of the digestive tract and circulatory system, diseases of the first year of infancy, diseases of the nervous system, deaths by accident, and cancer. A marked change has taken place in a period of only three years. In 1951, tuberculosis dropped from second to fourth place, and cancer rose from eighth to sixth place. This trend increased in 1953, when deaths from cancer exceeded those due to tuberculosis.

(b) *Infant mortality.*—The decrease of these rates parallels the drop in general mortality. From a figure of 247.8 per 1,000 in 1920, they fell in 1952 to 121.8, which continues to be one of the highest rates recorded in the Americas. The United States reported a rate of 28.6 in 1951, that is, one only a fourth as large as that of Chile. We believe that the differences noted between Chile and other countries of Latin America may be influenced by the better registration of births and of deaths of children under one year of age.

C. Socio-Economic Conditions

1. *Nutrition.*—The Chilean diet is deficient both in quality and quantity. The average caloric intake per person was 2,360 in 1950, which is below the acceptable level. The deficiency is particularly acute in proteins, especially those of animal origin, which make up only 25% of the total. The deficiency is also considerable in the case of calcium, phosphorus, vitamin C, and vegetable fats. This situation stems from insufficient production and the difficulty of importing foods in the amounts necessary to meet the country's requirements. Nutritional deficiency in Chile, as in other countries of Latin America, is one of the most serious problems.

2. *Housing.*—Housing is scarce and inadequate. This fact was confirmed by the 1940 census and again by that taken in 1952. Provisional figures from the 1952 census show that 24% of the population, or 1,400,000 persons, are housed in unsuitable dwellings. The present rate of population increase of 95,000 persons per year and the minimum housing replacement requirements of 1.5% annually result in an urgent need for 33,000 houses per year, aside from the existing deficit of 300,000 dwellings. The present rate of construction fails to meet the requirements. With regard to potable water, 24% of the urban population and 28% of the rural are not supplied in the home by the public water system and must obtain water from wells or other sources. Waste disposal is inadequate for 44% of the urban population and 87% of the rural inhabitants. Thirty-seven percent of the urban population have no bathroom in the home, and two thirds of the rural inhabitants have no installations for this purpose. Aware of the seriousness of this problem, the Government is taking measures to cope with it.

3. *Education.*—The rate of illiteracy, which is 26% in the country, has remained almost unchanged in recent years. Data from the 1952 census indicate

that the rate ranges from 14.5% in predominantly urban provinces to 40% in those predominantly rural.

D. Summary and Comments

1. The territory of Chile, because of its shape, contains areas with such distinct characteristics as regards climate, production, resources, and living conditions, that the problems in each must be solved in a different manner.

2. Communication between these areas is difficult because of the great distance separating them in this long, narrow country and because of the topography of the terrain itself. Natural obstacles are heightened by the fact that transportation facilities are insufficient to meet the demand.

3. The distribution of the population is very irregular, half of it being spread among 33,000 villages, and a third being almost inaccessible to normal means of communication during certain periods of the year.

4. The rate of population growth is very high and the population is therefore young.

5. Greater life expectancy, resulting from the decrease in mortality risks, is leading to an increase in the economically able population, and this should be accompanied by a parallel development in the means of production sufficient to absorb this increase, in order to maintain or better the production of goods.

6. The movement of rural inhabitants toward urban centers is creating problems as people move into already overpopulated areas.

7. The national diet is generally deficient in both quality and quantity, a fact that is reflected in the state of health and in morbidity and mortality rates. In this respect, we should mention alcoholism as a negative factor.

8. Housing conditions, water supply, and sewage disposal are, to a large extent, inadequate and create problems in any attempt at progress in sanitation or communicable disease control.

9. The illiteracy rate, even though it is one of the lowest in America, has remained static in the past few years. The Government is taking active measures to combat this national problem. Illiteracy is of importance in health problems in two respects: first, because of the influence that education exerts on the standard of living and on health habits; second, because an enlightened people is better able to confront its problems and cooperate actively in the programs.

10. The living standard of the salaried population, especially that of the agricultural worker, is low, a fact that represents a serious obstacle to the solution of health problems.

II. Structure of the National Health Service

The National Health Service combines in one agency the functions, responsibilities, obligations, budgets, and staff of the most important curative and preventive medical services in Chile. In practice, this Service must give complete and free medical attention to all laborers and their families and to low-income groups. The only persons not covered are public, private, and municipal em-

ployees who have their own welfare systems; employers and self-employed persons whose income is satisfactory.

The responsibility of the Service with respect to protection and promotion of health extends to the entire population, without exception of any kind. Its organization is based on the following fundamental principles: (1) administrative and technical autonomy; (2) formal and functional integration of policies, activities, and services related to the protection, restoration, and promotion of health. (3) centralization in the planning, standardization, and evaluation of programs; decentralization in the application of norms and in the preparation and execution of local programs; (4) concentration of efforts on the most productive activities, carried out through systematic programs directed essentially toward the family unit; (5) maintenance of the interrelation between the institution and the community, so as to promote the active participation of the latter in the solution of its health problems; (6) maintenance of a full-time career staff and increase in the technical and administrative ability of the personnel.

In setting up the Service, a detailed study was made of the problems of preventive and curative medicine in Chile. These problems were assigned priorities according to the possibility of solving them on the basis of our experience and resources, their influence on the economic development of the nation, the extent of the damage they cause with regard to the productive life expectancy of the people, and the general attitude of the individual and the community with respect to particular problems. The National Health Service consists of:

A. National Department

The *Dirección General* is headed by a full-time medical officer who shares the top administration of the Service with a National Health Council. The National Health Council is headed by the Minister of Public Health and the bodies represented thereon are the School of Medicine of the University of Chile, the Medical College, the National Congress, the employers' and workers' associations, and the Social Security and Welfare Services.

B. Subdepartments

1. The *Subdirección Normativa* ("Normative," or Standard-setting Subdepartment), through the technical divisions, works out specific over-all programs, norms of action, and rules and regulations, which are kept up to date through constant revision, in accordance with national and foreign experience.

2. The *Subdirección General* (General Subdepartment) maintains liaison between the National Department and the Health Zones, or executive agencies. Its main function is the coordination of activities and services, among the functional operating units, the Health Centers, as called for in the basic law.

C. The Technical Council

This body determines the policies and plans of action of the Service, interpreting the spirit of the law. It analyzes standards and procedures and work

programs for the Health Zones and Centers, and studies the rules and regulations of the Service and the general budgets. It is presided over by the National Director of Health and is made up of the Subdirectors, the Chiefs of Divisions, and any officials the Director deems it advisable to hear, according to the matter under discussion.

D. Central Technical Divisions

These Divisions, headed by full-time medical officers, make studies, issue norms, and give technical advice on the activities related to protection, promotion, and restoration of health which the Service carries out at the executive levels. The Central Technical Divisions are divided into subdivisions and sections, according to the various activities, as follows:

1. Division of Epidemiology, which is concerned with communicable diseases, international health, chronic diseases, accidents. It is divided into the following subdivisions: (a) acute communicable diseases and international health; (b) parasitic diseases; (c) tuberculosis; (d) venereal diseases; (e) chronic diseases and accidents. It has the services of the Advisory Boards on Zoonosis and Nursing.

2. Division of Medical Care, which is responsible for studying problems and setting up norms relating to the treatment and rehabilitation of the sick. Its Subdivisions are concerned with: (a) study, planning, construction, and equipping of hospitals; (b) organization and administration, with sections for inpatient and outpatient care; (c) benefits of Law 10,383; (d) private social welfare; (e) disability and rehabilitation.

3. Division of Environmental Health, which has Subdivisions for: (a) sanitary engineering; (b) industrial hygiene and safety, and occupational medicine; (c) insects and rodents; (d) housing; (e) food protection and control.

4. Division of Maternal and Child Care and Health Promotion, which includes the Subdivisions for: (a) maternal and child care; (b) nutrition; (c) mental health and alcoholism.

5. Division of Laboratories.

6. Division of General Technical Services, which is divided into the Subdivisions for: (a) biostatistics; (b) health education; (c) nursing; (d) chemicals and pharmaceuticals; (e) social service; (f) selection and training of personnel; (g) medical professions.

7. Division of Dentistry.

E. Administrative Divisions

The central administrative functions are carried out by the Divisions of Personnel, Finance and Budget, Procurement, Legal Affairs, and Building Construction.

F. Health Zones

The country has been divided into eighteen Health Zones. Each Zone is headed by an Executive Chief, a full-time physician, who directs and supervises

all activities of medical care and health protection and promotion within the jurisdiction of the Zone.

As part of the basic structure of the Health Zones, use is made of the advisory services of experts in the essential public health activities and in the necessary administrative and general services. The structure is dynamic and is adapted to the type and nature of health problems in the Zone and to the objectives of the programs in each region.

The Zone Chiefs are assisted by a Technical Council made up of the chiefs of the principal Health Centers within the Zone. Likewise, the advice of community participants is sought through Zone Advisory Councils, composed of persons representative of the different regional groups and activities.

G. Health Centers

These are the basic operating units of the National Health Service. They are dependent on the head office of the Zone concerned and combine, under specialized technical direction, all the curative and public health services in a given district or region. There are Health Centers of various types, according to the importance of the health problems, population density, and other characteristics of the population group which they serve.

Considerable strides have been made in the administrative organization of these units, through the incorporation of the original services and a more efficient distribution of staff, with a view to covering more ground.

III. Resources

A. Description

1. *Budget.*—The budget of the National Health Service for 1954 amounts to approximately nine billion pesos. It represents 1.9% of the national income and 10% of the general budget of the country. Estimating that 75% of the country's inhabitants benefit from the National Health Service, the annual per capita cost is about 2,000 pesos. Sixty percent of the Service's budget comes from national treasury funds; 17% is contributed by Social Security from employers' and workers' deductions; and 23% is derived from earnings on assets, services rendered, and other contributions. The breakdown of budget expenditures is as follows: 54.5% for salaries and wages; 24% for maintenance of the Service; 10.2% for subsidies and aid to the mother and infant; 4.5% for building construction; and 6.3% for miscellaneous expenses. Out of the sum allocated for subsidies, compensatory payments are made to the person temporarily incapacitated.

2. *Material and Human Resources.*—The National Health Service has 710 establishments to give preventive and curative medical care to the population it serves. These establishments are divided as follows: 55 exclusively for inpatient care (hospitals, sanatoria, and asylums); 152 for both inpatient and outpatient care (hospitals and first-aid stations); 503 centers for preventive and curative outpatient care (clinics, posts, and rural medical stations).

(a) *Inpatient care.*—There are 4.8 beds per 1,000 inhabitants available for general medical care, a figure slightly higher than that of the United States, and 2.1 beds for chronic and special cases, which is slightly lower than the figure for that country. These beds are concentrated in the central provinces of the country. Santiago, which has 29% of the total population, has 43% of the available beds. Santiago, Aconcagua, Valparaiso, and Magallanes have a rate of over 7 beds per 1,000; the rural provinces have a rate of about 3; and in the extensive agricultural regions in the south of the country the rate drops to 2 and 1.8 beds.

(b) *Outpatient Care.*—Of the 655 establishments giving outpatient care, more than one half are located in the urban zones. The other half provide periodic care in the rural areas, especially in the field of maternal and child health.

(c) *Preventive Service.*—To carry out the preventive programs, the Health Zones and Centers have about 20 epidemiologists, around 200 public health nurses, and 400 auxiliary nurses, which represents an average of about one epidemiologist per 300,000 inhabitants, one nurse per 30,000, and one auxiliary nurse per 15,000. As regards sanitation, the Service has 24 sanitary engineers, 32 construction engineers, and 250 inspectors.

B. Utilization

1. *Hospitals and Clinics.*—The occupancy rate of hospital beds is 76.6% with an average of 21-22 persons per bed-year, which is lower by 50% than that in the United States and results in an apparent lack of beds. The outpatient services in hospitals, clinics, posts, and other establishments provided slightly over 5 million consultations in 1953, of which 28% were for mother and child care. Of these consultations, 40% were given in the Province of Santiago and only 4.5% in the posts, that is, to the rural population, with an average of 540 consultations annually per post. These figures show the lack of proportion between the services in the two areas, together with the inadequate yield of the rural medical stations.

2. *Mother and Child Care.*—Up to 1952 this service maintained under care somewhat less than 30% of pregnant mothers, 44% of these receiving care from before the fifth month of pregnancy. This proportion varies greatly in the different areas of the country; it ranges from 50% to 6.8%, the lowest figures applying to the agricultural provinces only, where only about 15% of pregnant women receive care before delivery. Under the terms of its legislation, the Service gives medical care as well as aid to the mother and nursing child. In 1952, deliveries attended in hospitals reached 66,532, or approximately 30% of the total. An additional 20,000 deliveries were attended in the home by the Service's midwives. Nursing babies maintained under care in 1951 totalled approximately 33% of live births, a rate that has been increasing in recent years. Over 50% of the infants receiving care were in the Provinces of Santiago, Valparaiso, and Concepción. The percentage of infants registered for care is lower in the agricultural provinces.

3. *Epidemiology.*—The parasitic diseases that are highly prevalent in tropical regions do not occur in our country. Of the quarantinable diseases, only typhus fever still occurs in very limited outbreaks. Of the acute communicable diseases, typhoid fever, whooping cough, and diphtheria are the most important;

morbidity is more or less static but mortality is notably lower. Poliomyelitis shows a tendency to increase, with biennial outbreaks occurring in the summer months. The preventive activities related to epidemiology, in addition to direct case-control measures, have been directed toward immunization campaigns against smallpox, whooping cough and diphtheria in the urban areas of three provinces, control of scabies and pediculosis, a nation-wide BCG campaign, and the continuation of the coordinated venereal disease campaign started in 1940. By 1953, 40% of the child population under 6 years of age in the urban areas of San Felipe, Santiago, and Concepción had been immunized against whooping cough and diphtheria. From 1951 to 1953 smallpox vaccine was applied to 1,732,000 persons, and from March 1951 to 1953, a total of 708,000 BCG immunizations were completed.

C. Comments

1. The National Public Health Service must apportion the funds specifically allotted to it, according to the priority of the various problems it seeks to solve. This apportionment is fundamental and implies the proper distribution of the different activities. At the same time, it makes possible an appraisal of the results obtained from each investment, which is essential to permit subsequent reallocations or justification for increases.

2. Resources available in terms of beds are adequate for the needs, in accordance with international standards. Both the available beds and the outpatient services are largely concentrated in the urban areas, and are irregularly distributed in those areas. The rural population comes to the urban centers for care, to the extent that transportation facilities make it feasible to do so.

3. An extension of these services to rural areas can be carried through only after previous action is taken by other governmental branches.

IV. Bases for Program Planning

A. Position of Health Problems at the National Level

The definition of health given by the World Health Organization involves an ideal way of living that all countries are, in greater or lesser degree, still far from attaining.

The immediate goals which will lead progressively to that ultimate objective must therefore differ considerably from one country to another, depending on the stage of development each has reached.

According to the data collected and set forth in this report, Chile may be ranked among those countries which are approaching what the economists call the "transitional" stage. The examination of problems and programs must therefore be founded upon this fact, with an eye to the future development of the country.

B. Objectives of the Service

The fundamental aim of the National Health Service is to reduce the risks of disease and death and to contribute, within its sphere of action, to the promotion of physical, mental, and social health.

This aim is pursued through activities for the promotion, the protection, and the restoration of health, all of which should be developed harmoniously so as to strike a balance, in the case of each, between the relative importance of the activity, the possibilities of embarking on it, and the prospects of bringing it to a successful issue.

C. Definition of Problems and Establishment of Priorities

The limited amount of resources allocated by the country to these activities demands that they be used where they will yield the most. This presupposes the ability to select, restrict, or deliberately postpone certain operations.

In our environment, because of the conditions already pointed out, medical assistance and maternal and child care assume outstanding importance, in comparison to the problems of sanitation and epidemiology. This gives an idea of the order of priority of the problems with which the Service deals.

1. *Medical Care.*—The restoration of health represents the major problem, owing both to its extent and to its repercussions on the economic and social order. It is among the very first obligations of the National Health Service, as is decreed in the law concerned. As large resources are allocated to this objective, careful use must be made of them, so as to benefit the greatest possible number of persons, whether they be legal beneficiaries or the poor and destitute.

The outpatient clinic will be the fundamental agency for putting into practice the policy of extending medical assistance from the institution to the community.

2. *Promotion of Health.*—The activities concerned with promotion of health are directed toward protection of the mother and child, establishment of a nutrition policy, and preservation of the mental health of the population.

(a) *Maternal and Child Care.*—Priority is given to problems of maternal and child care because they affect the 40% of the population that is fundamentally dependent, and because the risks involved in the reproductive process can, to a great extent, be avoided by proper prenatal, obstetric, and postnatal care.

(b) *Nutrition.*—Malnutrition constitutes a predisposing and aggravating factor in a high proportion of diseases, and at the same time has the effect of restricting the biological capacities of the individual in the various stages of life. Our aim is to provide orientation in the production and distribution of food and, by an educational program, permit better use to be made of it.

3. *Sanitation.*—Health protection in matters of sanitation offers only a limited field to the Service, as its action must be integrated with that of other governmental departments within whose province these problems are included. An exception is the control of production and sale of food, which under the new law pertains to the Service because of the epidemiological risk involved in careless handling.

4. *Epidemiology*—The parasitic diseases that have a high incidence rate in tropical regions do not exist in our country. Acute and chronic communicable diseases, in spite of their tendency to decrease, constitute serious epidemiological problems as causes of morbidity and mortality.

Noncommunicable chronic diseases, principally cardiovascular disturbances and cancer, as well as accidents, have on the other hand registered a marked increase in recent years. It is the task of the Service to combat them with due regard to their increasing incidence and to the heavy burden they impose on the nation's population.

5. *Diversification of Programs.*—In laying the bases of the programs, it has been established that these will vary in accordance not only with the importance of the problems but also with the possibility of attacking them. In this respect, we should remember that the population of the country can be clearly separated into two large groups: urban and rural.

The first group, comprising sixty percent of the nation's population, is concentrated in industrial zones and is continually increased by the influx of people from rural areas. This group can be reached almost in its entirety, and it takes up the greater part of the Service's resources.

The rural population, on the contrary, is spread over sparsely settled areas where transportation and communication facilities are inadequate; it has the highest rate of illiteracy and the lowest salaries. The activities conducted by the Service should, therefore, be planned individually for each such area, the local program being diversified according to local conditions.

D. Organizational Problems

1. *Decentralization of Activities.*—The administrative organization of our country is highly centralized. The conduct of health activities has been conceived as a chiefly local enterprise. For this reason, the Service, in seeking the proper standard for good health organization, chose as a basis the principle of centralization of directives and decentralization of activities. The application of this principle in a country with administrative characteristics such as ours creates problems derived from the lack of experience in autonomous management of local affairs.

2. *Personnel.*—The execution of programs presupposes the participation of different technical, auxiliary, and administrative workers who pool their knowledge and experience to solve the health problems of individuals, groups, and communities. The Service does not have the necessary technical personnel qualified and properly trained in health work. The training, redistribution and, in certain cases, the increase of personnel, are problems that will have to be solved in order to ensure prompt, flexible, and efficient action.

3. *Integration.*—The Service was formed by the merger of various institutions having different traditions, functions, and policies. The problem is therefore one of integration.

The services and establishments operating under the Health Centers should meet well-defined objectives, in programs in which the different aspects of the work are properly interrelated.

Integration is made possible by an over-all knowledge of the programs on the part of officials in the different services and by the creation of local Technical Councils in the Zone.

The implementation of local health programs requires the participation of the community and the directing of its efforts toward the aims of the Service. This end is achieved through education of the public and forming Advisory Councils in which representative citizens from the Zone take part.

4. *Stages of Planning.*—The objectives of the Service must be planned to meet the population's medical requirements, both curative and preventive, in conformity with the legal obligations of the integrated services and the programs under way in each of them.

PRESIDENT:* Mr. Delegate, the Chair would appreciate your summarizing your report. Twice the time allowed to each delegation has already passed, and we still have other reports pending.

Dr. VALENZUELA (Chile):* Mr. Chairman, I believe I can finish this report within two or three minutes, and wish to request the necessary time.

PRESIDENT:* The delegate may continue.

Dr. VALENZUELA (Chile):* In the preliminary stages of the planning, the immediate objectives are to gather the most complete information possible with respect to the problem and to work out the organizational details.

The functional structure of the National Health Service will enable Chile to solve its major health problems, to the extent our resources permit, using the techniques best suited to the nature and extent of those problems. We are convinced that the over-all development of the work programs will enable us to fulfill the objectives and the spirit of our present health law, and to help further the health policies upheld by our Government. At the same time, we hope to do our part in carrying out the high objectives of the international technical organizations, and to bind more closely the ties that link us to the American brotherhood of nations.

PRESIDENT:* The Chair thanks Dr. Valenzuela for his interesting report. Because this topic has been of great interest to us ever since it was introduced at the Inter-American Congress of Public Health at Havana (and we are all carefully watching its progress and results), and also because it is a topic that will be discussed tomorrow at the 10 o'clock session of the Chilean Public Health Society, I believe it would be advisable to suggest that the delegates postpone for the time being any comments or questions they might have.

Is there any comment? If no one wishes to speak, the delegation of Cuba will present its report. As the delegation of Cuba is absent, the delegation of Guatemala is now recognized. Dr. Fajardo has the floor.

REPORT OF THE DELEGATE OF GUATEMALA

Dr. FAJARDO (Guatemala):* We have listened with pleasure to the reports of the delegations that have preceded us. They have shown the progress achieved

* The asterisk denotes that the person spoke in a language other than English.

in the public health field as a just reward for the joint efforts that their health authorities and the physicians of their countries have pursued, with the cooperation of international organizations.

The delegation of Guatemala has come to this Conference with the most earnest desire to cooperate, knowing that this Organization is guided by the highest aspirations of all the countries in the Americas to collaborate in the struggle to eliminate suffering and disease and thereby achieve physical, mental, and social well-being for our peoples.

At first glance, the figures in the statistical report we presented to this Conference would seem to indicate that the communicable disease morbidity and mortality rates have increased during the past few years. In reality, this increase is the result of improvements in the compilation, tabulation, and analysis of the data obtained, made possible through better knowledge and application of statistical techniques.

We do not overlook, or much less attempt to disguise, these results, anxious as we are to improve our public health system, and we know that the task ahead will be long and difficult. But we are hopeful that, with devotion to our cause and through systematic and constant effort, we shall improve the health conditions of our people.

Guatemala has a population of approximately 3,000,000 inhabitants, 30% of which live in urban areas, in some 350 communities, and the other 70% in rural zones. These figures in themselves will suggest the scope and variety of our public health problems. The diseases with the highest incidence are those related to the problem of environmental sanitation, such as gastrointestinal infections and malaria. In order to combat gastrointestinal infections, water supply programs have been carried out in some 60 communities. With reference to malaria, the disease exists in 19 of the 22 Departments of the Republic, there being approximately 1,000,000 inhabitants and 198,234 houses in the endemic area. These figures indicate the amount of work that must be done to carry out the DDT-spraying campaign, which is now well under way with the aid of the Pan American Sanitary Bureau and UNICEF. But this campaign must be pursued farther with the support of a health education program. It is thus a great satisfaction for us to know that this will be one of the topics discussed by the Conference.

During the past few years we have achieved positive results in the fight against typhus, and we can now say that this disease has ceased to be endemic and occurs only in isolated outbreaks with a very small number of cases, an achievement made possible by simultaneous DDT campaigns and well-organized vaccination programs.

Until a few years ago, the registered number of poliomyelitis cases was small. However, the increased interest of physicians and the wide publicity given to diagnostic measures have increased the figures in recent years. In 1950, a clinic was established for the isolation of patients and for rehabilitation treatment in the necessary cases.

A study of the problem of trypanosomiasis was begun in 1951, and up to the present time more than 100 cases have been diagnosed, most of them from the

southeastern area of Guatemala. With the collaboration of specialists in tropical medicine and cardiology, we have been able to observe (in the medical service under my direction in the General Hospital) cases of myocarditis due to Chagas' disease that were confirmed by anatomicopathologic examination. In many cases of cardiac insufficiency, it has been impossible for us to find proof of rheumatic background, arteriosclerosis hypertension, etc., and we believe that a large number of these patients are suffering from Chagas' disease. For this reason, we are determined to continue our study to find proof of whether the cardiac decompensation in the patients is caused by myocarditis due to Chagas' disease.

Onchocerciasis, which is limited to only certain parts of the country, has always been of concern to us. We have carried out campaigns to control the vector but have still not eradicated it, because of the difficulty in conquering the *Simuliidae,* which are protected by abundant vegetation in the areas where onchocerciasis is endemic. This problem is one of our chief concerns, because of the great number of cases of blindness caused by the disease. It is a problem to which continuing attention will be given in future public health activities.

Tuberculosis has been given increased attention during the last few years, and there are now more medical personnel interested in the campaign against this disease. Diagnostic and control centers have been established; care provided at medical centers has been improved; and vaccination with BCG has been carried out, although on a relatively small scale.

The fight against cancer has recently been stepped up, and construction will soon begin on the Oncology Institute, thanks to the aid of the Ministry of Public Health and Welfare and private initiative. With respect to both this problem and that of tuberculosis, private initiative has contributed greatly, and we can expect that, when public health problems become better known and health education is extended, the cooperation and aid we will receive will be very generous.

Construction of new hospitals has increased, particularly in the Departments. However, we recognize the need for further increasing the number of hospital beds and outpatient clinics throughout the Republic. The construction of a new hospital in Guatemala City, undertaken with the aid of the Inter-American Cooperative Public Health Service, is now being completed. This hospital will have a capacity of 1,000 beds.

With the collaboration of the Pan American Sanitary Bureau, a comprehensive rural sanitation program has been initiated in one area of the country. This program includes reorganization of the National Public Health Department in every way that might facilitate the execution of the project. The results and findings of this program will be extremely valuable as a means of planning public health work better to suit the environmental conditions of our country. The authorities of the School of Medical Sciences are interested in this problem, and beginning next year it will become obligatory for all medical students to practice in rural areas before they can graduate as physicians or surgeons.

The Guatemalan delegation appreciates the valuable comments made at this Conference concerning the Institute of Nutrition of Central America and Panama. This Institute has a great significance for our country, because it represents the

common effort of the six sister republics of Central America and Panama. Upon constructing the building for the Institute (dedicated 11 September last), Guatemala did nothing more than reaffirm the principle of mutual cooperation. We knew that it was not the construction of the building itself that would produce the results, but rather the men who are entrusted with its program, a program developed and financed by the six republics, with the collaboration and participation of the Pan American Sanitary Bureau, the Kellogg Foundation, and other organizations that have taken an interest in its work.

A few weeks ago the Government of Guatemala reached an agreement with the Pan American Sanitary Bureau, as Regional Office of the WHO, to give a training course in Guatemala City for waterworks operators during the early months of next year. This will be a regional course for Central America and Panama, and thus Guatemala will again welcome the valuable participation of those neighboring countries.

Finally, I wish to take this opportunity to express the appreciation of the Government of Guatemala for the international cooperation we have received each time it has been requested. It is our most fervent wish that cooperation between the American countries remain unshakeable in this endeavor to assure the physical, mental, and social well-being of the peoples of this Hemisphere, so that our Continent may fulfill its historic role in the progress of mankind.

PRESIDENT:* Thank you very much, Dr. Fajardo, for your interesting report. If the delegates have no comments, the Chair will recognize the delegation of Peru, which will discuss its report. Dr. Montes de Peralta is recognized.

REPORT OF THE DELEGATE OF PERU

Dr. MONTES DE PERALTA (Peru):* In the report that has been distributed to all the delegates, we have endeavored to give the present-day public health picture of Peru, emphasizing in particular the quarantinable diseases, which by their very nature constitute a problem of international interest. However, because the report is a summary, it has not been possible to bring into focus all the activities being carried out in my country for the promotion and safeguarding of health. Thus I have asked for the floor to discuss, if only briefly, our present public health policy. My speaking here is perhaps justified by the fact that I was the first Minister of Public Health nineteen years ago, when I inaugurated that post, and returned to discharge its duties barely two months ago. Thus it has been possible for me to see clearly the notable progress my country has made in public health.

According to the accepted concept of public health, it is not sufficient to approach the problem solely from the viewpoint of preventing disease through the modern techniques at the disposal of the public health officer, but it is necessary also to take into account the many aspects of human welfare. My Government has planned its action with an eye to economic and social factors in its

* The asterisk denotes that the person spoke in a language other than English.

efforts to solve the numerous health problems we have in Peru. We know that the task is not an easy or a short one, but the foundation has been laid. We have mapped out the fundamental course for our present and future governmental action. These are the principles behind Law No. 11,672, which created the Health and Social Welfare Fund.

With the support of this law, adopted on 31 December 1951 and put into effect in March 1952, an extensive program embracing all aspects of health protection is now under way.

The funds provided by this law enable us to undertake a series of projects and services that previously would not have been possible. Suffice it to point out that at present these funds are greater than the amount assigned to the Public Health and Welfare Ministry in the general national budget. With these resources it has been possible to finish the construction of over 3,000 houses for workers and employees, and in various cities in the country another 3,000 dwellings are being constructed to give healthful, low-cost housing, through rental-purchase payments, to more than 20,000 persons.

With these same resources we have completed a magnificent hospital in the city of Tacna, completely equipped, at a cost of more than 30 million soles, and we are finishing another one in Arequipa, at a cost of more than 80 million. We have begun the construction of another hospital in Tarma, and will soon begin two more in Cuzco and Túmbez. These hospitals together make up a total of over 2,000 beds.

It is now possible, with these same funds, to establish better control and prevention of avoidable and communicable diseases, particularly smallpox, malaria, typhus, tuberculosis, leprosy, and venereal diseases. We are able to improve the maternal and child welfare services and to subsidize public hospital establishments, charity societies that still exist in the country, and social welfare institutions. We can contribute also to the training of professionals in the various branches of public health and to sanitation projects for the improvement of water supply and sewage services.

The workers' social security and insurance systems are carrying out their welfare programs, among which the most important accomplishment to be cited is the construction of a modern hospital in Lima with a capacity for more than a thousand patients.

There is an extensive program in the field of food production and nutrition, one aspect of which is the correction of nutritional deficiencies, especially among children. About 500 school lunchrooms have been established throughout the country and are providing breakfasts and luncheons to a large part of the school children.

Some of your countries possibly have problems similar to ours with regard to the Indian. You are therefore aware that the action taken by governments has been able to make itself felt effectively only among the population of cities and of the small towns of our mountainous districts. As for my country, it is very difficult to reach the inhabitants who live in isolated regions or small settlements or communities, nestled in the high plateaux, peaks, and mountain sides of our great ranges.

These men, farmers without exception, lead an almost primitive life. In the course of hundreds of years they have forgotten the wonderful farming systems of the time of the Incas. They are completely ignorant of modern methods of tilling the soil. They know nothing about the selection of seeds, the use of fertilizers and insecticides; they have no idea of what agricultural machinery means. And they are satisfied with producing the bare necessities of life, waiting, with that stoicism characteristic of their nature, four or five years to cultivate the same ground again, thus wasting great tracts of territory that are left lying fallow. It is these men who we want to reach now. In collaboration with UNESCO and with the help of the Agriculture and Livestock Development Bank (*Banco de Fomento Agropecuario*), we are putting into practice a system of controlled credit, which will not only teach the Indian to work on more efficient lines, thus enabling him to increase his harvests enormously, but allow us to set him on a shorter road to civilization, by raising his standard of living.

I wish especially to record our gratitude to the Pan American Sanitary Bureau, the Institute of Inter-American Affairs, UNICEF, and UNESCO, for their collaboration in several of our public health programs.

I apologize, gentlemen, for having taken up so much of your time; but I feel that we have come to this hemispheric gathering with the purpose, among others, of studying in the light of facts all that has been accomplished in the field of public health by the various sister nations of our Continent. It is for this reason that I wished to emphasize how my country's present Government has in the course of these last four years assumed responsibility for the solution of the different problems connected with public health.

PRESIDENT:* Thank you, Dr. Montes de Peralta, for your report. If the delegates have no comments to make, I shall invite the delegation of Bolivia to present its report. Dr. Brown is recognized.

REPORT OF THE DELEGATE OF BOLIVIA

Dr. BROWN (Bolivia):* Bolivia has accomplished appreciable progress in the last four years in well-defined areas of public health practice, in spite of the unfavorable economic conditions that have beset her in the last two years. In large part, this progress has been attributable to the active cooperation of international organizations, such as the World Health Organization, the Pan American Sanitary Bureau, the Rockefeller Foundation, the United Nations International Children's Fund, and the Foreign Operations Administration of the United States Government.

I. ORGANIZATION

The organization of public health services in Bolivia, except for the establishment of the Division of Communicable Diseases in September 1953, has under-

* The asterisk denotes that the person spoke in a language other than English.

gone no change in the past four years. The organization can be described as follows.

A. Ministry of Hygiene and Public Health

Headed by the Minister of Hygiene and Public Health, this Ministry is entrusted with the majority of the nation's public health activities. The Social Welfare Service, which includes the Social Security Fund, is still attached to the Ministry of Labor and Social Welfare, while the Industrial Hygiene Service operates under the Ministry of Mines and Petroleum.

B. National Department of Health

The technical-administrative authority immediately under the Minister is the National Director of Health; however, practically all administrative activities, to the smallest detail, originate with the Minister. The technical branches cooperating with the National Department of Health include the Division of Communicable Diseases, the Department of Nutrition, the Department of Biostatistics, the Department of Maternal and Child Care, the School Health Service, the Dental Hygiene Service, and the Chemical and Pharmaceutical Service, branches that are also directly administered by the Ministry.

C. District Health Offices

Responsible to the National Director of Health are the chiefs of the District Health Offices. The "district" is the equivalent of the first political subdivision of the country, the Department, with which it generally coincides. With the exception of the La Paz district, the chiefs of the District Health Offices are given a certain administrative authority within the area under their jurisdiction. Operated under their control, in the departmental capital, are the district communicable disease service, the departmental hospital, and any other district services, such as venereal-disease and tuberculosis dispensaries, health certificate office, sanitary inspection service, maternal and child health service, school hygiene service, etc. The latter are separate services that possibly within the next year may be grouped together to form a health center in departmental capitals that still lack such centers, or incorporated in the existing health centers operated by the Inter-American Cooperative Public Health Service (SCISP). The SCISP health centers operate independently. Responsible to the District Health Officer are the chiefs of the Provincial Health Offices.

D. Provincial Health Offices

The provinces are the political subdivisions of the departments and the subdivisions of the public health district. The responsible health authority in the province is the Provincial Health Officer, whose headquarters are in the capital of the province. He heads a small office, with clinic and dispensary, and is assisted by a nurse or vaccinator. There is sometimes a hospital with a dozen

or so beds, staffed by a nurse, cook, laundress, and general servant. The county vaccinators are responsible to the Provincial Health Officer. Although practically all provinces have budget appropriations for a Provincial Health Officer, only some 60% have the permanent service of a physician or of a recent medical graduate, notwithstanding the existing requirement that the latter serve for a period of one year in provincial service before obtaining his medical degree.

The activities of the Provincial Service, with the exception of immunizations against smallpox, whooping cough, and typhoid, are wholly of a curative nature. The control of certain communicable diseases, such as yellow fever, malaria, plague, typhus, etc., in the rural area is entrusted to specialized personnel of the Division of Communicable Diseases.

E. Autonomous Health Organizations

Since the withdrawal of the Rockefeller Foundation, which maintained the Division of Rural Endemias (the predecessor of the Division of Communicable Diseases), the Inter-American Cooperative Public Health Service has been the only autonomous public health agency in the country. The Service comprises four divisions: a medical division that operates health centers set up in six departmental capitals and seven lesser cities, as well as five mobile rural units; a division of sanitary engineering; a division of industrial hygiene; and an administrative division.

II. Budget

This basic factor in the development of public health services has not been given the consideration it deserves. In the last ten years, when this problem really began to cause concern on the part of public opinion and the State, it has been possible to obtain the assignment of only 5% of the national budget for public health work. In the present year, the figure is 4.8%, which is equivalent to 20 cents (in dollars) per inhabitant, an extremely small amount, considering the low state of public health development in the country. The figure considered adequate to cover the major public health requirements is 9% or 10% of the annual national revenue.

III. Personnel

The availability of a sufficient number of qualified personnel is as important as money, or more so, to the health progress of a country. In Bolivia, as in several Latin American countries, technical public health workers are very scarce, as regards physicians and nurses as well as sanitary inspectors, laboratory workers, etc. At the present time it would be difficult to count more than thirty physicians who are trained in public health work or who have followed special courses, and not all of these are engaged in public health service, some having already abandoned the career, some never having worked in it after graduating from the specialized school. There are about twenty-five public health nurses. Somewhat

more numerous are the field auxiliary personnel trained in practical work for the control of yellow fever, plague, hookworm, typhus, etc. The supply of such personnel has increased slightly over the past four years.

Foreign and international institutions have cooperated effectively in the training of physicians, nurses, and public health administration personnel, either through courses of study given in the country or by the granting of fellowships for study abroad.

There is probably no lack of persons who would dedicate themselves to a career in public health, but there are two great obstacles to the serious and effective practice of this profession: instability of employment, and salaries that are insufficient to pay for full-time work. The physician who wants to enter the public health service is hesitant to leave private practice or any other more or less secure post, because he knows that any day, in spite of his devoted service, he may find himself jobless, without either clients or funds. He therefore takes the public health post as a sideline, keeping a firm hold on the solid ground of private practice, so that if the uncertain support of public health fails him he will still be on safe ground. No sound public health structure can be built on this premise; if worth while results are to be obtained, the public health worker must give one hundred per cent of his time to the service.

There would still be some intrepid men who, despite the insecurity of employment, would devote themselves wholly to public health work if their remuneration were at least to cover their basic needs. But since this is not so, they have to take on other work at the same time to make up the deficit in their family budget. Thus, for one reason or another, inevitably, the Bolivian public health worker is unable to devote full time to the service.

The fact of the matter is that, at the present time, the national health service is being maintained by a handful of self-denying devotees who are resigned to full-time service in spite of the disadvantages to themselves.

What has been said will readily suggest that public health work, apart from certain services, is deficient both in the cities and, especially, the rural areas, where in addition to the inadequate salaries an environment completely lacking in social and professional stimulus discourages any physician with ambitions of furthering his career.

IV. Communicable Diseases

Four years ago, communicable disease control in Bolivia was carried out through: (a) the Division of Rural Endemias, maintained cooperatively by the government and the Rockefeller Foundation for the control of yellow fever, plague, typhus, and hookworm; and (b) the departments of epidemiology, tuberculosis, venereal diseases, and leprosy, operated directly under the Ministry of Hygiene and Public Health. For all practical purposes, this system continued in effect until the end of 1953.

Following the withdrawal of the Rockefeller Foundation in March of last year, a decree was enacted combining the Division of Rural Endemias with four departments directly connected with the Ministry, to create the new Division of

Communicable Diseases, which centralized control of all communicable diseases in the country. This merger was effected with some delay in the course of the present year, owing to a number of factors, but it is now almost completed. All that remains is to continue with the adjustment of the various services within the general plan, so as to ensure uniformity.

At the present time, the Division of Communicable Diseases consists of the following departments: (1) epidemiology; (2) tuberculosis; (3) malaria; (4) venereal diseases; (5) plague; (6) leprosy; (7) verminoses; (8) zoonoses. We shall describe briefly, in the above order, the work done in the past four years in the control of the principal communicable diseases in the country.

A. Department of Epidemiology

1. *Control of Yellow Fever.*—Since the eradication of the *Aëdes aegypti* in 1948, the only form of yellow fever that has persisted is the jungle type. The last large outbreak, which in the summer of 1950 affected an extensive area in the south of the country and touched various other localities in sporadic form, was followed by years of complete calm, as is the rule. In 1950 a flare-up of eighteen cases occurred, but in the present year, up to the end of August, there have been only vague reports from two remote localities in the Amazon region on the presence of suspect cases.

Prior to 1950, only the Amazon basin was considered an area affected by yellow fever, as no case of the disease had ever been reported from the Plata River basin. Since 1950, owing to the epidemic that spread to the Argentine border, the entire territory to the east of the Andes mountains, to an altitude of 2,000 meters, has been considered as either affected or susceptible. Because of this change, a plan was drawn up to vaccinate every five years the entire population in the affected area and along a belt several kilometers wide surrounding that area, especially in sectors with active commercial traffic. Started in 1950, the vaccination work will be completed by the end of this year. Although with these measures some sporadic cases may continue to occur, we believe there will be no further heavy or extensive epidemics.

2. *Control of Typhus.*—Typhus is endemic in Bolivia's cold area; the disease is present above the altitude of approximately 2,600 meters. Usually, morbidity fluctuates between 3 and 9 cases per 100,000 inhabitants, increasing in intensity every certain number of years. During 1954 various localities were affected, among them the city of La Paz, owing to the unusually active movement of rural inhabitants. All of these outbreaks, which might have become more or less extensive epidemics, were checked through control work. Periodic DDT spraying of persons, clothing, and bedding has been discarded as a preventive measure, because only a very small group of persons in the vast highlands was benefited. Control of the disease is based on checking outbreaks as they occur through intensive DDT-spraying, a measure that requires speedy reporting. On the other hand, typhus can be eradicated only by accustoming the rural dweller to keeping his body clean. UNICEF cooperates in keeping up this service by providing material.

3. *Control of Smallpox.*—Smallpox is another of the most persistent endemic diseases in the country. Mortality is quite high, ranging in the last four years from 12.7 to 29.8 per 100,000 inhabitants. So far this year, more or less extensive outbreaks have occurred in many parts of the republic, and the annual rate will be exceptionally high. Although vaccine of good quality and in sufficient quantity is prepared in the country, it has not yet been possible to eradicate smallpox, because of the lack of an adequate organization to carry out the vaccination campaign on a nation-wide scale. One of the main obstacles has been the difficulty in maintaining the viability of glycerinated vaccine in the extensive subtropical region. To overcome this difficulty, the Pan American Sanitary Bureau is cooperating by providing equipment for the preparation of dry vaccine, within the general plan for smallpox eradication prepared by the Government of Bolivia with the assistance of the Bureau. Unfortunately, soon after the campaign was started, it had to be interrupted because of a typhus outbreak in La Paz. With the passing of that danger, the smallpox campaign was resumed a short time ago.

4. *Control of Typhoid Fever.*—The incidence of this disease is moderate, ranging from 14.7 to 26.5 per 100,000 inhabitants in 1950-53. During this period, little has been done to improve its control. Whenever an outbreak occurs the affected group is vaccinated, but usually not completely. Environmental sanitation projects, such as control and protection of water supply, installation of sewage systems, and construction of privies, progress very slowly in the rural areas.

5. *Control of Whooping Cough.*—Whooping cough is one of the most serious causes of infant mortality in the country. The annual outbreaks, which generally become extensive epidemics, cause high mortality; the rates of 13.9 to 37.3 recorded in 1950-53 are certainly much lower than the true figures, since reports are received from only a small percentage of the population. The practice of preventive vaccination is being introduced, though only on a very limited scale. At present, vaccinations are applied at health centers and in some Provincial Health Offices.

6. *Yaws.*—Apparently, the area of this endemic disease is limited to the provinces of North and South Yungas of the La Paz Department. Prior to 1948 a large-scale campaign was carried out, 1,800 persons having been treated. There were some places where the rate of incidence reached 50%. Mass treatment reduced that rate to 7.5% in localities where the disease was most prevalent. In recent years this problem has not been reviewed.

7. *Other Diseases.*—Influenza, measles, parotitis, and epidemic conjunctivitis are frequent. Outbreaks of bacillary dysentery, relapsing fever, and poliomyelitis are less frequent. Among the chronic diseases and those limited to a few localities are leishmaniasis and pinta. Chagas' disease and brucellosis occur but have not yet been adequately studied.

B. Department of Tuberculosis

The Tuberculosis Department, which was organized in 1936, initiated its activities with encouraging effort and effectiveness, but later reached a standstill.

The bronchopulmonary dispensaries, together with the tuberculosis clinics at the health centers, are the principal agencies for combating tuberculosis, but they are unable to control all cases in the departmental capitals, the only places where they operate. As in the case of certain other health problems, very little is known about the tuberculosis problem. The incidence and prevalence of this disease in the country are unknown.

A hospital with 198 beds will be added shortly to the 369 special beds for tuberculosis patients now available in a hospital at La Paz and in special wards of the general hospitals in other departmental capitals. Furthermore, the National Social Security Fund is constructing another small hospital with some 60 beds. But the 630 beds soon to be available will scarcely cover a fifth of the need. The figure of 1,500 deaths annually, given as an average by statistics, indicates that the number of beds should be at least double, taking into account the deficient methods of diagnosis, especially in rural areas. Because of the scarcity of public health nurses, the work of educating the tuberculosis patient and members of his family is done only on a very limited scale.

BCG has been prepared for several years, but vaccination has reached only 7,000 children. Efforts are now being made to improve and expand this service. Two phthisiologists have just gone to Ecuador to take a short training course in BCG vaccination sponsored by the Pan American Sanitary Bureau, and it has been requested that the chief of the vaccine production laboratory in Bolivia be granted a fellowship to study the World Health Organization's requirements for the preparation of BCG vaccine.

C. Department of Malaria

It is roughly estimated that the area affected by malaria totals 190,000 square kilometers, with a population of 600,000 inhabitants. DDT, with its low cost and its insecticide power, has made it possible thus far to bring under control about 61,000 square kilometers with 400,000 inhabitants, and, in addition, to eradicate malaria in a considerable part of that area. The most extensive but also the least populated area, situated for the greater part in the Amazon basin, is yet to be controlled. The area under control in 1950 was 27,000 square kilometers with 268,000 inhabitants. Although the total eradication of malaria is a difficult task, owing to topographical conditions in the affected zone, it is not an impossible one if the necessary resources are made available. What is needed are material resources, adequately paid personnel, and a well-defined plan that is strictly carried out—all of which is not far beyond the present possibilities of the Government, particularly if international assistance continues to be received.

D. Department of Venereal Diseases

For several years, venereal disease control was carried out under the Department of Epidemiology as a secondary activity, which accounts for the virtual standstill reached in this work. It was detached from that Department in November 1953 and, owing to the importance of the problem, was organized as the new Department of Venereal Diseases.

At present, the control of these diseases is carried out only in departmental capitals, through dispensaries directly under the Venereal Disease Department and in clinics at health centers maintained by the Inter-American Cooperative Public Health Service. In La Paz there are seven treatment centers, including the venereal disease section of the General Hospital; in the other cities there are two centers or, usually, only one, according to the size of the population. The recently created Department initiated its activities by making a survey in representative areas of the country to ascertain the seriousness of the problem. It is also reorganizing dispensaries with respect to renovation of premises and equipment, training of personnel, institution of modern systems of intensive treatment, and acquisition of a sufficient supply of drugs for a large-scale campaign. Centralization of serological laboratories is another of its objectives. Eventually, a study will be undertaken of legislation on venereal diseases and the prostitution problem.

E. Department of Plague

Plague is a serious problem in Bolivia, where the disease first appeared slightly over thirty years ago. It began in the south of the republic a short distance from the Argentine border and advanced rapidly to about 100 kilometers to the north of the city of Santa Cruz. The infection has covered a long narrow belt, 550 kilometers from north to south and 80 to 120 from east to west. At the beginning it was purely sylvatic; later, with the importation of rats during the Chaco War, various outbreaks of domestic plague occurred simultaneously. The advance outbreaks were all of sylvatic plague. The domestic plague hosts are the *Rattus rattus alexandrinus* and the *R. rattus rattus*. As reservoirs of sylvatic plague, the *Phyllotis wolffsohni* and the *Hesperomys venustus* have been identified thus far from among various species examined.

Plague outbreaks occur in various localities every year, almost without exception, without becoming epidemics of importance, owing to the permanent surveillance that is maintained. The localities affected and cases reported in the last four years were: 1950, 4 localities and 24 cases; 1951, 2 localities and 10 cases; 1952, 4 localities and 55 cases; 1953, no cases reported. The endemia is controlled by the Plague Department, Division of Communicable Diseases of the Ministry of Hygiene and Public Health. Its headquarters are in Sucre and it has a well-equipped laboratory. Control measures include detection of reservoir species and study of their distribution and biology, constant investigation for *Pasteurella pestis* in domestic and jungle rodents, and spraying of houses and rodent burrows when the threat of an outbreak arises. Little has yet been done with respect to investigation of reservoirs, as the time of the personnel has been taken up by routine control work necessitated by the frequent outbreaks.

For the investigation of the course of sylvatic plague and the search for some means to check its advance to the Amazon Valley and to improve control work in the area already affected, we are assured of the effective cooperation of the Pan American Sanitary Bureau, through its Director, Dr. Fred L. Soper.

F. Department of Leprosy

Leprosy is one of the diseases that is causing the most concern, especially among the population. The presence of the disease in Bolivia dates from colonial times, when it was no doubt introduced by the European settlers. Four epidemiological surveys made between 1942 and 1949, supplemented by later investigations, revealed 810 cases in the country. According to Doney's rule, namely, that for every known case there are three unknown, the number would increase to some 3,200 cases.

The Department of Leprosy, established thirteen years ago, is responsible for the control of this endemia. Up to the present time, control has consisted of isolation of leprosy patients with advanced lesions and treatment of outpatients in dispensaries. Unfortunately, the isolation establishments are still in the beginning stage of development and not more than 120 patients are isolated at the present time. Moreover, treatment given in the dispensaries, health centers, etc., is still not properly organized, so that, in practice, regular treatment is received only by the 120 patients isolated in two colonies and in special wards of three hospitals. Next year it is planned to increase the capacity of the isolation colonies, reorganize outpatient treatment, and initiate an intensive education campaign with a view to preventing contagion in the home.

G. Department of Verminoses

Intestinal verminoses are very widespread in Bolivia. The most serious of these, from the standpoint of both human health and the nation's economy, is hookworm disease, which is prevalent throughout the hot, humid zone to the east of the Andean range. In this region hookworm and malnutrition together form a vicious circle; one encourages the other. Hookworm is the main cause of the impaired energy and resultant low economic productivity of the inhabitant of the subtropical plains.

The survey of eight localities in the provinces north of the city of Santa Cruz showed hookworm infestation to range from 85% to 94% of the inhabitants. The control of intestinal parasitoses is not only a medical and public health problem requiring measures for mass treatment and soil sanitation, but also a problem concerning nutrition, agriculture, and education, one whose solution requires long and constant work. There is a special department entrusted with the control of these diseases, but because of inadequate funds the campaign has been limited to the city of Santa Cruz and a few smaller neighboring communities and, in the Department of Peni, to the capital city, Trinidad, and to Riberalta. Now that this vast region is being opened to civilization and is beginning to develop its potential agricultural and livestock resources, it is essential that the campaigns be intensified and extended so that these rural inhabitants may regain their full physical vigor and become a fundamental force in working for our self-sufficiency in food production and, hence, our economic independence.

H. Department of Zoonoses

Bolivia is affected by many very important health problems that come within the sphere of action of this Department, which is being set up at the present time. Rabies, brucellosis, hydatidosis, foot-and-mouth disease, bovine tuberculosis, etc., are problems that, unfortunately, have been studied little or not at all in their relation to human health. We hope to be able to report some achievements in this field by the time of the next Conference.

V. Health Promotion

The services for the promotion of national health, on the basis of the equilibrium that should exist between the individual and his environment, have not yet been sufficiently developed in Bolivia. The following services are included under this branch: nutrition, maternal and child health, school health, and dental hygiene.

A. Department of Nutrition

The activities of this Department, which was established some ten years ago, have included several nutrition surveys in certain sectors of the population, attempts to establish an improved system of public lunchrooms, and studies of the values of certain foodstuffs as regards protein, carbohydrate, and mineral content (excluding vitamins). These activities have not gone beyond the city of La Paz.

No exact appraisal of the status of nutrition in the entire country can be made on the basis of the incomplete data gathered thus far. However, the mere observation of what foods are consumed by the different social groups in Bolivia reveals that the vast majority of rural inhabitants are poorly nourished. Their diet consists almost entirely of carbohydrates and contains a bare minimum of proteins. Meat is rarely consumed. When milk, cheese, or eggs are produced, they are produced for sale to neighboring towns. The rural inhabitant's only important source of protein is that of vegetable origin.

The urban population, which has sufficient means, is better fed. In this respect, the salary increases and other social benefits granted to the workers should ultimately help improve their diet, but only with the aid of education.

We cannot hope for such an early improvement for the rural inhabitant, whose deficient diet, to which he has held for centuries, will not be corrected through the benefits brought by the Agrarian Reform except after long and patient educational work.

International and foreign organizations such as UNICEF and CARE have in recent years done much, through the provision of powdered milk, to improve the diet of the working and rural classes and, particularly, that of preschool-age and school-age children. But true improvement and solution of the problem must depend on increased agricultural and livestock production, which is one of the main goals of the present Government.

B. Department of Maternal and Child Health

Maternal and child care is one of the public health tasks to which Bolivia must devote the greatest attention, as one of the most serious obstacles to the nation's progress is the low population density: 3,019,000 inhabitants in 1,069,000 square kilometers, or 2.8 inhabitants per square kilometer (1950). This is too few people to conquer such a vast expanse of land.

Although our birth rate is one of the highest (1950-53 average of 40 per 1,000 inhabitants), the rate of population growth is very low: 1.66% annually. This fact is due largely to the extremely high infant mortality rate. The over-all figures in this respect for the entire country do not reflect the true situation. In effect, although Bolivia in 1950 reported a rate of 108.7, one much more favorable than Colombia's rate of 124 or Chile's rate of 153, the truth of the matter was that not all deaths were recorded. The picture becomes clear when we take the figures for the departmental capitals alone, where the information is more complete. For the nine departmental capitals taken as a whole, the rate in 1950 was 174, and much above this average were the rates of 210 for La Paz, 225 for Potosí, and 235 for Oruro. The true situation in Bolivia can be appreciated when a comparison is made with the rates in other cities of the Continent: Mexico City 121, Santiago 112, Rio de Janeiro 109, Bogotá 104, Lima 83, Montevideo 56, Buenos Aires 37, and New York 25. If infant mortality is this high in Bolivia's cities, it is easy to imagine what it must be in rural zones, where education and health facilities are so much more deficient.

Although available statistics do not permit an exact knowledge of the causes of infant mortality in Bolivia, since thousands of the registered deaths are from unspecified or poorly-defined causes, it can generally be said that the main causes are: (a) digestive and nutritional disorders; (b) diseases of the respiratory tract; (c) infectious diseases; and (d) congenital debility and prematurity. Among the leading infections are whooping cough and eruptive diseases.

The service responsible for organizing and directing the activities in this field is the Department of Maternal and Child Health. This Department operates through maternal and child clinics in the health centers, maternity hospitals, rural maternal and child centers, and special children's hospitals and dispensaries. Increased emphasis is now being given to educating the mother in the care of her child's and her own health, since ignorance of such care is the leading cause of the extremely high mortality in the first year of life.

Effective cooperation in this work is being received from UNICEF and the WHO. With their assistance, a rural maternal and child center has been established this year in the Department of Tarija, and a second is being planned for the Department of Oruro. These organizations have also contributed equipment for the children's hospitals in La Paz and Santa Cruz.

Indicative of the Government's great interest in this problem is the fact that within the space of a single year nine new matenal and child dispensaries have been opened in: Achacachi, Copacabana, and Guaqui, in La Paz District; Arani and Tiraque, in the Cochabamba District; Villazón, Tupiza District; San Ignacio de Velasco and Charagua, in Santa Cruz District; and Telamayu, in cooperation with the Bolivian Mining Corporation, in the Potosí District.

C. School Health Service

This Service is concerned with health control among school children and teachers. Physical examinations are given at the beginning of each year. All teachers but not all pupils are examined, owing to the scarcity of medical personnel.

D. Dental Hygiene Service

Nothing has been done to promote this service. It functions simply as a bureaucratic agency.

VI. Medical Care

As everywhere, curative medicine in Bolivia has been and continues to be the major health activity; it absorbs the largest part of the budget of the Public Health Ministry. Its resources come from the State, the National Social Security Fund, and private institutions. Emergency services for first aid and care of urgent surgical cases are maintained by the State in each of the departmental capitals. In addition, there is a departmental hospital with wards for internal medicine and general surgery, and also wards giving special services, according to the size and importance of the hospital. Some cities, such as La Paz, have also specialized hospitals for bronchopulmonary diseases, ophthalmology, etc. In the provinces, few of the so-called hospitals warrant the name, most of them being simple infirmaries.

The National Social Security Fund has constructed a workers' insurance hospital in La Paz and also operates a maternity hospital. The larger mining and industrial concerns have their own hospitals, some of them of considerable size. Finally, private clinics maintain an appreciable number of beds in the main cities.

It is in hospitals that important strides have been made in the past four years. Now constructed and to open soon in La Paz are two tuberculosis hospitals which together will have some 260 beds, a children's hospital with 250 beds, and a 280-bed hospital of the National Social Security Fund. A maternity hospital with 120 beds has been built in Cochabamba and another in Santa Cruz with 100 beds. Some small hospitals have been expanded. In 1950, Bolivia had a total of 6,468 hospital beds. By the end of 1954, or beginning of 1955, when the hospitals now under construction begin to operate, there will be available a total of 7,467 beds, or 2.5 per 1,000 inhabitants. It can be seen how far we are from reaching the standard requirement of 10 beds per 1,000 inhabitants.

It is to be noted also that these increases have benefited only the main urban centers. The rural inhabitants, representing four fifths of the total population, have profited little by them. Whereas the principal cities, with approximately 600,000 inhabitants, have 5,436 beds, the provinces, with a total population of 2,400,000, have only 1,931 beds, many of which the Government furnished in the past two years in its program to provide for the heretofore neglected majority.

There is no central agency for the direction and planning of medical care

or for the supervision of public or private institutions and establishments engaged in this field of work. A special department for the direction of these activities has yet to be established. Regulations for State-supervised hospitals were recently established, but private hospitals and clinics continue to operate with practically no control whatever. The same can be said for the medical practice in general. The only branch of curative medicine subject to more or less satisfactory control is pharmacy, which comes under the supervision of the Chemical-Pharmaceutical Service.

VII. Social Welfare

This branch, functioning under the Ministry of Labor, includes the National School of Social Service, the National Rehabilitation Department (for the blind, deaf-mute, disabled, and aged), the National Department for Minors (abandoned children, orphans), the School Lunch Service and, finally, the General Compulsory Social Insurance Service. The latter Service is by far the most important and operates through the National Social Security Fund, an agency still in the process of formation. The law that created the Fund (December 1949) covers insurance for: (a) sickness, disability, and death, whether occupational or not; and (b) maternity and old age. It provides for gradual implementation of the scheme as regards both number of insured and extent of insurance.

Public health activities under this Service began in 1951 with the provision of sickness and maternity insurance for private industry workers in La Paz. Recently, both types of insurance were extended to include government employees. The present number of insured workers and beneficiaries is 150,000. As it is now organized, the service has three technical public health services: (a) care services; (b) professional rehabilitation and adjustment services; and (c) preventive services. Because of the similarity of its functions with those of the Health Ministry, there is a danger of duplication. For this reason, and because its entire structure is based on activities of a medical nature, the General Social Insurance Service should be incorporated in that Ministry, as has been done in a number of countries, so that the two services, Public Health and Social Security, rather than conflict in part, will strengthen one another.

VIII. Sanitary Engineering

The Ministry of Hygiene has no sanitary engineering service of its own, the only agency of this kind being maintained by the Inter-American Cooperative Public Health Service (SCISP). It is for this reason that sanitary engineering problems have not yet been attacked on a nation-wide scale. We regret to state that at the present time there is no town where the water supply is properly treated and available in sufficient amount, or that has a complete system for sewage disposal and treatment of waste. Garbage is disposed of by simple dumping on the outskirts of the cities. Food control and supervision of handlers is deficient. Nevertheless, thanks to the cooperation of the Pan American Sanitary Bureau and the

Sanitary Engineering Division of the SCISP, some progress has been made in the last four years, especially in the improvement of potable water supplies.

The housing problem is not acute in Bolivia. An estimated 80% to 90% of the inhabitants own their houses. Through the insurance funds, the State is endeavoring to raise the standard of housing by constructing low-cost dwellings for workers and persons in the lower income brackets.

A strong stimulus is being given to industrial hygiene and safety through cooperation with the SCISP. A division of industrial hygiene, with a well-equipped laboratory, has been set up to serve as the basis for study of occupational diseases prevalent in the country and measures for their prevention.

The Sanitary Engineering Division of the SCISP, under the United States' expanded program of cooperation with the Bolivian Government, is conducting water supply and environmental sanitation projects in the provinces north of Santa Cruz, as part of the joint program of education and agricultural development being carried out by the two Governments.

The SCISP's Sanitary Engineering Division also has undertaken the construction of hospital health centers in six localities in the Beni Department, and is planning others for the Department of Santa Cruz. The Division offers cooperation and advice to the Ministry of Hygiene and Public Health and to any other agency in matters of sanitary engineering.

IX. Health Education

The Health Ministry also is lacking a health education division of its own. The only agency that has been doing significant work in this field is the SCISP. Through the media of printed material, direct or correspondence courses, films, talks, lectures, clubs for mothers and children, and citizens' clubs for the individuals most interested in the solution of specific health problems, an effort is being made to awaken the population to the importance of public health as a means of national progress.

The SCISP has concentrated most of its educational work on the problem of maternal and child health. Although all hospitals of any importance have maternity wards, the SCISP has been virtually alone in carrying out prenatal and postnatal care. The basic purpose of its thirteen health centers and five rural units is to provide maternal and child care.

SCISP's Health Education Section, however, because of the lack of specialized personnel, has not yet achieved the type of development that could be desired.

X. Public Health Laboratory

We regret to state that this service is laboring under the greatest handicaps and is perhaps the weakest link in our public health organization. To begin with, we lack a central institute of health. The laboratories that could form part of such an institute are dispersed. One of them, the National Institute of Bacteriology, which was one of the first of its kind to be founded in Latin America over thirty

years ago and which could form the nucleus of such a national institute of health, has failed to thrive. With totally inadequate funds and insufficient and poorly paid staff, and for this reason forced to take on other activities, it has never been able to progress. Nevertheless, as far as it can, it is working in the production of glycerinated smallpox vaccine and vaccines against typhoid, whopping cough, and rabies. On a limited scale, it serves as a diagnostic laboratory conducting Vidal and Weil-Felix tests, bacteriologic examinations of pathological specimens and biological products, and evaluations of the bacteriostatic power of antibiotics.

Another of the laboratories, the Bromatological Laboratory, conducts food tests for the purpose of controlling producer establishments and undertaking nutritional studies. Unfortunately, this laboratory lacks facilities for making vitamin tests. The Drug Analysis Laboratory and the Pharmaceutical Laboratory handle the control of pharmaceuticals dispensed in the country and prepare certain simple products that are widely used in the services of the Health Ministry. Other national laboratories are the BCG laboratory in the city of Sucre, and the laboratory of the Sucre Medical Institute, which produces smallpox vaccine of excellent quality. The only district laboratory is the one directed by SCISP in Cochabamba. This laboratory serves all the public health needs of that district and is no doubt the best equipped in the country.

XI. Vital and Health Statistics

The agency responsible for these activities is the Department of Biostatistics, which accomplishes its task as efficiently as available resources permit. With a little more personnel and equipment, it could produce more comprehensive and more up-to-date statistics. But these can be only relatively accurate and reliable so long as the data supplied from basic sources, at present incomplete and subject to error, are not corrected and properly developed. To correct and develop these basic sources, however, would mean a complete reorganization of the rural health service, as well as effective measures to educate the public and, especially, to enlist the cooperation of the physician and his auxiliaries.

In the departmental capitals there are various official agencies for the control of morbidity and mortality records, and the collection of data is fairly satisfactory, with the exception of that which should be supplied by private physicians. The major difficulty lies in the provinces. There, the Provincial Health Officer should collect such data with the aid of the county vaccinators. However, of the 78 posts of Provincial Health Officer, only about 60% to 70% are filled by physicians or recent medical graduates, the remainder being occupied by laymen. There are only about 140 county vaccinators for a widely distributed population of some 2,200,000, or one vaccinator for every 15,700 inhabitants. Moreover, this personnel has received no professional training whatever in the collection of morbidity and mortality data. It can thus be readily seen how deficient the statistical data coming from such rural areas must be.

There is the further handicap that birth and death registration is not under the control of the Biostatistics Department but is dependent upon the Civil Registry,

from where the data pass on to the National Statistics Office and there are held up for tabulation, with the result that they are not available at the year's end.

XII. Agencies Maintained through International Cooperation

The foreign and international groups that cooperate with the Government of Bolivia in public health matters include the Foreign Operations Administration of the United States Government, and the Pan American Sanitary Bureau, the World Health Organization, and the United Nations International Children's Fund.

The Foreign Operations Administration maintains an autonomous agency, the Inter-American Cooperative Public Health Service (SCISP), set up in December 1942 as a result of the Conference of Foreign Ministers held by the countries of the Americas in Rio de Janeiro that year. After a series of difficulties during the first years of its operation, owing to scarcity of technical personnel, this agency directed its full activities toward local public health services, sanitary engineering, and health education. At the present time, SCISP furnishes local health services to about one sixth of the population of Bolivia. The efficiency with which this agency operates can be attributed to independence of action and sufficiency of funds. It can select its personnel and pay them full-time salaries that are somewhat more commensurate with living costs than governmental salaries, and can apply adequate personnel regulations that provide stimulus to good workers. It is for this reason that the SCISP, over a long period, has been able to attract a large number of specialized public health personnel.

Three international agencies, the PASB, the WHO, and UNICEF, cooperate directly with the Ministry, helping to expand or improve existing services or to create new ones within the Ministry. Their cooperation consists of advisory services to local personnel and the provision of material not obtainable within the country. The supervision and orientation entailed in such advisory services are carried out through visits by the agencies' technical experts. The three agencies work together by coordinating their activities in the following programs now under way: control of typhus; malaria control; smallpox vaccination; study of plague; improvement of nutrition through the provision of powdered milk and the installation of a plant to process that product; establishment or extension of maternal and child health care services; improvement of communicable-disease reporting; reorganization of the National School of Nursing; and various other activities, including fellowship grants to improve the technical in-service training of personnel.

As regards the manner of cooperation, both of the systems mentioned have their advantages and disadvantages. The system by which the SCISP operates has the great advantage of facilitating the initiation and development of the service that is to be set up, by avoiding the difficulties of adapting it to an administrative machinery not always adequate to support it. But it has two serious disadvantages: (1) it may start on a financial level too high to permit the country to extend it through the national territory; and (2) it remains apart from the administrative machinery of the national public health agency. The seriousness of these disadvantages does not became apparent until the time arrives to incorporate a

heretofore autonomous service into the governmental health organization. The greatest difficulty lies in providing for full-time work and in adjusting the administrative systems in such a way as to incorporate the new service in conformity with the existing laws and provisions, while at the same time maintaining certain standards indispensable to ensure the effectiveness of the new service. If, when that time comes, good will and understanding are lacking or there is not full awareness of the usefulness of the new service to the country, the transition period will be extremely difficult and may run the risk of misdirection or failure. For it must be kept in mind that the development of such a service has taken years of effort and that great care must be exercised in fitting it into the national health administration so as not to destroy its effectiveness, which is precisely the advantage the country can profit by and maintain in this type of activity. The merger must be slow and progressive and carried out under the watchful guidance of the originating agency.

The second system, that of direct aid to the national public health services through the Ministry, has the disadvantage of proceeding at a fairly slow pace, owing to the difficulties inherent in the existing administrative machinery and to the fact that highly qualified local personnel are required to direct the activities, since supervision and guidance are not provided continuously by the cooperating agencies. On the other hand, there is the advantage that the cooperative services are set up in the same environment in which they will be maintained permanently, and thus they do not lose their strictly national character or remain as an activity apart from the Health Ministry.

We believe the solution would lie in the adoption of a procedure that would combine the advantages of the two systems but avoid their disadvantages. The cooperating agencies would work directly with the Health Ministry in programs in which they all have an interest, maintaining a permanent office in the country with sufficient technical staff to guide and supervise the development of such programs.

With such uninterrupted technical supervision, the defect of occasional supervision, which weakens action, would be corrected. Moreover, such direct collaboration with the Ministry would prevent the creation of difficult situations for the national health administration.

This suggestion is presented by the Bolivian delegation as a recommendation to the XIV Pan American Sanitary Conference, with a view to better meeting the second of the objectives set forth in the program for 1955.

XIII. Conclusions

There are three grave and urgent public health problems that must be faced by the Government and the people of Bolivia: (1) control of communicable diseases; (2) achievement of an adequate level of nutrition; and (3) reduction of infant mortality to a minimum. The attainment of these goals depends on two basic prerequisites: development of a sound economic basis, and reorganization of the Health Ministry.

It will not be possible to control communicable diseases unless funds are

available to pay for sufficient personnel and material; the population's diet cannot be improved unless plenty of good quality foods are available and salaries are adequate to buy them; nor can infant mortality be decreased without raising the economic and cultural standard of the family. To obtain all these objectives only one thing is needed: production. We must produce more so as to have abundant food, so that salaries can be raised, and so that the State may have increased revenues with which to establish more effective and complete health services. With the health of the people as one of its main concerns, the National Government has directed its full effort toward achieving this goal, which is the purpose behind the Agrarian Reform, the diversification of production, the highway and irrigation projects, and various other financial, economic, and social reforms.

But sufficient economic resources are not in themselves enough to guarantee success at this time. We must have the type of organization that is needed to operate a modern public health service capable of investing those resources to obtain the maximum yield. Such organization calls for the transfer to the Health Ministry of all the various public health services now distributed among other Ministries, principally the social security branch. After this reorganization, the Health Ministry would need a budget large enough to enable it to fulfill the purpose of its new structure, a budget not less than 10% of the total national budget. Finally, it is imperative that the national health service have a set of regulations, as its basic statute, which would establish the public health career service as a corps of properly trained and adequately remunerated personnel working on a full-time basis, with provisions for regular promotions and guarantee of tenure to workers who devote themselves exclusively and seriously to the service.

In this program of reorganization and consolidation of the new health service, the group of experts whom we mentioned would play an extremely important role, such as that now being played by several experts of the United Nations Technical Assistance Program in various aspects of public administration in Bolivia. This would be an excellent way in which to implement the first part of the 1955 Program of the Pan American Sanitary Bureau, which recommends that special attention be given to strengthening the national public health services. For unless there is a basic statute to support the health service, it would be unrealistic to undertake long and fundamental projects with personnel who cannot but remain inexpert because of the constant turnover. Public health, subject to the changing influence of politics, would continue on a fortuitous and irresolute course that can never lead to sure and continued progress.

PRESIDENT:* We thank Dr. Brown for his interesting report and request that he present his proposal in plenary session, when recommendations are adopted.

Before recognizing the following delegation, the Chair wishes to make two observations. First, the time for the Conference is running short and we wish to finish with the country reports as soon as possible, in order to take up the main business of the Conference. We request that the delegations shorten their reports to ten minutes, since there will be the opportunity for printing and circulating the complete documents they have brought to the Conference.

* The asterisk denotes that the person spoke in a language other than English.

The second point, a very important one, is that the delegates, in reading a long report in ten minutes, speak perhaps too rapidly for the interpreters to be able to follow or to give in other languages at least an idea of what they are saying. Therefore, the Chair again requests that the delegates summarize and speak slowly, so as to facilitate the work of the interpreters. The delegate of the United Kingdom now has the floor. Dr. Harkness.

REPORT ON THE BRITISH TERRITORIES

Dr. HARKNESS (United Kingdom): It was my intention to confine my personal remarks to matters that affect the British territories as a group and to allow my colleagues, who are sitting beside me, to say a few words regarding the individual territories to which they themselves belong. But, in the interest of time, they have asked me to try to cover in my remarks as much of the information on their territories as possible.

It was our intention that Dr. Peat should confine his remarks to a short description of the reappearance of yellow fever virus in Trinidad, and we understand that the Secretary General has suggested that this topic be postponed until Thursday.

If you are agreeable, Sir, I will now continue with my remarks.

The honorable delegates will, I feel, be familiar with the widely scattered units of the British Caribbean territories, comprising twelve separate and independent governments and presenting a considerable diversity of social and economic problems, but with interests in common that are leading them toward federation.

As a group, the population of these territories (excluding the Bahamas) was 3,091,000 at the beginning of 1950 and 3,375,000 at the end of 1953. This increase of 280,000, or just over 9% in four years, is entirely due to the high rate of natural increase.

In these territories, which are limited both in area and in natural resources, this rapid rate of increase imposes a tremendously difficult problem for all branches of administration, whose main objective is, of course, the progressive improvement of the economic and social welfare of every one of the inhabitants.

The magnitude of the problem may be appreciated when it is realized that the increase in these last four years is equivalent to the total population of the Windward group of islands. Translated into human needs, this represents an impressive quantity of houses, schools, churches, hospitals, clothing, food, occupations, and wages.

The honorable delegates will appreciate the problem that faces these British territories.

During the period under review, birth rates remained high at 36.8 per 1,000 inhabitants. Death rates declined from 12.8 per 1,000 inhabitants to 11.5. The infant mortality rate for the group declined from 87 deaths under one year of age per 1,000 births to 77.

There is considerable variety in the rates in different territories, reflecting in a general way the state of environmental hygiene, economic standards, and

the development of services catering specially for the welfare of mother and child.

In 1950, the infant mortality rate was above 100 in eight territories. In 1953, only five territories returned rates of above 100. The lowest rates are to be found in Jamaica, 63, in Grenada, 67, and Trinidad, 69. The lowest general death rate is in Trinidad and British Honduras, at 10.4 per 1,000 of the population.

A series of life tables prepared for several of the territories for 1950-52 shows that there has been a further addition to the average expectation of life at birth of some four years, compared with life tables prepared in the 1946 census.

The average length of life in Jamaica, Trinidad, British Guiana, and Barbados, is from 53 to 55 years for males and 56 to 59 for females, representing an addition of almost twenty years in each case since 1921.

The life tables show that, since 1946, the gain has occurred principally in ages above five years and that only a more modest decline of mortality has been achieved between the ages of one and five years. This indicates that greater concentration of effort is necessary on those health measures directed to the care of mother and child.

The distribution of the population in the area is as follows: 54% of the population is to be found in Jamaica, 20% in Trinidad, 10% in British Guiana, 7% in Barbados, 9% in the Windward group, 3½% in the Leeward group, and 2½% in British Honduras.

Pressure of population on land space is greatest in Barbados, where there are 1,331 persons per square mile, or 833 per square kilometer.

The territories as a whole expend from 11% to 15% of their national revenues on medical and health services. These expenditures do not include expenditure on municipal services, or government or municipal expenditures on water supply and drainage schemes. You will all see that, in a small territory, 50% of the revenue does not amount to a very large sum of money, and in these territories all that can be afforded are the basic needs of hospital and welfare centers on a very moderate scale.

In order to assist the governments in developing their resources and in expanding their public services, grants are made by the Government of the United Kingdom for approved programs. The emphasis is very rightly placed on those directions that will increase the economic resources and productivity of the territories.

In the four-year period, the total grants approved were equivalent in value to U.S. $24,620,490. Of these, medical and health services received approximately 1.75 million; housing and planning, 2.7; education, 2.5; water supplies, drainage, and irrigation, 4.8; and agriculture, 3.75 million.

In addition to these, grants were given for research projects to the value of $116,400 for medicine and health, $319,000 for agriculture, and $454,000 for microbiology.

In medical education, the development of the Medical Faculty of the University College of the West Indies has proceeded satisfactorily. There are now 136 students in the Medical Faculty. The first graduations in medicine are taking place this year, in fact in this month of October.

In overseas universities there are some 250 students studying medicine.

There is no school of dentistry as yet in the British West Indies.

Training of public health nurses and sanitarians is carried out at the Public Health Training School in Jamaica, and, in addition to this, Trinidad and British Guiana conduct training courses for their own staffs.

Training in general nursing is carried out at the principal hospital in each territory, following the syllabus and curriculum of the General Nursing Council of England and Wales.

The training offered in Barbados, British Guiana, and Trinidad has been given recognition whereby, after one year of additional study in England and examination, a graduate nurse from the local training schools named may become a State Registered Nurse of Great Britain.

Scholarship grants are given by the governments and by the Development and Welfare Organization to selected nurses for postgraduate training in the United Kingdom. The continuous need for postgraduate training of doctors, sanitarians, and technicians of the auxiliary medical branches is fully recognized. Full advantage is taken of local government arrangements for training grants overseas and those awarded by the West Indies Training Scheme for all services financed by funds supplied by the Government of the United Kingdom. But the need is great and the territories very much appreciate the fellowship grants given by WHO and UNICEF.

In regard to hospitals, I will not give any details at all. Developments are continuing, however, in the majority of the territories. The funds available are sufficient only for expenditure in the modernization of existing institutions, but in several territories—Jamaica, Trinidad, and British Guiana—new institutions have been built. In Trinidad, for instance, a 500-bed hospital, costing about U.S. $5,000,000, is just opening.

With respect to infant welfare services, the program of developing rural health centers is practically complete in all the territories, but the important work of perfecting these services to perform the functions they are designed for is still under way.

In nutrition, the principal innovation has been the changeover from the attempt to give full meals to a few children in school, to a program to give milk and fat to all children, but not in every territory. In some places this program does not reach more than 20% of the children. For this assistance we also acknowledge gratefully the help of UNICEF.

Insofar as epidemic diseases are concerned, the usual epidemics of measles, whooping cough, and influenza have occurred during the four-year period, with also localized outbreaks of typhoid fever in certain areas. The latter incidents were sufficiently severe to be a reminder that, so far as the intestinal diseases are concerned, community hygiene and sanitation cannot be supplanted by the syringe and a battery of prophylactic injections; that public health engineering, which is mostly underground and unseen, can contribute more to the preservation of communal health than the architectural features of a hospital or an institute of hygiene.

The relative freedom of the British territories from epidemic diseases of the

central nervous system, which has lasted for a decade, was broken by sharp epidemics of poliomyelitis in Jamaica and Trinidad. The opinion that was first offered, namely, that this might be an introduction of a new strain from countries in which poliomyelitis was very prevalent, has not been yet confirmed by the investigations of the experts on the subject. It seems to me more of an awakening of the activity of the virus, of the local virus itself, and in this connection it is always interesting to surmise that there has been a general steadying of the virus activity in our areas. For instance, in Trinidad, rabies has been increasing; there has been a reappearance of the yellow fever virus; and in Jamaica, this year, at least for part of it, influenza itself was especially severe.

In the control of malaria, history continues to be made in some of our territories. In British Guiana, there were only 83 cases with three deaths, in 1953. In Trinidad, similar gains were reported. The specific death rate fell from 22 per 100,000 in 1950, to 11 in 1953. Malaria transmission has ceased in Tobago. The islands of Antigua, Nevis, and St. Kitts are virtually free from malaria for the first time in their recorded history. There has been no malaria in Barbados since 1927. In British Honduras the incidence has been reduced by 80%. We welcome the initiation of a regional insect control program under the aegis of the Caribbean Office of this Organization and look forward to the final eradication of malaria and, at the same time, of the *Aëdes aegypti* mosquito, from Jamaica, Grenada, St. Lucia, and Dominica. The program of work being carried on jointly in these territories is already showing promising results.

Considerable progress has been made in all territories in the treatment and control of tuberculosis. In the majority of the territories, the facilities for hospital and outpatient treatment have been expanded in this four-year period, especially as regards contact-tracing and follow-up of cases.

This improvement has affected some statistics, which show the decline, jointly, of morbidity and mortality. In one small island, St. Kitts, the death rate was reduced from 50 to 19 per annum and the new cases have been decreased by about 60%.

In Trinidad, the specific death rate of tuberculosis was 88 per 100,000 inhabitants in 1948, and has been reduced to 40 per 100,000 in 1953.

In conjunction with this development in tuberculosis treatment and control, we have carried out mass tuberculin tests and BCG vaccinations in quite a number of territories, with the assistance of WHO and UNICEF.

These campaigns have been received with the greatest enthusiasm on the part of the population. Moreover, they have the additional advantage of bringing out into the open the question of tuberculosis, a problem which in the past there was a tendency to conceal.

These campaigns have been carried out in Jamaica, British Honduras, St. Kitts, Grenada, Trinidad, and British Guiana, and are planned for Barbados and St. Lucia.

Control of yaws and syphilis has been pursued with varying degrees of effectiveness in the territories. Much has been accomplished in Trinidad, Grenada, Dominica, and Jamaica in reducing the incidence of both diseases, but the expectation is that, with the assistance of the Organization, a house-to-house program

of treatment in the remaining strongholds of infection will make it possible to eradicate yaws once and for all on the lines demonstrated in Haiti.

As my co-delegate, Dr. Peat, will be speaking to you on the reappearance of the yellow fever virus in Trinidad, I shall only mention this subject to state how fortunate we are that the establishment of a regional virus research laboratory by the Rockefeller Foundation, in cooperation with the Government of Trinidad, resulted in the detection of the virus and the prosecution of measures in time to prevent any serious situation that might have been a threat to other territories.

My Government appreciates very highly the ready assistance that was afforded to the Government of Trinidad by the Director and staff of the Bureau and by neighboring Member States of the Pan American Sanitary Organization, both in lending advisory personnel and supplying vaccine for Trinidad.

I have been requested to convey the thanks of Her Majesty's Government to the Organization, at this meeting, for the invaluable assistance given to the Government of Trinidad at that time. I do so with the greatest personal pleasure and sincerity, for it is a practical demonstration of the effectiveness of this great dual Organization, to which the British territories are proud to belong, in preventing the spread of a dangerous disease and in promoting the welfare of the inhabitants of this part of the globe.

PRESIDENT:* I thank Dr. Harkness very much for his report. Dr. Fitzmaurice, Director of Medical Services of Jamaica, is recognized.

REPORT ON JAMAICA

Dr. FITZMAURICE (United Kingdom): A disastrous hurricane struck the country in August 1951, killed more than 150 people, injured many, interrupted water and electric services, demolished sanitary facilities, and collapsed buildings. An urgent appeal to PASO for typhoid vaccine and sulfaguanidine was immediately made through the local representative, and, thanks to the generous response, epidemics of typhoid fever and the dysenteries were prevented. As some good always seems to come out of disaster, the improvement in the provision of sanitary facilities and the increase in the housing program as a result of the hurricane has been very gratifying.

During 1951-53, a BCG campaign and tuberculosis survey were conducted under the auspices of WHO, UNICEF, and the local Government. It was a huge success; 636,697 individuals were tested and, out of 349,155 negatives, 347,660 (99.6%) were vaccinated. Of 73,000 mass miniature X rays taken, 1,251 (1.7%) were found to be abnormal and, of these, 443 (0.6%) were manifestly pulmonary tuberculosis. With the completion of the campaign, the carrying-on program has been integrated with the regular activities of the Health Department, being maintained and operated solely by the Government.

In 1951, with the assistance of PASO, an *Aëdes aegypti* eradication program was initiated. Although this program has shown good results at our two airports and the Kingston dock area, where the index has been reduced to less than

* The asterisk denotes that the person spoke in a language other than English.

1%, the results in the city of Kingston and elsewhere have been somewhat disappointment and a rearrangement of the program has become necessary.

For many years both larviciding and residual spraying were in use as insect control measures, but on 8 February 1954 an enhanced program of residual spraying only was instituted throughout the whole country, again with the generous cooperation of both WHO and UNICEF. A total of 73,344 dwelling houses have received one spraying, 29,393 have been sprayed twice, and many are now in the third cycle. This is a two-year program, and after that period the work will be carried on under local auspices.

A program to complete the eradication of yaws and to control venereal diseases is under consideration at the present time with the same organizations, as is a child-feeding (milk) program with UNICEF.

Five hospitals totalling 832 beds have been constructed; construction of two others totalling 416 beds is about to begin. Seven additional health centers, the majority in rural areas, have been opened by the Government, six of these being newly constructed. Twelve new health centers have been constructed by the Sugar Welfare Board, on or in the vicinity of Sugar Estates, for the families of workers; three have been built by the bauxite industry. Numerous dispensaries for treatment purposes have been opened in both urban and rural areas, and sixteen additional ambulances have been added to the existing fleet.

It is to be noted that the birth rate (34.43) has reached the highest level, and the death rate (10.41) and infant mortality rate (63.34), the lowest levels in the recorded history of the country.

PRESIDENT:* Thank you very much, Dr. Fitzmaurice, for your report. Dr. O'Mahony, Director of Medical Services of Barbados, is recognized.

REPORT ON BARBADOS

Dr. O'MAHONY (United Kingdom): Barbados, situated in the Eastern Antilles, has an area of 168 square miles. It is intensively cultivated with sugar cane, which forms its main crop.

In the census year of 1946 its population was 192,000, approximately, and its mid-year population in 1953 was about 223,000. Two facts already are clear: one, the increase in population of about 2% per annum; the other, the density of population, which at present is over 1,300 persons per square mile, one of the highest densities in the world. This latter factor is of constant concern to my Government.

Up to the year 1949, the Government interested itself only in medical care in central hospitals—a 350-bed general hospital, a 700-bed mental hospital, a maternity hospital for the training of midwives, and a leprosarium of 40 inmates. In regard to leprosy, it is of interest to record that the incidence of leprosy has been reduced from 250 inmates in 1900 to 28 inmates in 1954. Because of this low incidence, we no longer speak in terms of the control of leprosy but in terms of eradication.

* The asterisk denotes that the person spoke in a language other than English.

In addition to these central government institutions, there are eleven infirmaries with a bed capacity of 1,300, operated by eleven bodies of the local government with monies provided by the rates. Sanitation was also controlled by the eleven local bodies, with a varying number of sanitarians, about sixty-five in all.

Proposals are now approved whereby a Central Department of Medical Services is established with a Director of Medical Services at its head, who is responsible for the direction and control of medical care in the central hospitals already mentioned, and who also has direction and supervision of medical care in the eleven rural institutions. The Director also is responsible for public health on the Island, by reason of the powers invested in him by modern public health legislation and by the reorganization of the local government areas from eleven, as previously mentioned, to three. It will thus be seen that a great advance has been made by the establishment of a central health authority responsible for medical care and public health, and this central authority is also solely responsible for all matters relating to quarantine under the International Sanitary Regulations.

The central health authority operates under a Minister responsible to Parliament, who retains to himself the responsbility for all medical and social welfare services.

In the three Public Districts into which the Island is now divided, it is proposed to set up three health centers, each serving a population of about 75,000. These health center activities will be directed by a medical officer, assisted by well-trained health visitors and sanitarians. The activities of these health centers are, broadly, as follows: (1) public health education; (2) communicable disease control, with special reference to tuberculosis and venereal disease; (3) maternal and child welfare; (4) environmental sanitation.

In fact, one health center was established in 1953 for one of the Districts, and another has now been set up in the urban area, where there will also be established X-ray services for tuberculosis control, served by a tuberculosis officer. It is expected that the third health center will be established next year.

Proposals are also approved for medical care of tuberculosis as an integrated part of hospital services, and for the improvement and extension of our hospital services. Funds are already available to the extent of $1,000,000 for extension of hospital and public health services, apart from our normal annual expenditure.

Our chief health problems are: (a) venereal disease; (b) tuberculosis; (c) infant mortality; and (d) environmental sanitation. We are fortunate in having no malaria, and no quarantinable disease has occurred in the last forty years. It will be seen that my Government, through its reorganized health services, is actively working on these problems. Our chief causes of death are: (a) diseases of early infancy; (b) diseases of the circulatory system; (c) diseases of infective and parasitic origin; (d) diseases of the respiratory system; and (e) diseases of the digestive system.

We are very much interested in cooperating with international agencies for the control of disease and the promotion of health, through the activities relating to aided self-help housing schemes; with PASB on insect control programs; with

WHO and UNICEF in relation to personnel training programs, tuberculosis, and maternal and child welfare programs. In this regard, the PASB and ourselves are now cooperating in a program for the eradication of *Aëdes aegypti*, started in March 1954, and I would like to record my Government's appreciation of the helpful cooperation rendered by the PASB.

It is the earnest hope of my Government that this cooperation will be extended in 1955 to include a BCG program for tuberculosis control and activities for the betterment of our maternal and child welfare services in the coming year.

PRESIDENT:* I wish to thank Dr. O'Mahony for his report. As the time schedule for hearing the reports of the Member Countries has elapsed, the Chair invites the delegates to have a cup of coffee. We will suspend the session and continue it later with the next item of business.

As the delegates will remember, it was agreed in the General Committee that those countries that have not presented their reports today will do so at next Thursday's plenary session. Thank you all very much.

The session was recessed at 11:12 a.m. and resumed at 11:40 a.m.
The Vice-President, Dr. Dearing (United States), took the Chair.

Topic 10: Reports of the Director of the Pan American Sanitary Bureau (*continuation*): (a) Annual Report for 1953;[1] (b) Four-Year Report 1950-1953[2]

PRESIDENT: We have before us the next agenda item: reports of the Director of the Pan American Sanitary Bureau. Does any delegate wish to speak? Dr. Allwood Paredes, of El Salvador.

Dr. ALLWOOD PAREDES (El Salvador):* The delegation of El Salvador believes that the discussion of the Director's report should be considered as one of the chief obligations of the Conference. We have read it carefully and believe that it reflects the views and feelings of the Pan American Sanitary Organization, since the mission entrusted to the Director was to carry out the instructions of the Conference, the Directing Council, and the Executive Committee, which are the governing bodies of the Organization.

It can be assumed that this Conference, after examining the report, will want to review the course followed by the Organization, to reorient it according to the new problems to be dealt with in the countries, and to give the Director positive instructions concerning what should be done during the coming period.

We find ourselves in an unusual situation. Increased interest is being shown by the countries in the promotion of public health. They are referring to international organizations—and particularly to the Regional Office, the Pan American Sanitary Bureau—an ever-increasing number of problems for which they seek assistance in solving. At the same time, the financial resources of the Bureau are not increasing. The result is that the Director and his staff must divide their

* The asterisk denotes that the person spoke in a language other than English.
[1] Document CSP14/4, published separately.
[2] Document CSP14/5, published separately.

attention and their resources in order to deal with a variety of problems, and the Bureau is prevented from effectively concentrating its efforts on the basic health problems in the Americas.

On the first page of the Director's report, it is pointed out that the future of health in the Americas will depend upon the complete development of adequate health services in every country, and it is presumed that the efforts of the Bureau are directed toward this end. However, owing to the many requirements of the countries, the Bureau's public health program has been so widely diversified that perhaps the principal goal—the strengthening of American health agencies—has not received the attention that it should.

I repeat, we are now under moral obligation to plot the basic course for the Bureau to serve as a guide for the coming period, taking into account the limited resources at its disposal. Perhaps it is in the mind of the delegates to appropriate budget increases for the Bureau, and it would be desirable to do so. However, the economic difficulties that the American countries now face, or may face in the immediate future, make it probable or foreseeable that this increase, if it were agreed upon, would never be great enough to cover the demands we ourselves place on the Bureau.

It is as a consequence of this diversity in the Bureau's activities that the basic program of strengthening the health administrations of the Member Countries has suffered.

We foresee an increasing interest in eradication programs. As the Director has pointed out, it can be expected that, after eradication has been achieved, the interest and efforts of the governments can be concentrated on strengthening the public health services. However, it is the opinion of our delegation that the eradication of diseases, be these pestilential or others, comes with, or perhaps even after, the strengthening of the health administrations. We believe the Conference should carefully study how it will divide the programs and budget so that the Bureau may give primary attention to aiding in the improvement and strengthening of the national health organizations, and so that this activity will receive the major part or, if possible, all of the resources.

There are, perhaps, some who believe that eradication programs can be effective even in the absence of well-organized health organizations, and that eradication of diseases can be accomplished without great financial and technical effort on the part of the countries. However, as far as El Salvador is concerned, we believe that eradication programs do not produce definitive and permanent results unless they are sustained through improved organization and operation of the national public health administrations.

When presenting our report on the work accomplished by El Salvador, we explained our Government's feeling that experts can and should closely identify themselves with the basic problems of the countries in which they serve. Such a policy presupposes that the experts would spend a sufficient length of time in the particular country before offering their advice and suggestions.

This policy implies also that the present system of utilizing experts would have to be changed. This change would result, perhaps, in a savings for the Bureau and at the same time in a more efficient utilization of the rather short

supply of experts, whose numbers are limited because few among them are ready to face the difficulties, and sometimes ingratitude, associated with work in the international field.

We therefore believe that the Conference should now make a complete evaluation of the programs it has assigned to the Bureau and, on the basis of this study, consider the possibility of limiting the number of programs and activities so as to enable the Bureau to concentrate its efforts on what we consider to be basic at this stage of our development.

It has been argued on previous occasions, when it was desired to set up a program of priorities for the Bureau, that the diversity of problems and conditions, and the difference in the stage of development of the various American countries, make a common program impossible. The possibility of finding a common denominator for health problems in America has been doubted. However, I believe that, if the statements of the different countries were carefully studied and the priorities that each gives to the various public health problems analyzed, we might find such a common denominator on which to base the work of international public health. Perhaps in this way benefits would be reaped not only by the economically weaker or less developed countries but also by the more advanced, wealthy, and prosperous countries of the Continent.

In the name of my delegation, I ask that the delegates consider this suggestion for what it is worth, and that a more specific and concrete pattern be set for the Pan American Sanitary Bureau to follow with the aim of solving what is basic and essential to Pan American public health, in the present stage of our development.

PRESIDENT: Thank you, Dr. Allwood Paredes. You have put your finger on the problem that worries every health administrator. The delegate of Chile, Dr. Horwitz, is recognized.

Dr. HORWITZ (Chile):* Mr. President, the report of the Director of the Pan American Sanitary Bureau has suggested three different comments to the delegation of Chile.

We should like to speak first of the quality of the report, taking into account the difficulties encountered in public health work in the international field. Those of us who have worked in this field understand the difficult problems that the Bureau faces daily, in carrying out its purpose of collaborating with our countries to improve the present state of health. From this point of view, the report deserves all manner of favorable comments.

We wish also to mention a matter of policy to which Dr. Soper referred two days ago: the problem of unilateral programs versus generalized programs.

The statements of the Director of the National Health Service on the policy of the Chilean Government in this matter make further clarification on my part unnecessary.

We believe that, apart from exceptional circumstances brought about by epidemics, the governments' public health activities should tend toward action of a general nature, toward integration of functions.

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The basis for this view is simple. With some presumption, perhaps, we venture to say that resources in our countries are far below requirements, and we should therefore make careful use of both material resources and personnel so as to deal with as many of our problems as possible, successively and simultaneously.

Under these circumstances, and with due respect to the Bureau's position in terms of what it has accomplished up to now, we believe that our governments should proceed, according to the present stage of development of their public health services, progressively to give precedence to general programs over those of a unilateral character. In this sense I believe I have interpreted, in a way, what was said by Dr. Allwood Paredes, who preceded me on the floor.

Chile looks at the Director's report in terms of the future action of the Bureau. It seems to us that the stage of Zone organization and decentralization, although not really completed, is sufficiently far advanced to enable the Organization to fulfill its fundamental purpose, at least as it is expressed in one of its basic documents. This purpose is the strengthening and improvement of our national health and public health services in general.

I agree with Dr. Allwood Paredes that, where these ideas are concerned, the Bureau has not evolved an over-all program, and that the latter perhaps does not occupy the place we think it ought to have among the functions of the Bureau.

We have given thought to the manner in which this basic purpose might be carried out, and we believe that the Bureau should work with our governments in developing a knowledge of our problem that will serve as the basis for formulating a rational plan of action, according to the scope and importance of that problem.

The Bureau ought to collaborate, then, with our governments in determining how our resources should be distributed to fulfill the essential purpose pursued by each specific country in the field of public health; and, as a fundamental measure—since I believe this to be one of the common denominators to which Dr. Allwood Paredes referred—it should cooperate with our governments in the training of personnel to implement the rationally planned program that I mentioned.

In summary, the delegation of Chile, while approving the content of the Director's report, would like to have this Conference attempt to lay down the principles that will permit the Bureau, with its program of decentralization, to give greater importance to this fundamental aspect of its activities: the strengthening of our national organizations, in the manner we respectfully submit to the Conference for consideration.

PRESIDENT: Thank you, Dr. Horwitz. The delegate of Mexico, Dr. Zozaya, is recognized.

Dr. ZOZAYA (Mexico):* The Mexican delegation wishes to acknowledge publicly the splendid efforts of the Director in carrying out the decentralization and the plans entrusted to him. We have been pleased to see how effectively the Zone Offices have extended the services of the Bureau to the Member Countries.

* The asterisk denotes that the person spoke in a language other than English.

I wish also to mention the great service the Bureau has rendered to the entire Continent in the prevention of yellow fever, a disease that recently threatened us. I feel that this accomplishment alone is almost sufficient to justify the existence of the Bureau.

I shall not speak on this subject in greater detail, as I believe other delegates will do so, and because the facts are so well set forth in the Director's report.

However, concerning these two important efforts in behalf of the Americas, I do wish to place on record the congratulations of the delegation of Mexico to the Director and to the Bureau in general.

PRESIDENT: Thank you, Dr. Zozaya. The delegate of Peru is recognized.

Dr. MONTES DE PERALTA (Peru):* The Peruvian delegation has carefully studied the Director's report for the four-year period since the last Conference, as well as his latest annual report. These most important documents reveal just how the Bureau has been working and how it has been able to carry out the policies laid down by the Organization.

The delegates of El Salvador and Chile, in their statements, emphasized the fact that the Bureau programs should be of an over-all character. The advantages of such a policy are self-evident, but I believe it should also be kept in mind that, in reality, what the Bureau does is to interpret the wishes of the Member Governments, and that the presentation of programs that require aid, from either the Pan American Sanitary Bureau or the World Health Organization, is the responsibility of the governments themselves. It is they who, in planning their programs, should integrate them, and they who should study the advantages derived from such a system.

In this respect, Dr. Soper's report contains very significant comments. He mentions the advisability of integrating services, the limited need for creating specialized agencies—except in special cases of epidemics, such as those referred to by Dr. Horwitz, of Chile—and the desirability of the governments' planning their programs on an over-all scale. My government is proceeding along these lines and is endeavoring to ensure that programs in collaboration with the Bureau or the World Health Organization follow this pattern of integration, that they not be limited to specific problems since, in effect, public health is not an individual problem.

In previous years we had, for example, UNICEF-conducted programs directed basically toward maternal and child care, but to maternal and child care in the strictest sense. Thought was not given, at that time, to the advantages of integrating public health programs. Mother and child constitute the dual basis of the home and family, and nothing can be gained by dealing with a single factor if all other general factors are not taken into account.

In this respect, we have seen UNICEF change its approach, certainly through the influence of the technical organizations—the World Health Organization and the Pan American Sanitary Bureau—and today their programs are much broader in scope. At least this is the case in my country, where UNICEF is working in

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collaboration with the Bureau and the World Health Organization in over-all programs.

The delegation of Peru wishes to place on record its satisfaction at the effective way in which Dr. Soper has managed the affairs of the Pan American Sanitary Bureau. I believe all the delegates share the feeling that the Director has, within the possibilities and economic resources of the Bureau, ably interpreted the general programs that were approved by the Organization itself.

PRESIDENT: Thank you, Dr. Montes de Peralta. Dr. Pierre-Noël, of Haiti, is recognized.

Dr. PIERRE-NOËL (Haiti):* The delegation of Haiti joins in the congratulations just expressed to the Director of the Pan American Sanitary Bureau, on the well-prepared report submitted to us. My delegation wishes also to express its opinion on the remarks made by some delegates concerning the general program and the development of the Pan American Sanitary Organization.

While it is true that the objective of this Organization is to attack basic problems of the Pan American community, that this objective is to strengthen the basic public health organizations of the Member Countries, we should nevertheless bear in mind that the campaign against contagious diseases, which threaten all countries of this Continent, should be the primary concern of the Pan American Sanitary Organization.

For this reason, I believe that the eradication program should continue to be one of the principal preoccupations of the Organization, in order that it may strengthen the efforts of each of the Member Countries to combat these infections, these contagious diseases that afflict our peoples and constitute a permanent threat to neighboring countries. Therefore, in organizing the basic structure of the health organizations in our respective countries, we should not lose sight of the need for continental solidarity in the campaign against diseases. We can note also the fact that eradication campaigns represent a sure means of achieving the desired organization of our public health institutions. Through these eradication programs, the Organization and the Member Countries are always able to prepare and train their personnel, a competent technical staff, without which there can be no eradication program and no public health organization.

Through these same programs, it is possible to organize technical laboratories that will add daily to the knowledge and strength of our health institutions. Public health laboratories, statistical offices, health education services, all are essential to an eradication campaign, but they are essential also to the building of a local health organization. Therefore, contrary to what has been expressed here, I think that eradication programs should continue to be one of the primary concerns of our Organization, while at the same time the development and organization of the local public health institutions is being strengthened.

During the discussion, an allusion was made to the question of increasing the budget of the Pan American Sanitary Bureau. The delegation of Haiti understands that, in spite of the financial difficulties under which the countries of this Continent are laboring, efforts should be made toward that end, since the multiple

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health problems existing in our American nations demand increasing expenditures and far greater resources than any of the countries, separately, have available. I believe we should strive to organize and centralize our efforts so that, with a minimum of effort and of funds, we can obtain a maximum of results, a goal that can be reached only with the increasingly active and effective cooperation of all the Member Countries.

This does not preclude our considering, within the budgetary limitations of each country, a progressive increase in the budget of the Pan American Sanitary Bureau, through progressive increases in the quota contributions of the Member Countries. Our needs are enormous and, if we are to meet them with our limited resources, we must unite not only to strengthen Pan American health but also to obtain the maximum results at the least possible cost.

PRESIDENT: Thank you very much, Dr. Pierre-Noël. The delegate of Nicaragua, Dr. Sánchez Vigil, is recognized.

Dr. SÁNCHEZ VIGIL (Nicaragua):* I wish to express first my most sincere appreciation to the Pan American Sanitary Bureau, and particularly to Dr. Soper, for the aid given so generously and effectively to our country during the epidemic of jungle yellow fever in 1952. Thanks to the assistance given by the Director himself, who was present in Nicaragua, by Dr. Stanford F. Farnsworth, who travelled constantly from Guatemala to Nicaragua, and by Dr. Jorge Boshell Manrique, Colombian expert in jungle yellow fever, we were able to halt the epidemic at a toll of only fourteen deaths.

The vaccination of almost the entire population—890,000 out of a total of 1,250,000 inhabitants—bears witness to the effectiveness with which the Bureau helped and advised us, practically saving the country from this scourge. We were not too alarmed at the approach of the jungle yellow fever virus because, two years previously, the *Aëdes aegypti* had been practically eradicated in Nicaragua. Thus, the great fright shown by the public was without foundation. There was no urban vector, and apparently the suburban transmittor does not exist in Nicaragua. Thus, the only vector we were able to find was, indeed, the jungle transmittor.

I wish also to thank, most especially, all the staff of the Pan American Sanitary Bureau for the facilities they provided. When vaccine could not be obtained in Colombia, it was brought from Rio; had it not been available there, it would have been obtained elsewhere. But we always had vaccines and were never empty-handed.

Another important point I wish to raise is that perhaps the Bureau, in the future, might consider giving aid to universities, especially schools of medicine, of dentistry, and others, which work with poorly prepared material. This lack occurs in a large number of our Latin American countries. The physician, the dentist, and the nurse are essential to the public health campaign, but the shortage of such professionals, in relation to the population growth, makes it practically impossible to maintain the required number of personnel. Although in the past four years in Nicaragua our budget has increased from 1,800,000 cordobas in 1950 to about

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8,000,000, we have not been able to recruit personnel; and to bring such workers from other parts is difficult, costly, and often does not adapt itself to the situation.

I have nothing more to add, except my deepest appreciation to Dr. Soper, to Dr. Bustamante, and to all of the Bureau's staff, for the effective assistance they have given us.

PRESIDENT: Thank you, Dr. Sánchez Vigil. A number of delegates wish to speak. Everyone should have an opportunity to be heard, and I trust that we can be as brief as possible. Dr. Hyronimus is recognized.

Dr. HYRONIMUS (France):* I need not tell you how much the report of the Director of the Pan American Sanitary Bureau has interested us.

I wish only to call attention to certain points. First is the great importance my country gives to the training of personnel. Great stress is laid also on educational meetings, fellowships, and visits by experts. We would want to see the fellowships distributed as widely as possible, for we feel that they contribute much, not only to the training of personnel but also to a better organization of public health services of the Member States, in countries that need to further improve their public health services.

May I also make some remarks concerning a disease that has just appeared in the Caribbean area and is causing us some concern. For some time, especially this year, a large number of poliomyelitis cases have been discovered in that area. The disease appeared for the first time in Martinique, where from twelve to fifteen cases occurred, with several deaths. Neighboring localities have been even more seriously attacked. This is a new disease that we must combat and a serious threat against which we must organize our forces.

Finally, in his report the Director spoke of schistosomiasis. This disease concerns us very much, for a certain number of cases have been found in the Departments of Guadeloupe and Martinique. We are anxious to find the means to combat this disease effectively and, especially, to prevent its spread, through destruction of the mollusk and planorbid hosts. We have already experimented with iron and copper sulfates; we are thinking of testing saponin, but up to the present we have not been successful in achieving mass destruction of the mollusk hosts.

I shall not dwell on the eradication of the *Stegomyia* and the *Anopheles*, but I can assure you that my country is planning to accomplish the eradication of these vectors as soon as possible in the Departments of Guadeloupe and Martinique, as has already been done in Guiana.

PRESIDENT: Thank you very much, Dr. Hyrominus. The Chair now recognizes Dr. Orellana, of Venezuela.

Dr. ORELLANA (Venezuela):* After studying the four-year report and the annual report of the Director of the Pan American Sanitary Bureau, and hearing the opinions expressed by the delegates, the delegation of Venezuela will limit its remarks to the point so eloquently discussed by the delegations of El Salvador

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and Chile, regarding the importance of the action taken by the Bureau in strengthening the national public health administrations.

In the discussion of problems common to all these administrations, one of the points raised I am sure will have the support of all the delegates: the need for remedying the shortage of technical personnel to execute the programs of the national health administrations.

The Venezuelan delegation acknowledges the excellent manner in which the Bureau has conducted its programs and the wisdom with which it has distributed efforts and resources, showing an understanding that only the Bureau can have of the gravity and complexity of America's public health problems today. With respect to the problem of strengthening the local public health administrations, however, the hopes for greater achievements through the Pan American Sanitary Bureau rest, without a doubt, on the assistance it can give those administrations in the training of personnel.

The Bureau's budget is obviously insufficient to meet the wishes of each public health administration. However, I do want to express my admiration for all the Bureau has done to increase the funds and the activities to promote fellowships. I am certain that all the delegates are increasingly aware of the efforts made by the Bureau to facilitate the training of personnel for service in the national administrations, both by increasing the number of international fellowships and by simplifying the preparatory arrangements for their award.

With these few remarks, the Venezuelan delegation wishes to record its approval of the reports of the Director of the Pan American Sanitary Bureau.

PRESIDENT: Thank you very much, Dr. Orellana. Dr. Vargas, of Costa Rica, is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* At the invitation of the Chair, the delegation of Costa Rica will speak on only one point it considers important: the Technical Assistance program.

The establishment of the Technical Assistance program has placed a heavy workload on the Bureau and has lead to a series of complications that are, perhaps, not fully understood or recognized by the countries.

The Director referred to this question in his 1953 report and, again, in the present report. I feel that it is the duty of the Conference to respond to the Director's appeal, so as to devise some sort of formula for ensuring greater stability in those Technical Assistance funds on which so many of our important programs are founded.

You understand how impossible it is for the officers of the Bureau, on receiving sudden and unexpected word that funds are not available, to revise the programs to the satisfaction of all countries. I believe that in other countries we have failed in the matter of properly instructing the policy-making body, or the representatives on that body, who decide on questions of Technical Assistance, that is, the Economic and Social Council. What I have in view is that we should endeavor even more to study the scope of the agreements of that Council, on Technical Assistance, and to support the Bureau so that it will not suffer from

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delays and from financial, administrative, and technical worries in the attempt to implement programs without a firm financial basis.

The Director used a phrase that I shall take the liberty of quoting, in concluding my remarks:

Certainly there is more reason than ever to renew the plea made in the last Annual Report for some system whereby there can be a stabilization of voluntary assistance funds which will not only permit long-term planning but also efficient administration of the plans by the Bureau.[1]

I believe that all of us are under the obligation of studying this problem and of heeding the Director's appeal.

In conclusion, Costa Rica joins in the congratulations expressed to the Director on his excellent report.

PRESIDENT: Thank you very much, Dr. Vargas Méndez. The delegate of the Netherlands, Dr. Swellengrebel, is recognized.

Dr. SWELLENGREBEL (Netherlands): Mr. President, I request that Dr. Van der Kuyp, delegate of Surinam and a member of my delegation, be granted the floor.

Dr. VAN DER KUYP (Netherlands): Mr. Chairman, honorable delegates, allow me to make a few remarks on the four-year report of the Director.

On page 50, Table 6, Surinam is mentioned under "Campaigns Beginning," and on page 51 the first paragraph states "Surinam: A survey has just been completed and it revealed high indices of *Aëdes aegypti.*"

The eradication campaign was introduced in Surinam in 1949. *A. aegypti* has been eradicated in several parts of the country, for example: In Wageningen, an important settlement for mechanized rice cultivation; in the entire district of Coronie; in a large part of the district of Saranacc; at and near the airport of Zandery; at the bauxite plant of Moengo, etc.

In Paramaribo, the capital, the percentage of yards infested with *A. aegypti* larvae was 42.1 before the campaign. At present the index is 3.3%.

Therefore, Surinam ought to be registered in Table 6, on page 50, under "Campaigns in Progress," and the following should be added to the sentence on page 51: " . . . in some parts of the capital."

PRESIDENT: We are next privileged to hear Dr. Sánchez Báez, delegate of the Dominican Republic.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Mr. President, the delegation of the Dominican Republic wishes to express its sincere congratulations to the Director of the Pan American Sanitary Bureau on the excellent manner in which he has presented his report.

We do not wish to add anything further, because the topic under discussion is the Director's report and we understand that it represents a review of the task entrusted to him, which was to be carried out as recommended by ourselves.

Of course, if a delegate or a member of this Conference wishes to suggest that the program be executed in a special manner, I think a more fitting time

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* The asterisk denotes that the person spoke in a language other than English.

[1] Document CSP14/4, p. 6, published separately.

would be when the project is being prepared, rather than when discussing the Director's report, since we are viewing here only the Director's account of how he complied with the task entrusted to him during the past year.

PRESIDENT: Thank you, Dr. Sánchez Báez. I should say that your recommendation ought to be considered very carefully. Dr. Segura, of Argentina, is recognized.

Dr. SEGURA (Argentina):* In referring to the Director's report, I cannot but ponder over the remarks made with respect to fulfillment of the mandate we have given him. Along the way, unexpected points arise that should not pass without comment.

I am now certain that the officers of the Pan American Sanitary Bureau must be perplexed as to what is the best course to follow in pursuing their activities.

We have heard the versions of different countries, some of which feel that, all things considered, the Bureau should follow one course of action; others, in view of the financial situations that might arise, advocate quite a different course. We have also heard the opinions expressed by the delegate of Costa Rica.

In the final analysis, our delegation feels it would be most useful to propose the establishment of a working party, comprising the delegates of El Salvador, Chile, Venezuela, and Haiti, to study the manner in which the Bureau should carry out this centralization or this diversification of work, having at hand the opinions on problems, difficulties, and advantages that have been reported to us.

I believe that, in choosing a course of action, it would be very useful to have the opinions of countries that have full knowledge of their public health problems. We could then choose what we feel to be the best course; and the Director himself would have a clearer road to follow, one that would satisfy the greatest number of countries. Thus, I place before you my proposal for a working party of four members to make a study of the questions raised at this session.

As to the course to be followed by the governments with respect to the matter proposed by the delegation of Costa Rica, we feel that this is a far-reaching question. Those of us who attended the Seventh World Health Assembly saw what problems arose with the announcement of the decrease in Technical Assistance funds, how much of a struggle it was to obtain even a small increase in the budget, and how long it took to arrive at some decision. And, as these Technical Assistance programs depend upon how the governments themselves fulfill their commitments (paying what they have promised to these organizations), the Bureau can do little to change this situation. It will depend on the degree of willingness shown by a government to make this voluntary contribution, which at times it never does make. Hence, the proposal of the delegate of Costa Rica may follow an isolated course.

I think the proposal to form a working party would prove more helpful in assisting us to find the most effective line of action for the activities of the Pan American Sanitary Bureau.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT: The Chair is in doubt as to the fourth country named . . . El Salvador, Haiti, Chile . . . Which was the fourth, Dr. Segura?

Dr. SEGURA (Argentina):* Venezuela.

PRESIDENT: The Chair believes this suggestion should be held for consideration, if the delegates so wish, until we have heard the other comments on the Director's report. Is this satisfactory? The next delegate we will hear is Mr. Olivero, of Guatemala.

Mr. OLIVERO (Guatemala):* The delegation of Guatemala will take the floor briefly to thank the Pan American Sanitary Bureau and, especially, its Director for the valuable report presented for our consideration.

We were greatly interested in the views of the delegates of other countries on what the main functions of the Bureau should be in the future.

Our delegation believes that the integration of health programs in all the countries is a basic factor, because with such programs must be coordinated any eradication campaign or other special projects. The latter are much more successful when they have the support of the national health department and are continued by it.

We have a special interest in educational programs that will provide us with trained personnel.

This Conference should lay down the future course to be followed by the Bureau. We trust that, in plotting this course, we shall do so with a view to having our own countries follow the direction we map out for the Bureau, so that there will be complete accord and coordination between their activities.

PRESIDENT: Thank you very much, Mr. Olivero. The Chair recognizes Dr. Brown, delegate of Bolivia.

Dr. BROWN (Bolivia):* The delegation of Bolivia warmly congratulates Dr. Soper on his magnificent report on the activities of the past four years, and on his excellent annual report.

We take this opportunity to thank the Pan American Sanitary Bureau for the collaboration it has given my country in these past four years.

Bolivia, with its many programs and multiple problems, also feels that overall collaboration directed toward the strengthening of its national institutions would be far more valuable than specific programs. The national governments, for lack of funds or of personnel, frequently are unable to carry out these specific programs or to incorporate them permanently into their general programs.

The delegation of Bolivia, therefore, gives its support to the several proposals made previously by the delegates and, especially, that presented by Dr. Segura, of Argentina, concerning the establishment of a working party to present recommendations to this assembly.

PRESIDENT: Thank you very much, Dr. Brown. Dr. Montalván, of Ecuador, is recognized.

Dr. MONTALVÁN (Ecuador):* We have heard the comments of the delegates and have considered carefully the annual and four-year reports presented by the

* The asterisk denotes that the person spoke in a language other than English.

Director. We should record here our satisfaction at the work reported in these documents, which speak amply of the intensive activities being conducted for the promotion of health in the Americas and the effective coordination of efforts with the governments and with other international agencies.

On this occasion, just as at the last Conference, I believe that we can appreciate the full significance and usefulness to the Americas of the activities being pursued by the Bureau and, especially, the efforts of its Director.

There are several comments we would like to make at this time, especially in view of the opinions expressed here with regard to the report and to the future programs.

Just as the rest of the delegates, we have little to remark on the report itself. But we should correct—if we may use that term—the omission of certain activities in the section on the antimalaria campaign. I refer to the program presented as early as the last Conference by the delegation of Ecuador, which was, in fact, the author of a proposal concerning the plan to eradicate malaria in the Continent, a proposal to the effect that the Bureau be requested to devote its greatest efforts toward sponsoring continent-wide programs. For some reason, the health work accomplished in this regard was not mentioned, and we have wished merely to point out this omission.

As to the general views that have been expressed here, we agree that the Bureau should give constant attention to the programs related to eradication, which have been so successful in the Americas and such a credit to the Bureau. All America acknowledges the achievements of the Pan American Sanitary Bureau in the control of plague and its efforts to eradicate that disease, and in the eradication of *Aëdes aegypti*. We believe that these eradication programs, which have brought such great benefit to the Americas and done so much to further cooperative work, will continue to score similar gains in the future.

In addition to eradication programs, we believe there is another common denominator, one especially applicable in many countries of the Americas. We refer to environmental sanitation, an activity that was the object of a special resolution of the Seventh World Health Assembly, which recommended that preference be given to activities in this field. The Pan American Sanitary Bureau has often proved to be one of the most effective agents in stimulating the governments' interest in the execution of programs. Those countries that have succeeded in solving many of their problems would indeed hope and wish that the Bureau could direct its efforts toward stimulating improvement of the general public health services. However, I feel that we are still at the stage where the Bureau should continue to plan eradication programs, as it has done up to now.

The selection and training of personnel, a problem that was taken up by some of the delegates, should, I believe, continue to be of primary concern to the Bureau and be given all the attention it has received in the past.

As to the comments on organizational matters and administrative decentralization, there will be an opportunity of covering this subject at another time. We had occasion, in the Executive Committee, to acknowledge the progress made in this field. Further consideration might be given to the suggestion made at one of the past meetings, concerning rotation of the site of Zone Offices in those Zones that comprise several countries. This matter could be studied later.

In concluding, we wish to repeat our most sincere congratulations to the Bureau on the excellent work it has done, which is so well reflected in the reports of the Director.

PRESIDENT: Thank you, Dr. Montalván.

The Chair would like to remind the delegates that we are talking about the report, the past accomplishments, and are not at this point in a position to discuss the planned major accomplishments, which we understand to be the responsibility of Committee I, which has several items on the agenda before it. So, if the delegates would postpone their suggestions about the future and limit their comments to this report, I believe we could save a little time. The Chair next recognizes Dr. Cappeletti, the delegate of Uruguay.

Dr. CAPPELETTI (Uruguay):* I consider the remarks of the President most appropriate, because in listening to the delegates I notice that, in commenting on the report, they have entered into the matter of programs yet to be discussed and programs for the future.

With respect to the comments made, my delegation agrees, first, that the national public health services should be expanded and improved, and, second, that the Zone Offices, which have been so successful, should be developed further. I wish to recall especially the remarks of the delegate of Costa Rica concerning technical assistance contributions, which have created such complications for the Bureau.

My delegation joins in congratulating the Director on his excellent report.

PRESIDENT: Thank you very much, Dr. Cappeletti. Next, we are to hear from the delegation of the United States. Dr. Brady.

Dr. BRADY (United States): The United States joins those delegations that have congratulated the Director on his report.

I think, generally, that the discussion we have had here this morning has been one of the most useful I have heard at this forum. We took stock of a number of things, and it was my fear that we would not have adequate time to discuss these topics completely. So, I would ask, Mr. Chairman, that you rule that these questions be dealt with under the heading of program and budget, and perhaps then we can have a full discussion of them.

The points brought up, such as priorities, evaluations, location of Zone Offices, use of fellowship, and so on, are extremely important to the Organization and I do hope we can carry on with the discussion of them, perhaps through a working party or through a committee. I ask that you so rule.

I have some specific comments on this report, Mr. Chairman, that I would like to place on the record.

I notice that mention is made in the report to assisting faculties in the North American public health schools to become better acquainted with the health and socio-economic conditions of the Latin American countries. We think, Mr. Chairman, that this is a very useful type of activity, one that will help change the curricula to better meet the needs of students from those countries.

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* The asterisk denotes that the person spoke in a language other than English.

As members of the United States delegation, we were naturally gratified at the mention in the report of the contributions of the United States agencies, especially the Public Health Service and the Children's Bureau, to health programs for this Hemisphere. Between pages 46 and 60, of the English text, for example, we see mention of the role of the Public Health Service in connection with the U. S. Advisory Committee of the WHO Influenza Study Program, and with venereal disease control activities in Mexico and Guatemala. The United States agencies are very happy to collaborate in these ways.

In the development of the Organization, entirely significant to us is, of course, the decentralization and successful operation of the Zone Offices. This has been accompanied, we believe, by a reduction in the administrative staff at Headquarters. We believe the development of the Zones is leading to greater ability of Member Countries to meet the needs through the Bureau and greater ability to undertake planning and evaluation of health programs. The importance of these trends is stressed in the report, on page 9.

My government cannot agree with the statement of the report concerning the difficulties that stand in the way of the employment of personnel from the United States by the Bureau. The views of the United States with respect to this matter have been communicated to the Director.

I think, Mr. Chairman, that with those few remarks, I would conclude by saying that the United States delegation congratulates the Director, not only on the annual report, but also on the four-year report and on the statistical summary that we have recently received.

PRESIDENT: Thank you, Dr. Brady. The Chair next recognizes Dr. Peat, the delegate of the United Kingdom.

Dr. PEAT (United Kingdom): The delegation of the United Kingdom wishes to record its heartfelt congratulations to the Director and staff of the Pan American Sanitary Bureau on the very comprehensive reports submitted, and to express the hope that the aims and objectives of the Pan American Sanitary Organization, as explained in the reports, may long continue to be applied with increasing intensity throughout the Americas.

PRESIDENT: Thank you, Dr. Peat. Dr. Prieto, of Paraguay, is recognized.

Dr. PRIETO (Paraguay):* At the request of the chief of my delegation, I wish to join in congratulating the Director of the Pan American Sanitary Bureau on his report.

We share the concern expressed by the delegate of El Salvador over the disproportion between the financial resources of the Pan American Sanitary Organization and the number and diversity of the problems it is called upon to solve.

We support Dr. Segura's proposal to form a working party for the detailed study of these matters. From a study of the report on past years' activities we can deduce what the future policy of the Organization should be and decide which plans are to be maintained and which revised.

* The asterisk denotes that the person spoke in a language other than English.

We therefore insist on the need to set up this working party, as proposed by the delegate of Argentina.

PRESIDENT: Thank you, Dr. Prieto. The delegate of Colombia, Dr. Henao Mejía, is recognized.

Dr. HENAO MEJÍA (Colombia):* The delegation of Colombia offers its special congratulations to Dr. Soper on the excellent report he has presented.

If that report has given rise to some concern—which is logical and natural—the establishment of a working party in accordance with Dr. Segura's proposal would enable us to have a study of these questions, a summary of which could be presented and included in the report.

I wish to make passing mention here of Colombia's concern with respect to the training of experts in mental health, an activity that we consider of the utmost importance in the future development of the Bureau's plans.

May I express once more my congratulations to the Director. It is through reports of this kind that we shall be able to preserve the freedom of the Americas from the noxious doctrines that try to penetrate our midst. By caring for the health of America, through public health campaigns, as the Pan American Sanitary Bureau is now doing, we can build a barrier against the attempted infiltration of Marxist doctrines, and thereby safeguard the liberty of our Continent.

PRESIDENT: Thank you, Dr. Henao Mejía. I should like to recognize Dr. Hurtado, of Cuba. We shall then hear from Bolivia, after everyone has had a chance to speak once.

Dr. HURTADO (Cuba):* The Cuban delegation will confine itself strictly to the topic taken up this morning: commentary centering around the report of the Director of the Pan American Sanitary Bureau.

On behalf of the Government of Cuba, I wish to express the most complete satisfaction with the activities carried out by the Bureau under the direction of Dr. Soper. Better, we should say that Dr. Soper has fulfilled his functions to the utmost and with the greatest zeal, in keeping with the high standards of the Bureau which he himself has inspired.

We are especially pleased with the success achieved by the Division of Education and Training, whose activities Dr. Soper has promoted lately to a very high degree. For we in Cuba are of the opinion that this is the function of greatest importance in the activities of the Bureau.

The delegation of Cuba will take no part in opinions expressed by any delegation that tend to make of the Bureau the head ministry of public health in the Continent. Cuba views the Bureau as a coordinating center of education, instruction, and guidance; but one that could never, however great its financial resources, take over the actual management of any country's public health problems. It is charged, first, only with education and training and, as a consequence of this position and immediately thereafter, with programs of eradication. There follows a responsibility for border public health programs, which are, of course, activities in which the Bureau must exercise its coordinating action.

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* The asterisk denotes that the person spoke in a language other than English.

I do not think this is the time to make specific proposals on working parties or on any other matter, this being a function that pertains solely to the pertinent committees. At any rate, so as not to leave pending a truly important point—although one that appears to have been given little consideration, and I refer to the financial end, which fundamentally is the weakest point of the international health organization, both of the WHO and the PASB—I wish to mention the financial breakdown of the technical assistance service referred to by the delegation of Costa Rica. In this regard, even though other delegates felt that nothing could be done, we shall prove in due time that much can be done and that much assistance can be given, from here, in orienting the position of the Economic and Social Council in this type of economic activity.

We shall do so at the proper time. But now, to summarize our statements, we cordially congratulate Dr. Soper, and through him, all the staff of the Bureau, who have so fully carried out the instructions given them by this Organization.

PRESIDENT: Thank you Dr. Hurtado. Dr. Bissot, of Panama, is recognized.

Dr. BISSOT (Panama):* I shall be brief, as the delegates who preceded me on the floor have so well described the excellent work performed by Dr. Soper, as Director of the Pan American Sanitary Bureau.

My delegation does, however, wish to mention the accomplishments of the Bureau in its training program, which has enabled the different countries to reorganize, coordinate and, in a word, operate their existing public health services as they should be operated.

I fully agree with the statements of the delegate of Mexico regarding the programs of decentralization and economies, a trend we have supported for several years. Moreover, we second the entire proposal of the Argentine delegation as to future plans and also the statements of Dr. Vargas Méndez of Costa Rica.

May I congratulate the Director and the staff of the Bureau. Let us hope that within four years we shall be able to report even more marked progress.

PRESIDENT: Thank you, Dr. Bissot. The delegate of Bolivia is recognized.

Dr. DORIA MEDINA (Bolivia):* The delegation of Bolivia believes it is speaking for all delegates in proposing that a vote of applause be given to Dr. Soper for his effective work and for the outstanding report he has presented.

PRESIDENT: Thank you, Dr. Medina. The Chair recognizes Dr. Soper, Director of the Pan American Sanitary Bureau.

Dr. SOPER (Director, PASB):* Mr. President, on behalf of the personnel and officers of the Bureau, and on my own behalf, I wish to express my appreciation for the opportunities we have had to collaborate with the governments, and for the approval given to our report by the Conference.

I do not think this is the time for me to go deeply into the comments I have heard, for we certainly shall have an opportunity of discussing them in Committees I and II, when the future problems are taken up. Thank you, Mr. President and delegates.

PRESIDENT: Thank you, Dr. Soper. The delegate of Mexico is recognized.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. ZOZAYA (Mexico):* It was my intention to say more or less what the President has already said.

Moreover, I wish to state that I am opposed to the idea of forming a working party such as that suggested by the delegate of Argentina, since I believe a suggestion was made by the Dominican Republic that this matter be taken up when the program is studied. It is very difficult to speak of plans for programs if the question of budgets is not taken up at the same time.

I therefore request that the proposal of the delegate of Argentina be considered by the working party that will study the programs and budgets.

PRESIDENT: Thank you, Dr. Zozaya. The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* In view of the statements made on the advisability of considering the creation of a working party at this plenary session, my delegation asks authorization from the other delegates who supported me in this motion to jointly withdraw it from the floor, so that the opinions of other countries might be studied at a more opportune time.

PRESIDENT: Thank you, Dr. Segura. The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* I agree, Mr. President, with the decision of the delegate of Argentina, and wish to thank him for having proposed the delegate of El Salvador as a member of this working party.

Because of a misinterpretation, some of the delegates may think that I have criticized the work accomplished. Quite the contrary. As I stated in the beginning, mine was a commentary on the course of action plotted for the Organization by its governing bodies. But I did invite the Conference to consider as a most important point, one that actually justified the meetings of the Conference, that of again declaring what are or what should be the future programs of the Pan American Sanitary Organization. I feel this is not within the province of a committee, but within that of the full Conference. However, to expedite the work, this study could be initiated by the Committee on Technical Matters. I agree on this point, but I continue to feel that this is not a matter of little significance, for it concerns a budget program for the coming year; it concerns the norms that will govern the Bureau and the agencies, generally, during the coming period of activities. Consequently, the Chair will evaluate the opinions expressed on this motion, as to whether it is believed more appropriate to consider it in plenary session or at the meetings of one of the committees.

PRESIDENT: Thank you, Dr. Allwood Paredes. The delegate of Nicaragua is recognized.

Dr. SÁNCHEZ VIGIL (Nicaragua):* I am in full accord with Dr. Zozaya, of Mexico, with respect to this problem.

PRESIDENT: The session is adjourned.

The session was adjourned at 1:20 p.m.

* The asterisk denotes that the person spoke in a language other than English.

SIXTH PLENARY SESSION

Thursday, 14 October 1954, at 9:30 a.m.

President: Dr. OSCAR VARGAS MÉNDEZ (Costa Rica)

Second Report of the Committee on Credentials [1]

PRESIDENT:* The sixth plenary session of the Conference is called to order. As you will have observed from the order of the day, we have quite a lot to do during the morning, and to follow the schedule will be the only way of avoiding night sessions. As the first item of business we shall take up the second report of the Committee on Credentials.

In the absence of Dr. Torreblanca, the Rapporteur, would some other member of the Committee on Credentials be able to present the report?

The Chair recognizes the delegate of Panama.

Dr. BISSOT (Panama):* If the Secretary will kindly give me the written report of the Committee, which is very brief, I shall gladly read it, as Chairman of the Committee on Credentials.

PRESIDENT:* Dr. Bissot will read the report.

Dr. Bissot read the second report of the Committee on Credentials.

PRESIDENT:* Thank you very much, Dr. Bissot.

As the delegates have heard, the Committee reviewed the credentials of the delegation of Mexico, the examination of which had been pending, according to the first report. The credentials were approved. Are there any comments on the report? If not, the report will stand approved.

Approved.

Report of the General Committee

PRESIDENT:* The second item of business is the report of the General Committee, which will be read by the Secretary.

The Secretary reported on the matters discussed and action taken at the fourth session of the General Committee.[2]

PRESIDENT:* Thank you very much, Mr. Secretary.

Topic 11-A. Technical Discussions: Reports of the Member States on Public Health Conditions and Progress Achieved during the Period between the XIII and XIV Pan American Sanitary Conferences (*continuation*)

PRESIDENT:* The presentation of reports by the Member Countries will now continue. The reports of the following countries are pending: Paraguay, the

[1] See page 437.

[2] See pages 324-326.

* The asterisk denotes that the person spoke in a language other than English.

United States, Cuba, and Nicaragua. The Chair asks the delegates who are going to present these reports to do so in summarized form and, so as to facilitate the day's work, to keep within the ten minutes allotted to each delegate. Dr. Enrique Zacarías Arza, delegate of Paraguay, is recognized.

REPORT OF THE DELEGATE OF PARAGUAY

Dr. ZACARÍAS ARZA (Paraguay):* As chief of the delegation of Paraguay and Minister of Public Health of my country, I have the honor to describe briefly to the XIV Pan American Sanitary Conference the progress achieved in public health by the Republic of Paraguay during the last four years.

Allow me first to express, on behalf of my Government, of the Paraguayan people, and of our national public health institutions, the respect and admiration that we feel for the advances and progress being made by the sister republics of this Hemisphere, with the close collaboration of international health organizations such as the Pan American Sanitary Bureau, the World Health Organization, and the United Nations Children's Fund, to mention but a few.

May I express also my gratitude to the health authorities of those friendly nations that have so often given their cooperation in the programs undertaken by my Government. Such collaboration among the nations of our Hemisphere, in matters of public health, is one of the most eloquent examples of our solidarity that we can offer to the world.

The Republic of Paraguay had the honor of being one of the founding nations of the Pan American Sanitary Bureau and of the World Health Organization; it has done its part to help the international health organizations accomplish the great task entrusted to them by the Member Countries; and it will continue to do its part with enthusiasm and faith in the future.

Our delegation explained at Ciudad Trujillo that the public health organization we had in Paraguay was in a formative rather than a functional stage. At that time, we had recently regrouped our personnel and technical resources within the Government, in order to strengthen the Public Health Ministry and make of it a service capable of dealing more effectively with the most fundamental health problems of the country.

We had not as yet created an awareness of public health needs, either among our government leaders or in our communities. The money allotted for public health (which is a good measure of this awareness) amounted to less than seven per cent of the national budget, while at present it is ten per cent of that budget.

The advances that I will review here, as an important chapter in the public health history of my country, are in large part due to the close cooperation of the international organizations I have mentioned. It is through such efforts that our national public health services are being strengthened, consolidated, and broadened.

Anti-*Aëdes aegypti* activities were organized in 1948 through a cooperative program which, in 1951, when funds became available from the United Nations

* The asterisk denotes that the person spoke in a language other than English.

Technical Assistance and from UNICEF, was expanded to include combined action against malaria. In 1952, these activities were organized into an over-all program against insect vectors.

An agreement providing for cooperation in a hookworm control program was signed in 1951, and a program to combat smallpox was added later.

During the same period, with the aid of WHO and UNICEF, maternal and child health programs were set up in the Asunción-Villarrica demonstration area, through the establishment of complete health centers operated by full-time staff. About the same time, programs for the control of venereal diseases and tuberculosis were initiated with WHO and TA cooperation.

In 1953, a program for the establishment of a Department of Hygiene in the School of Medicine was undertaken with the assistance of WHO. This Department is destined to play a major role in the consolidation of health services in Paraguay.

Additional cooperative programs were initiated with WHO and UNICEF in 1954: one, a plan to extend the mass BCG campaign to cover the entire country; another, to expand the maternal and child health program to include collaboration with the School of Medicine in reorganizing its pediatrics department and clinic, for purposes of training and demonstration.

It is also planned to complete, during the present year, studies and recommendations for an antileprosy campaign to be undertaken with the cooperation of the Pan American Sanitary Bureau.

During 1953, activities in all fields were so planned as to achieve the type of coordination deemed necessary by the Government as a step toward the ultimate integration of programs within the permanent structure of the Public Health Ministry.

I wish to mention here some general information on my country, so that you may better understand the environment in which our health work is carried out.

Paraguay, whose wealth depends exclusively on cattle raising, farming, and forestry, is an inland country almost three times larger in area than Uruguay, but with a population only two-thirds the size of that of its neighbor. It is four times larger than Guatemala, but has only a little over half the population of that republic. The fact that Paraguay's population is so widely spread makes health assistance all the more difficult and costly.

A further difficulty in the financing of health work in my country lies in the fact that the economically productive, hence contributing, population represents only 42% of the total inhabitants—a figure that in the United States, for example, reaches 53%.

So that, first, because of the high cost of health assistance in a country whose population is widely spread, and, second, because of the limited economic capacity of that population, Paraguay accepts with particular good will and gratitude the assistance that international organizations may render to its health services.

Maternal and Child Health.—The family, considered as a unit, is given care through a group of specialized technical personnel who work full time. Combined preventive and curative care, together with the work of public health nurses and auxiliaries in the home, constitute the most important phase of maternal and child care. The health centers are staffed with full-time physicians, trained either in the national services or abroad. All of them are provided with modern equipment to facilitate the proper performance of their work.

The following achievements in maternal and child care can be reported for communities that have health centers: they now reach 50% of pregnant women, 75% of nursing babies, and 30% of preschool-age children.

Also of fundamental interest to the health centers is the care of school children. The activities include systematic examination of school children from the first to the sixth grades; vaccination programs; studies for the sanitation of school environment; provision of a daily glass of milk. At the present time, more than 20,000 school children are benefiting from the milk distribution program.

Control of Hookworm.—Endemic hookworm is present in almost 50% of the urban population and in over 60% of rural inhabitants.

To attack this problem, a program was started two years ago with the assistance of the WHO. The objectives of this program, which now covers 30% of the total population of the country, are: to determine the prevalence of the disease; to introduce more sanitary conditions in the houses inspected, with special reference to proper disposal of excreta; to provide treatment for the disease; and to show communities and families what living habits to aim for in order to prevent this infestation. Up to now, work has been done in four of the nine zones of the capital and in the urban and rural zones of five localities of the interior.

This over-all campaign against hookworm, destined to become part of the regular work of health centers, provides a field for training sanitary workers in the problems of environmental sanitation; it equips them to become within a short time, after the proper training course, all-round sanitary inspectors prepared for service with the health centers.

Control of Venereal Diseases.—With the beginning of the cooperative program established with the WHO in 1951, systematic and permanent antivenereal measures were initiated through intensive programs, which really began to operate only two and a half years ago. Up to the present, sixteen of these programs have been carried out, chiefly in urban and rural localities in the Asunción-Villarrica area. Some 30,000 persons have been serologically examined, and a positivity of 12.4% for syphilis was found.

From the comprehensive campaigns in the localities mentioned, we will go on to permanent venereal disease control programs entrusted to the health centers.

Three courses of syphilis serology have been given for professional workers from private and official laboratories and from the School of Chemistry, with the aim of standardizing the work technique and the interpretation of results.

Tuberculosis Control.—The coordinated antituberculosis campaign is of recent date in Paraguay, the central coordinating agency being the Department of Tuberculosis of the Ministry of Public Health. Unity of action was provided

for with the signing of the agreement between the Public Health Ministry and the WHO for a program of tuberculosis control and another for rural demonstration. In this way, and with an increasingly effective national contribution, it has been possible to install six new dispensaries in various parts of the country. Three more are about to be inaugurated. All these dispensaries have a specialized physician in charge. In the past four years, the Bella Vista Sanatorium has been enlarged and its capacity increased by 130 beds.

Mobile X-ray equipment was provided by the WHO in December 1953 for chest examinations in small localities in the interior. More than 30,000 persons have been examined with this equipment.

Mass BCG vaccination has been added as a necessary supplement to the existing care services and to the morbidity studies made possible by X-ray examination of the population with mobile equipment. Under the December 1953 agreement between the Government, the WHO, and the UNICEF, the BCG vaccination program was started actively in mid-1954 in the city of Asunción, and in the course of the year was extended to cities and towns of the interior.

Control of Arthropods.—In 1950, Paraguay signed its first agreement with the Pan American Sanitary Bureau for an antimalaria campaign, a program that was enlarged in 1951. Since then, many surveys have been made throughout the country, pointing out that the zone with the highest morbidity is the second Department of the country, Alto Paraguay. It has also been shown that only one fifth of the malaria zone of the country has been properly treated.

With respect to the campaign for control of *Aëdes aegypti*, which at the time of the last Conference was still a task ahead for Paraguay, it can now be said that the work is reaching its conclusion. The vector has been entirely eradicated in 97 of the 98 localities shown positive in the initial survey, and there remains only Asunción, which is known to be negative and where checks will be completed at the end of the present year, when eradication will be announced.

Thus, our delegation can confirm an already known fact: the eradication of *A. aegypti* from the Republic of Paraguay.

Water Supply for the City of Asunción.—For a long time the problem of potable water supply has constituted one of the greatest needs of the people of Paraguay. It has been a problem for both the people and the Government and, especially, for the health services, which recognize this project as being one of the most urgently needed, from the point of view of both public health and general welfare. A fundamental step has been taken at the present time, for the Government has now obtained approval for a loan of $7,500,000 from the Export and Import Bank to develop this project. Added to this, a national contribution equivalent to $2,500,000 in national currency will make it possible to begin work within a short time.

Training of Personnel.—Personnel training is another of the achievements of permanent value recorded in the last four years. In all phases of the Ministry's activities, technical training courses have been given to physicians, serologists, nurses, and obstetricians for the study of the major public health problems dealt with by the Ministry.

In addition, a fellowship program for workers who show the greatest apti-

tude for the public health career has been promoted and developed with the help of the international health organizations.

These activities are leading steadily to the formation of a corps of full-time career workers, such as that already at work in our basic health centers and in the chief services of our Health Ministry.

Future Problems.—In closing, I wish to stress the interest of my Government and my own interest, as Minister of Public Health, in the expansion of the public health programs being developed in the Republic of Paraguay with the cooperation of international health agencies. We have great faith in the future of public health in our country, but we are also aware that improvement in public health can be achieved only through understanding cooperation that will combine our internal resources with the aid we may receive from specialized international organizations.

Mr. President, delegates, we have explained briefly the problems, the modest achievements, and the great concerns of a people who live in the center of South America, who speak their Guaraní language and have developed a music of their own, a people who hope for the strengthening of the bonds that unite the American peoples in the quest for human welfare, progress, and happiness in our Continent.

PRESIDENT:* The Chair thanks Dr. Zacarías Arza for the excellent report presented and invites the delegates to comment.

As there are no comments, I shall recognize Dr. W. Palmer Dearing, who will present the report of the United States.

REPORT OF THE DELEGATE OF THE UNITED STATES OF AMERICA

Dr. DEARING (United States): It is an honor to be here today and to represent the Government of the United States at this XIV Pan American Sanitary Conference. The opportunity to participate in these meetings on behalf of our various governments is one toward which we all look forward with great expectation.

First, I would like to express my country's appreciation to the Government of Chile for its cordial welcome and gracious hospitality. This reception reflects the cordial relations that have so long existed between Chile and the United States, a friendship that represents not merely an official attitude but also a lasting bond between our two peoples. On this first visit of mine to your beautiful country, I should like to voice a personal word of admiration, pleasure, and friendship. I know that in doing so I express the sentiments of the entire United States delegation.

The past four years have been momentous ones in the field of health, and particularly in international health relations. We have seen continually mounting evidence that nations can share common problems and work together for common solutions. We continue to witness true international collaboration—at these

* The asterisk denotes that the person spoke in a language other than English.

meetings and in the various health programs undertaken by two or more nations—collaboration both in spirit and in deed.

It is in this spirit that I want to review briefly for you some of the recent health developments in the United States of America. As we share these experiences and describe our accomplishments, our goals, and our problems, I know we have as much to learn as we have to give. It is true that in some fields, through a fortunate set of circumstances, we in the United States have been able to move ahead rapidly. On the other hand, we recognize that we have a long way to go, and we know we can turn to you for invaluable aid and counsel.

This past year the Public Health Service became part of a full-fledged Cabinet Department, with Mrs. Oveta Culp Hobby as Secretary and Mr. Nelson Rockefeller, so well known in Latin America for his informed interest and great contributions to public health, as Undersecretary.

The budget of the Federal Government for health services has continued at a reasonably satisfactory level, considering the great, world-wide demands upon our resources.

Social and Economic Framework.—Before discussing specific health developments, I should mention the background in which we work—the social and economic factors that both shape our programs and delineate our problems. The trends that were described to you in the report of the United States delegation to the XIII Conference four years ago have continued and, indeed, intensified. For example, the trend toward urbanization, which has been characteristic of our country for the last one hundred years, has in no sense diminished. A by-product of this trend, which is now requiring serious attention by health workers in the United States, is the growth of suburban areas. These suburbs surrounding the borders of cities have mushroomed in recent years, bringing in their wake basic health problems, problems of housing, of sanitation, of personal health services, and of health facilities.

Most significant to public health is the fact that our population is continuing to grow older, as a result of our increasing life expectancy and progress against the diseases that take the greatest toll of infants, children, and youth.

Our economy has continued to expand, and we are witnessing great industrial growth. More than ever, we are using an increasing variety of new chemicals, materials, and synthetic products in the factory, farm, and home.

All these trends affect our planning for health. They confront us with a succession of new problems, complex in nature and difficult to solve.

We in the United States are fortunate, however, in that our health conditions in general remain among the most favorable in the world. The low death rate from all causes, the diminishing toll of the infectious and communicable diseases, the long average life expectancy for both men and women—these in part represent the fruits of diligent attention to preventive and curative medicine over a prolonged period. Public health in the United States, as in all countries, is constantly beset with new problems, for the conquest of some diseases only shifts the cause of disease and death. The inevitable "reward" compels us to focus our public health services, our resources, and our research on these new problems.

Health Status in the United States.—For the past four years the crude

death rate has remained nearly stationary, varying only between 9.6 and 9.7 per 1,000 population. In view of the aging population, however, this actually represents a continuous improvement in mortality.

The infant mortality rate reached a new low in 1953, when the rate was estimated at 28.0 deaths under 1 year per 1,000 live births. This represents a decline from 29.2 deaths in 1950. Since 1936, when the rate was 57.1, infant mortality has been reduced every year almost without interruption.

Maternal mortality has been reduced from 8.3 per 10,000 live births in 1950, to 5.6 in 1953, or about 1 maternal death for every 1,800 live births. An indication of the rapid strides that the United States has made against maternal mortality is the fact that as recently as 1936 the rate was 56.8, or 10 times the rate estimated for 1953.

Average length of life in the United States in 1951 (the latest figures available) reached a record high of 68½ years. This represents a gain of nearly 4 years in the past decade. Women on the average have a longer life expectancy, outliving men by 6 years. Since 1941, life expectancy for women increased 5 years, and for men 2.8 years. One of the problems in public health to which little attention has yet been given is the widening difference between the life span of men and women.

Communicable Diseases: The Gains.—Turning to specific diseases, we find in general a continuation of previous experience; that is, certain diseases for which there are well-established methods of prevention have declined, while others have increased. For example, the principal communicable diseases of childhood are today almost negligible causes of death. Ten years ago, in 1943, the death rate for scarlet fever and streptococcal sore throat, diphtheria, whooping cough, and measles, as a group, was nearly 18 per 100,000 population under 15 years of age; by 1953, this combined death rate had dropped to about 2. To appreciate this figure, it must be recalled that at the beginning of this century the comparable death rate was 242.6.

Such other infectious diseases as typhoid fever, malaria, and smallpox are now minor public health problems in the United States.

Continuing progress is being made against tuberculosis, a leading cause of death at the turn of the century, the seventh ranking cause in 1950, and the tenth in 1953. Within the brief span of the past four years, in fact, the death rate for this disease dropped almost 50%. There has also been a 12% decline in reported cases of tuberculosis from 1950 to 1953.

The cooperative local-state-Federal control program can, it is generally agreed, take considerable credit for these significant achievements in the fight against tuberculosis. Such measures as mass case-finding, prompt diagnosis and referral, and adequate follow-up procedures have played prominent roles in controlling this major communicable disease. It is estimated, for example, that the combined resources of official and voluntary agencies have made it possible for fifteen million Americans to have a chest X-ray each year.

Control programs have also continued their research and evaluation work in tuberculosis. Of particular significance is the recent progress in the evaluation of the new drug therapy. Results to date indicate that: (1) the use of strepto-

mycin, PAS, and isoniazid achieves improvement in most tuberculosis cases; (2) the concurrent use of any two of these drugs in combination generally produces best results; (3) the best combination of drugs depends on the type of case; isoniazid alone is as effective as any combination in treatment of disease without lung cavity; and (4) development of bacterial resistance to any of the drugs currently in use is much less critical than hitherto supposed.

In another field of public health concern, namely, venereal diseases, I am happy also to be able to report continuing progress. The death rate for syphilis and its sequelae has been falling steadily. This rate dropped from 10.7 per 100,000 population in 1940 to 3.4 in 1953. The estimated incidence of syphilis in 1953 was 91,000 cases, a reduction of 10% from the previous year. It is believed, however, that the current downward trend in reported morbidity is more the result of a decrease in the extent of case-finding effort than decreases in incidence and prevalence.

An important development in venereal disease control has been the use of a single injection of repository penicillin in syphilis therapy. This has given us a much faster method of control and of halting transmission of the infection.

Communicable Diseases: The Problems.—The dramatic advances we have made in recent years in communicable disease control have not blinded us to the continuing needs. Among these needs are vigilance against the diseases that apparently have been conquered, the improvement of measures commonly employed today, and the development of control procedures for those communicable diseases over which we have no effective control as yet. Such diseases as diphtheria, smallpox, typhoid fever, and malaria may not be important numerically, but they call for constant surveillance and a continuing application of preventive measures. We need to apply more effective control of the diseases that are transmitted from animals to man, or the zoonoses. Among those of public health importance in the United States are brucellosis, tularemia, psittacosis, trichinosis, Q fever, and rabies.

The virus diseases, such as infectious hepatitis, encephalitis, and poliomyelitis, have increased both in frequency and in public health significance. Since 1950, for example, hepatitis cases have increased over 100%, partly because of better recognition and reporting. Poliomyelitis continues to occur in localized and widespread epidemics. Considerable attention is now being focused on these diseases. In connection with poliomyelitis, for example, health authorities in the United States, in cooperation with a national voluntary agency—the National Foundation for Infantile Paralysis—are engaged in one of the biggest preventive medicine experiments of all time. Its purpose is to determine whether this infection can be controlled by active immunization. Early this year, about one-half million school children received injections of a newly developed vaccine which it is hoped will provide long-time immunity against all the strains of the poliomyelitis virus. A quarter of a million children are being used as controls in this experiment, on which results are expected late this winter or early spring.

Environmental Health.—For many years, the United States directed its research energies to the medical aspects of disease. At present, however, we are moving toward closing the gap between medical research in the narrow sense and

research in the broad field of the effect of environment on health. We are recognizing the growing importance of chemical and physical contaminants in the air, water and food, and of housing and community development.

In this move, we have been greatly aided during the past year by the opening of the new Robert A. Taft Sanitary Engineering Research Center at Cincinnati, Ohio—the only national institution of its kind in the United States. Our research there is focused on the engineering aspects of community and regional health problems and on research into methods of measuring and controlling environmental health hazards.

To be specific, we in the United States face such problems as the effects of the increasing use of chemicals on waste and sewage facilities; the lack of knowledge as to the adequacy of present water treatment methods and facilities to remove viruses and injurious chemicals from drinking water; the growing pollution of our drinking water sources; water shortages that are associated with our greater use of water; increased use of nuclear energy with its harmful radiations; and the growing problem of air pollution.

We in the United States Public Health Service fully recognize that our own research in these fields cannot cope with the entire problem. We have every expectation, however, that our new engineering center and its staff will stimulate our universities and technological institutions to give greater attention to the health aspects of technological changes.

Control of industrial health hazards, developed from continuing research and applied in many of our nation's industrial establishments, protects the majority of workers in the United States from occupational diseases. At present, these diseases cause only about 2% of the man-days lost from sickness and injuries. Prevention of accidents in industry, through safety devices and education, also has reduced dramatically the death rates due to industrial injuries.

Unfortunately, we have not done so well in preventing accidents in the home and on the highway. Accidents have become the fourth principal cause of death in the United States. Over the past four years, the accident death rate of 60.6 per 100,000 population has remained static. The larger number occur in the home and, generally, are preventable. Accident prevention, both at home and on the highway, has become a major goal of many of our institutions, official as well as private.

Hospital Survey and Construction.—Many of you are familiar with the Hospital Survey and Construction Program, which has been in operation in the United States since 1946. This program offers the states and local communities a partnership with the Federal Government for the construction of hospitals and other health facilities according to the needs of different population groups.

Since 1946 there have been approved approximately 2,300 projects, two thirds of which are already completed and supplying necessary health services. These projects provide more than 109,000 general hospital beds and nearly 500 health centers. There have also been provided about 12,000 additional beds for the care of the mentally ill, 7,900 beds for tuberculosis patients, and 6,000 beds for the chronically ill.

We are happy to be able to say that three fourths of the new hospitals built

under this program are in areas that previously had no acceptable facilities. More than half are in rural communities. The majority of these hospitals are small, with 50 beds or less, and serve communities that could not otherwise have a hospital.

New legislation passed in July of this year broadens the original program by authorizing special additional funds for facilities for the chronically ill and disabled. Money to be appropriated under this broadened legislation will also be matched by the local authority and will be used entirely for the construction of nursing homes, chronic-disease hospitals, rehabilitation facilities, and diagnostic and treatment centers.

Chronic Illness.—The increasing control over the infectious diseases to which I have already referred has meant that more people live to the older ages, where morbidity and mortality from the chronic diseases are high. Though found at all ages, the chronic diseases strike more frequently the later years of life. As a consequence, since the beginning of this century, there has been in the United States a gradual rise in the causes of death most often associated with middle and advanced ages.

These leading causes of death—diseases of the heart, malignant neoplasms, and vascular lesions affecting the central nervous system—accounted for nearly two thirds of all deaths in the United States last year. The death rates for each of the three leading causes increased slightly over 1950, and accounted for a slightly larger proportion of total deaths.

We are constantly intensifying our efforts to discover the cause and improve the control of these diseases, which darken and destroy the lives and sap the energies of so many of our citizens. There is no need for me to tell this audience that we have a very long way to go, but I would like to discuss briefly some of the progress we have made in this direction.

To begin with, control of chronic diseases is receiving increased emphasis in state and local health departments. Four fifths of the states have established special units in their health departments to carry out programs for the control of cancer, heart disease, and other chronic diseases.

In the laboratories of governmental and of private institutions, scientists are directing their talents and energies to these baffling problems and are meeting with some results. The Public Health Service is, for example, encouraging the widespread application, as a public health procedure, of a simple blood-sugar test for discovering unknown diabetics and bringing them under treatment. We are also undertaking a study of the effect of pregnancy on the prediabetic and mildly diabetic mother and her child, with the hope that control of blood-sugar level during pregnancy may protect not only the mother but her unborn child against the development of diabetes.

In cancer, rather extensive educational campaigns have been carried out to assure early recognition and treatment. Laboratory and clinical researches are proceeding apace and have led to improvements in treatment. The search for effective chemical agents is being carried on systematically in spite of pressures to test various so-called cancer cures that are not backed up with adequate scientific evidence.

Among the most dramatic gains in chemotherapy of cancer have been those achieved in the treatment of acute leukemia with drugs known as the folic-acid antagonists. There are encouraging leads also in treatment and prevention of disability from arthritis, epilepsy, hypertension, and other difficult problems.

Clinical Center.—The approach to modern medical research is a great deal more complex than when Koch discovered the tubercle bacillus in 1882. The problems now to be studied require teams representing more scientific disciplines, using specialized equipment, and working in close association with scientists in other institutions. To provide a welding of laboratory and clinical investigation, the United States Public Health Service, in July of last year, opened its new Clinical Center on the grounds of the National Institutes of Health, the research branch of the Public Health Service. The mission of this new Center is to produce findings that ultimately will give the practicing physician and the public health officer more effective tools for dealing with the chronic degenerative diseases as well as with little understood infectious diseases.

The real and enduring goals of medicine and of medical research are to preserve human life and to make that life happier and healthier. The Clinical Center is a national and, indeed, an international resource that will aid in the attainment of these goals.

In operating the Clinical Center, the Public Health Service acts as trustee for the nation as a whole, and for the scientific and medical fraternities particularly. For this reason, the Service has developed procedures whereby the Clinical Center is linked with private and public institutions throughout the country, and indeed with world-wide medical research.

Conclusion.—I have attempted in this brief survey to give you something of a bird's-eye view of the health status in my country and of some of the steps we in the United States are taking to bring better health to our fellow men. We know only too well that our task is only beginning. While we are moving toward the solution of many of our communicable disease problems, other problems are appearing that can only be met by the entire health team. Our motivation is simple: We are dedicated to the purpose of lessening the tremendous burden that ill health and premature death inflict upon humanity.

In this fight for better health, the United States is happy to be associated, through the Pan American Sanitary Organization and the World Health Organization, with the nations of the Americas and of the world. This cooperative international action renders the efforts of all of us most effective, to the mutual benefit of all.

PRESIDENT:* Thank you, Dr. Dearing.

We have listened with special interest to the summary presented by the delegation of the United States, particularly because the mention of such low figures for problems that in our countries are so serious affords us not only an example, but a stimulus to work toward similar goals.

Does any delegate wish to comment? Dr. Sánchez Vigil, of Nicaragua, is recognized.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. SÁNCHEZ VIGIL (Nicaragua):* I wish merely to ask one question.

Last year I visited Dr. Salk's laboratories in Pittsburgh, where I observed the preparation of vaccine against poliomyelitis. I also heard that, at the Lederle Laboratories in New York, Dr. Cox was preparing another vaccine against the same disease, and I understand that this vaccine is made of live virus, while that of Dr. Salk is made of killed virus. In scientific circles in the United States, there apparently has been some disagreement as to which vaccine is preferable.

Since I have heard nothing more of Dr. Cox's vaccine, I would like to ask Dr. Dearing if he could give us some information as to whether this vaccine has been used or any work with it has been started.

Dr. DEARING (United States): The vaccine used in this experiment was the Salk vaccine prepared according to Dr. Salk's method, which is a Q formula vaccine. Extensive tests were conducted last spring before the mass experiment was undertaken, first on monkeys. After satisfactory results had been achieved with monkeys, the vaccine was applied to children, on a small scale so as to assure its safeness.

There was some discussion and theoretical controversy as to whether the vaccine was actually dead or not, and how one would know this. As a matter of fact, the tests made of the vaccine on monkeys, before any vaccine or any batch was allowed to be used in children, were most rigorous. They involved injecting in many monkeys, in three different laboratories—not one laboratory, but three. The monkeys were then sacrificed to see if there were any microscopic lesions in their corpses, and any batch on which there was the slightest question was discarded. And it was only Salk vaccine, prepared according to Dr. Salk's methods and made by two or three biological houses, that we used in these tests.

Dr. SWELLENGREBEL (Netherlands): May I ask Dr. Dearing whether, among the zoonoses he mentioned, some grade of importance should not also be given to one he has not mentioned or, at least, which I have not heard him refer to, namely, leptospirosis. I was under the impression that leptospirosis was considered of some importance in the United States.

Dr. DEARING (United States): We have some leptospirosis in the United States. Actually, its incidence is low, but it does occur and could be listed.

PRESIDENT:* Does anyone else wish to comment? If not, the Chair will grant the floor to the delegate of Cuba, who will present his country's report. Dr. Recio y Forns is recognized.

REPORT OF THE DELEGATE OF CUBA

Dr. RECIO Y FORNS (Cuba):* Mr. President, delegates, in order to save time, I shall be very brief.

One of the major improvements recently introduced, through an agency of the Ministry of Public Health called the Technical Rural Health Service, was the establishment of mobile units. Each of these units consists of a group of motorized vehicles equipped with laboratory and X-ray installations, dental equipment, and

* The asterisk denotes that the person spoke in a language other than English.

clinic. There are also quarters for the physician, dentist, nurse, and auxiliary workers. Operating in rural centers and remote localities, the unit provides dispensary services; gives vaccinations against smallpox, tetanus, whooping cough, diphtheria, and typhoid fever; makes surveys of diseases; diagnoses and treats intestinal parasitoses. These mobile units are sent into an area after improvements have been made in housing and environmental sanitation, through drainage operations and installation of sanitary privies, cement floors, and tubular wells equipped with hand pumps or hydraulic rams.

This plan for improving rural housing—for which the test work was done with limited resources from the Ministry—will serve as the basis for a broad program now being initiated by our Government. To carry out this program, another special agency has been established, with funds derived from a special tax, for construction of sanitary housing for the needy, improvement of primitive housing of rural dwellers, and assistance to the disabled.

Judging by the results achieved thus far, this rural public health service, now operated on a larger scale and supplemented in its work by the educational activities of social workers and rural teachers, promises to contribute much toward the solution of the only important public health problems existing in Cuba: intestinal parasitoses and enteric infections, which affect chiefly rural dwellers and keep infant mortality figures relatively high among the poorer classes.

The National Tuberculosis Council, another of the official agencies supported by special taxation, has been constantly increasing its services. It has set up special dispensaries in all urban centers of some importance, where cases are discovered and patients requiring hospital treatment are screened. Two hospitals were inaugurated this year. One of these, the Topes de Collantes Sanatorium, with a 600-patient capacity, was built on a small plateau in the central part of the island, 900 feet above sea level, where the climate is temperate. This hospital is equipped with the latest scientific installations and staffed by a select corps of specialists. It is truly a national monument, and we are proud to show it to all who are interested in visiting it.

Another modern and fully equipped sanatorium, accommodating from 600 to 800 patients, is about to be opened not very far from the capital. We hope that these hospitals, together with those already operating in the capital and the provinces, will meet the needs of the nation's tuberculosis patients who require hospitalization. The Tuberculosis Council is also in charge of the BCG vaccination campaign, for which a BCG Production Center was established in the capital. Vaccine is applied regularly to children, in dispensaries and in all maternity hospitals of the country; the statistical records are kept at the Central Office. The reports are published in the *Revista de la Tuberculosis,* a journal issued periodically.

A national fund has been set up also for the control of leprosy, syphilis, yaws, and other skin diseases. This service carries out preventive campaigns against these diseases by organizing dispensaries for free treatment in all provincial capitals and important cities, and by making survey visits to discover and treat patients. This work has been facilitated through the use of the mobile units we mentioned previously.

The antimalaria campaign, undertaken in 1936 by the Cuban Malaria Committee, was organized under the direction of experts of the Rockefeller Foundation. The antilarval campaign, then based on permanent drainage works and petroleum applications, has since been continued systematically and has reduced the endemia to a few remote areas in the eastern provinces. The endemia was increased by the entry of cases from a neighboring and, until recently, highly infested country.

Now that we have more powerful weapons and less costly methods at our disposal, the total eradication of malaria has become a part of our future plans.

There has been a notable decline in typhoid fever rates in the last two years. The average of 250 to 300 cases permanently under treatment up to 1949 has gradually been reduced to a figure of from 40 to 50, where it stands at the present time. This decline can be attributed to the large-scale obligatory vaccinations, to systematic chlorination of the water supply, and to the generalized application of antibiotics to all patients with fever, who are treated even before they are reported.

With respect to poliomyelitis, we had an outbreak that lasted from June 1952 to November 1953, during which 562 cases were recorded. We also had 36 cases of encephalomyelitis in 1953, simultaneously with a serious epizootic among our horses, caused by the Eastern type of the virus. But the latter was brought speedily under control by the Epizootic Section of the Ministry of Agriculture.

Rabies, of which only occasional human cases occurred in the past, seems to have increased in recent years, causing three deaths in 1953. This fact is due, no doubt, to special circumstances that had led the agency charged with the prevention of this disease to relax its activities somewhat in previous years. The discovery of the rabies in the mongoose, a forest viverrine that was introduced into Cuba in 1915 and has since multiplied considerably, further complicates the problem of rabies prevention in our country. We hope that, with the use of the new avianized vaccine in the immunization of dogs, with the capture of stray dogs, and with the destruction of the mongoose with thallium sulphates, we shall be able to improve the situation.

Yellow fever in Cuba is just a memory of the past, since not a single autochthonous or imported case has been recorded since 1908, thanks to the *Aëdes aegypti* eradication campaign, which has been under way since 1901. Owing to the northward advance of jungle yellow fever, we have intensified the anti-*aegypti* campaign since 1951, and late in 1952, through an agreement concluded by our Government with the Pan American Sanitary Bureau, we joined the international eradication campaign that is being carried out so successfully by that agency in the Continent. Although the danger of an invasion of our country by the virus is at present greater, we feel that, as the campaign progresses, we are less and less exposed to it. In this activity, one Uruguayan and two Brazilian experts are giving us valuable collaboration. We are encouraged by the work achieved in some of our sister countries in the production, at great expense and effort, of an effective vaccine against yellow fever, and we are confident that in an emergency we could obtain the doses required to suppress quickly any outbreak of this dreadful disease.

No case of smallpox has occurred in Cuba since 1942. One case was imported in 1948 and contaminated a close relative of the infected person. There

were no important consequences, however, for since the beginning of the century vaccination has been compulsory, and it has become customary to vaccinate children in their first month of life and to revaccinate them when they enter primary school. The Cuban National Institute of Health produces effective glycerinated vaccine in amounts exceeding the needs of the population. Buildings, equipment, and qualified personnel are available for this purpose. The Pan American Sanitary Bureau, through a recently concluded agreement, proposes to provide equipment and experts for the production of dry vaccine, as a means of contributing toward the continent-wide smallpox eradication programs.

The greatest progress achieved during the last two years has been in the field of social welfare. The State, provincial, and municipal hospitals are undergoing considerable reorganization. Dispensaries and first-aid stations have been increased; in addition to the University Hospital, a large national hospital is being constructed in Havana, and another is about to be completed in the capital of Oriente Province. An Institute of Cardiology and a Rehabilitation Center for the Disabled were inaugurated, the latter being devoted mainly to supplementary treatment of poliomyelites patients. The National Asylum for Mental Patients has been reorganized to furnish well-equipped and modern services for the treatment of mental patients. Outstanding improvements were also made at the Cancer Institute and hospitals attached to it.

The most notable achievement with respect to social welfare was the creation of the National Organization of Children's Dispensaries, through the initiative of the First Lady of the Republic, who directs it. Its objective is the protection of the child and the mother. This organization, which has a solid financial basis, proposes to construct a chain of model dispensaries distributed in all parts of the country, so as to provide care in the most remote localities. Plans for this year include the construction of forty dispensaries, twenty of which are already functioning or about to open. The effectiveness of these dispensaries in improving health conditions is remarkable; child mortality has decreased in the localities where they operate, and it is expected that such benefits will be even greater in the future, as the number of dispensaries grows.

Our Government well understands the importance of giving technical training to its staff: physicians, nurses, auxiliary personnel, and specialized technical workers. Our Public Health School is being reorganized so as to provide complete public health courses, together with training courses for inspectors, supervisors, and even laborers. In this task, the Pan American Sanitary Bureau has been giving us full cooperation. One of our sanitary engineers is now in Brazil on a fellowship, taking a complete course in his field. A laboratory technician is taking a training course in virology at the well-known School of Public Health of Chile, where a sanitary inspector also is completing his course, both of them under Bureau fellowships. Full attention is being given also to modernizing our Biostatistics Section. Under fellowships awarded by the Bureau, one officer completed a course in this subject at the Public Health School in Chile, and another is planning to come to take the course. I take this opportunity to express to the health authorities of Brazil and of Chile, and to the Pan American Sanitary Bureau, the

appreciation of our Government for this technical assistance, which brings such great benefits to our country.

A bill about to be approved by our Government will establish a career service for public health and hospital workers, thereby assuring employees permanency in their posts and bringing about greater interest and efficiency in their performance.

We have also recognized the need for modifying our public health legislation so as to keep it abreast of the progress in science and industry. The National Board of Public Health and Welfare, the body charged with drawing up public health regulations, has undertaken the drafting of a new Sanitary Code, some provisions of which, such as the chapter on bromatology, will soon come into force. In these plans, the Pan American Sanitary Bureau assisted by sending us a specialist last year.

In spite of all these efforts and the fact that health conditions are good in our country, judging by the general mortality rate—only 7.85 per thousand inhabitants according to the latest census (1949)—we are convinced that we have much to learn and many programs to carry out, if we are to achieve a higher standard of health.

Allow us to express here our enthusiasm at being associated with the World Health Organization and also with the Pan American Sanitary Organization, in the founding of which Cuba participated in 1902 and with which it has been collaborating ever since. In conclusion, gentlemen, on behalf of the Cuban Government, we extend our recognition and warmest congratulations to the Bureau's able Director, Dr. Fred L. Soper, for the skillful and effective manner in which he and his collaborators have been directing the work of the Organization.

PRESIDENT:* The Chair thanks Dr. Recio for his report and offers the floor for comments. If no one wishes to comment, we shall hear next from Dr. Sánchez Vigil, of Nicaragua, who will present his country's report.

REPORT OF THE DELEGATE OF NICARAGUA

Dr. SÁNCHEZ VIGIL (Nicaragua):* I have a few notes on the work that has been under way in Nicaragua during the past four years, which I should like to present for your consideration. First, allow me to give a brief description of geographic and demographic conditions in my country, so that you may better understand the problems we face, especially those of rural sanitation.

The Republic of Nicaragua, bordered by Costa Rica, Honduras, and El Salvador, has an area of 154,000 square kilometers. Most of its territory lies at altitudes of from 10 to 500 meters, and, although a few of the inland cities are located at higher altitudes, there is not one town above 1,000 meters.

The country is divided by a mountain range that begins at the middle portion of the San Juan River, on the Costa Rican border, and extends to the Choluteca Region, on the border with Honduras. These watersheds produce two large lakes, Lake Managua and Lake Nicaragua, and the large rivers flow toward the Atlantic

* The asterisk denotes that the person spoke in a language other than English.

side. Precipitation in the country varies often between extremes. Along the Atlantic coast it reaches as high as four meters, or one hundred and sixty odd inches, whereas on the Pacific coast it barely reaches one or one and a half meters (forty to sixty inches) of rain. The rainy season usually lasts from May to October, sometimes extending into November.

The temperatures are quite high, and the eighty per cent of the population that lives in the lowlands has to endure temperatures of from 28 to 36° centigrade. At higher altitudes, temperatures range from 18 to 24° C. The waters flow to the Atlantic through six large rivers, and to the Pacific through two large lakes, the banks and shores of which give rise to many malaria problems.

Having given these few details of geographic and demographic conditions, I shall now turn to the public health system and administration, which, through the efforts of the Rockefeller Foundation, was set up in 1915. In 1924 this Foundation practically took over the public health service in the republic. The National Department of Public Health, established in 1925, is under the direction of a Nicaraguan. The Rockefeller Foundation and the Government reached a four-year agreement to the effect that the Foundation would contribute 75% of the budget in the first year, 50% in the second year, and 25% in the third year; and that in the fourth year the Government of Nicaragua would take over the national public health activities.

In 1929 the Government of General Moncada assumed responsibility for the public health service in Nicaragua, and at that time established the Ministry of Social Welfare and Public Health. This Ministry worked more or less systematically, following the standards set by the Rockefeller Foundation, until 1936. In 1937 it was felt that the greater part of the funds assigned for this purpose was going to hospitals and welfare work, the preventive aspects being all but neglected. A change was therefore made in 1937, when the National Department of Public Health was completely severed from the Ministry of Social Welfare. Consequently, we shall speak only of the work accomplished in preventive medicine, as we have no connection with the social welfare services in Nicaragua.

Our health budget for 1950 was 1,800,000 cordobas; in 1954 it rose to almost 8,000,000, a figure that includes the amount contributed by the Department of Public Health to the Point-Four program. This gives us almost US $1.10 per capita annually for health services in general.

The Ministry, now called the Ministry of Public Health, consists of eight main departments, among which are: Administration, Epidemiology, Vital Statistics, Laboratories, Education, Rural Health and Local Health Organization; the latter was the first step in the campaign organized by the Rockefeller Foundation and has been retained. Then come sections on sanitary engineering, school health education, child medical care, antituberculosis campaigns, and sections on control of malaria, yellow fever, Chagas' disease, and insects.

As regards administration, we have now reached an agreement with INCAP (Institute of Nutrition of Central America and Panama) for the investigation of our nutrition problems. Our main interest in this activity is to raise nutritional standards as the basis for an effective health program, a point that I stressed last year when I was in New York to negotiate with the Rockefeller Foundation.

Also, we now maintain close relations with the Ministries of Agriculture, Animal Husbandry, and Economy. Joint projects have been carried out by public health technicians and agricultural experts. In the field of nutrition, we are collaborating closely with these experts in the solution of problems in their field.

On 5 December of this year, a meeting will be held in Managua to discuss the work and problems of the Nutrition Institute. We shall also have a Biology Conference in 1956. A great part of our time is devoted to these activities, because of our interest in finding solutions to the problems that concern the Central American countries at such conferences.

The Vital Statistics Department is concerned generally with the campaigns against certain diseases, and, above all, with the statistical records. Yellow fever and malaria activities come under the eighth department of the Ministry of Public Health.

I should like also to make a brief statement concerning jungle yellow fever and malaria, which perhaps will be of general interest, since many of the nations represented here have expressed special concern regarding these diseases. We were notified of the existence of jungle yellow fever by Dr. Vargas Méndez, of Costa Rica. At his suggestion, and at the invitation of his Government, two or three experts from Nicaragua left for Costa Rica to study the problem there, before it might reach our own country. This action proved invaluable to us. While Costa Rica was greatly concerned over the occurrence of the disease in Río Cuarto and Sarapiquí, Dr. Vargas Méndez, Colonel Elton, my colleague Dr. Robleto Pérez, and I were able to see at firsthand what was happening in Costa Rica. Thanks to all the guidance that Dr. Vargas Méndez gave us in the proper organization of the campaign, we returned to our country with greater knowledge and experience with which to begin our work.

We started the vaccination program in the south, at the San Juan River, and ended it in the north, at the Honduran border. I should like to stress the fact that in Nicaragua we scarcely used the virus of the Dakar neurotropic strain; in fact, the entire campaign was carried out with virus 17D vaccine.

We had no vaccinal accidents, and at the present time more than 900,000 persons, out of a total population of 1,200,000, have been vaccinated. We thus have reason to believe that, for the next seven years at least, yellow fever will not become a problem in Nicaragua.

As a practical means of reaching the areas of operation, we travelled by horseback, by canoe, or on foot. Campaigns using helicopters and other such transportation means are costly and afford no assurance of obtaining ice and proper refrigeration. We received a steady supply of vaccine from Colombia, a country to which we are indebted for the excellent results achieved with their well-prepared product. We are pleased to report, for example, that, according to Dr. Ergaldes' statistics, more than 75% of the vaccine produced in Colombia was sent to Nicaragua in the period of a little over a year that the epidemic lasted. The collaboration extended to our country by Colombia, by the Finlay Institute, and by Dr. Ergaldes was truly invaluable. From the Butantán Institute in Brazil we received an additional 20,000 to 40,000 doses of virus 17D vaccine, which we used widely in Nicaragua.

We made further use of this same method of mutual assistance at the time we were affected by the yellow fever virus, inviting El Salvador and Honduras to cooperate with us in our campaign, so that when the disease reached their countries they would be in a better position to combat it.

We succeeded in demonstrating, for example, that, by using field workers rather than physicians, it was possible to give a larger number of vaccinations. The physician, when engaged in a jungle or rural project, is not equipped to exert the same effort or to resist dirt, mud, and rain to the same extent as the sanitary inspector who is trained and prepared for that task.

A total of fourteen yellow fever deaths were confirmed by viscerotomy and histopathological diagnosis. The figures appearing in newspapers and other publications were of course larger, owing to the general tendency, during an epidemic, to attribute every illness or death to the disease.

With respect to smallpox, we have worked with and learned how to prepare the virus from the Research Laboratory in New York City, and have always maintained a more than 30,000-dilution virus so that it will take in the rabbit. We are happy to report that, as the result of our efforts, we have not had a single case of smallpox since the epidemic of alastrim and mild smallpox in 1929-1930. Thus, smallpox has practically been eradicated in Nicaragua. Our annual vaccine production is three or four liters, which are administered to school children in children's clinics, medical services, etc. By these means we have maintained almost perfect protection.

This year also, faced with the need to take measures against typhoid, we began an inoculation campaign using polyvalent TAB vaccine against the disease. This campaign has continued without interruption, and we are now using between 200 and 400 liters of vaccine in small communities and in localities where the potable water supply is poor.

Rabies-control work is being intensified. In recent years, say the last fifteen years, we have had only two cases of rabies in man. The number of cases of canine rabies is considerable, and this problem has always been of concern to us, especially since there are bats in our country capable of transmitting rabies to animals. However, not a single case of canine rabies transmitted by bats has been found. The problem is troublesome, nevertheless, since we must prepare some 800 treatments annually and distribute them throughout the country. We have arrived at the conclusion that well-applied cauterizations with nitric acid and formol are of great value, and we have continued to use these measures.

With respect to diphtheria, we are now using inoculations of pertussis-diphtheria-tetanus vaccine (PDT), which we obtain from the Dow Chemical and Lederle Laboratories in the United States in sufficient amounts to meet our needs. The Schick test, as given in various urban regions of Nicaragua, has resulted in from 86% to 92% negative results in preschool-age children. In rural areas the Schick test results are much lower, indicating a much lower protection.

In such ways as this we are seeking to expand measures of immunization. It is our belief that immunizations provide the best answer to future problems of international travel. We no longer require the medical certificate of health, judging it to be of little value, since air travel is so swift that the incubation

period of the diseases is longer than the period of transit. We therefore require only the yellow, international certificate of vaccination, the only card we issue.

The third department (the National Institute of Health, which I direct) gives technical advice to the entire Ministry and, as its main function, is responsible for laboratories. We have followed a decentralization policy in this respect. Even though the country is small, we now have thirty-two departmental laboratories, five of which, located in five regional areas of the country, are fairly complete. There is also a central laboratory where some research projects are carried out.

National requirements in this respect are fully met through eighteen health centers now in operation. Two others are under construction and two more are being planned for next year. It can thus be estimated that there is one health center for every 50,000 inhabitants, a level that we can maintain for the next ten years.

The National Institute of Health also has training schools, laboratory schools, special mobile public health schools that do some laboratory work but even more teaching in hygiene, and, finally, schools offering instruction in hygiene. These activities are conducted under the Director of the Institute and have the cooperation of public health physicians and of a few other medical specialists from abroad. The courses last from four to six months.

In addition to this teaching activity, aid is given to the University, with which we act in collaboration, in organizing a series of lectures throughout the year. These include from four to six lectures on the latest developments in microbiology and other similar subjects.

The fourth department of the Ministry, Rural Health and Local Health Organization, which was originally set up by the Rockefeller Foundation, has been relatively inactive up to the present time. However, we have recently reached an agreement with the Pan American Sanitary Burau for the establishment of a demonstration area in a zone of some 30,000 inhabitants situated at an altitude of about 1,500 feet, where sufficient economic resources will be available to continue the work. An effort will be made to find a zone where there are small landholders who can continue developing and keeping up the public health activities. Once the demonstration is under way and we have found the best methods and system for conducting the rural work, rural health activities will be intensified, especially in small localities.

The sixth department, Health Education and School Health, and the Maternal and Child Clinic, constitute the most important divisions at this time.

All the chiefs in that Department, and many of the assistant chiefs as well, have degrees from foreign universities.

Special attention is being given to school health education. Practically 25% of the budget is devoted to this work, and good results have been achieved, especially in the Maternal and Child Clinic. Milk distribution is made possible by UNICEF at the present time through a special plant which, under a five-year agreement and special payment arrangements, will be turned over to a private company. The milk supply will thus be assured for five years to come.

The metoxenous-disease and insect-control section is headed by the specialist, Dr. Robleto Pérez, who is with me here. It is this section that conducts the work

against malaria, the eradication of which is one of our main objectives. This problem has taxed us heavily, but, thanks especially to the introduction of DDT and its use in intensive campaigns for malaria control, the incidence of the disease has been greatly reduced.

The figures given in our statistical summary, although issued by the Department of Public Health, come originally from the municipalities; they are to a large extent inaccurate and, in fact, cannot be considered reliable. The most accurate malaria indices have been obtained through malariometric surveys, by which we have reached the most heavily affected zones, such as Rivas, León, and Granada, where the rate of infection is one-half to one per cent at the present time.

PRESIDENT:* Mr. Delegate, the Chair would appreciate it if you would summarize, since you have exceeded the allotted time.

Dr. SÁNCHEZ VIGIL (Nicaragua):* I am about to finish.

We are very fortunate at this time to be able to systematize the work in our country through the use of DDT. In such important fields of the economy as cotton, buckwheat, and rice production and others, manpower certainly would have been lacking had the antimalaria campaign not given such good results.

Some work has been done against Chagas' disease and filariasis, and recently attention has been given to other communicable diseases.

In concluding I wish to thank you, and I apologize to the Chair for having exceeded the allotted time.

PRESIDENT:* The Chair thanks Dr. Sánchez Vigil for his interesting report and offers the floor for comments. Dr. Andrés Rodríguez, of Colombia, is recognized.

Dr. RODRÍGUEZ (Colombia):* I congratulate Dr. Sánchez Vigil, of Nicaragua, on his comprehensive report, and wish to thank him for his kind words concerning our efforts to contribute toward continental solidarity.

I wish also to express our appreciation to the Rockefeller Mission, under whose auspices the Finlay Yellow Fever Institute was inaugurated.

PRESIDENT:* Thank you, Dr. Rodríguez. Does anyone wish to comment?

Availability of Poliomyelitis Vaccine

PRESIDENT:* Before making some general comments on the presentation of the reports, the Chair would like to ask Dr. Dearing, of the United States, for his opinion on one point that is of interest to all: When is it believed that the vaccine against poliomyelitis will be available to our countries?

Dr. DEARING (United States): As I stated in my summary report, Mr. Chairman, the question is still under study, and the results of the experiment made in half a million children, in some two hundred communities, will not be analyzed until early spring. If the experiment proves successful, and the vaccine appears to have been effective in reducing the incidence of poliomyelitis in the

* The asterisk denotes that the person spoke in a language other than English.

children receiving it, it will then be submitted by the manufacturers to the National Institutes of Health, the agency of the Public Health Service that is responsible for licensing all biological products. Before the products can be licensed, they must demonstrate (1) safety and (2) potency, that is, effectiveness. This should not take very long, in view of the studies that have been made and the participation by the National Institutes of Health in the experiments to develop the vaccine and in its testing. Possibly, the vaccine may be available for sale by the next polio season. Although we cannot be sure, this is the optimistic view. We can say, too, that the manufacturers, although they have released the vaccine only for experiments and for testing, certainly have some of those same lots on their shelves, ready for sale, if the vaccine proves effective. So I can say definitely that there is a possibility that there may be some vaccine available next year.

PRESIDENT:* We can take back to our countries the message that possibly by the poliomyelitis season, next year, we may be able to count upon vaccines to protect our populations.

Closure of the Technical Discussions on the Reports of Member States

PRESIDENT:* As a general comment on the technical discussions related to the reports of the Member States, the Chair, interpreting the views expressed at this Conference, takes the liberty of suggesting that a resolution be adopted to recommend that the four-year statistical reports, which were presented so well in advance to the Bureau, be accompanied in the future by an introductory narrative report, or preliminary statement, so as to obviate the need for presenting the countries' reports in plenary session.

The Chair has perhaps two reasons for sustaining this view. First, the reports contain extremely important facts and figures that can assist us greatly in developing our future programs, and, when the presentation is limited to such a short time, we may be deprived of some of this valuable information. Second, the time during which the public health representative is absent from his post, from his functions in his country, should be reduced to a minimum, and any time saved during the Conference is important to all of us. This I present merely as a general comment on the possibility of presenting a written report in advance, a suggestion which some delegations might support in the form of a recommendation to the Pan American Sanitary Bureau.

All will agree with the Chair that the time spent in listening to the reports has been most fruitful, and the Member Countries are to be thanked for their collaboration in this regard.

News of the Hurricane Disaster in Haiti

PRESIDENT:* Before continuing with the order of business, the Chair wishes to express the regret that we all feel over the news of the hurricane disaster in the

* The asterisk denotes that the person spoke in a language other than English.

southern part of Haiti, which has destroyed both dwellings and hospitals. I am sure that all the delegates join with me in expressing to the delegation of Haiti our sincere sympathy to his country. The delegate of Haiti is recognized.

Dr. PIERRE-NOËL (Haiti):* We are deeply moved by the words of sympathy expressed by the Chair, on behalf of the Conference, to our delegation and to our country, on the occasion of the disaster that has struck Haiti.

We sincerely thank the Chair and all the delegations present, and will transmit this testimony of sympathy to our Government.

PRESIDENT:* The business of the sixth plenary session has been completed.

The session was adjourned at 11:05 a.m.

SEVENTH PLENARY SESSION

Monday, 18 October 1954, at 10:00 a.m

President: Dr. SERGIO ALTAMIRANO P. (Chile)
Later
Dr. W. PALMER DEARING (United States)

Cables from Bolivia, Ecuador, and Venezuela

PRESIDENT:* The Secretary will read several cables that have been received.

SECRETARY:* The following cables have been received:

Contents your cablegram 72 greatly appreciated. Thank you sincerely for distinction conferred on me by the Pan American Sanitary Conference. Accept cordial greetings. Dr. Julio Manuel Aramayo, Minister of Public Health (Bolivia, 15 October 1954).

Thank you cordially for information that I was designated honorary vice-president Fourteenth Sanitary Conference. Please express my acknowledgement to Conference for this distinction. My best wishes for successful work. Cordially, Dr. Adolfo Jurado González, Minister of Health (Ecuador, 15 October 1954).

Accept with great appreciation designation as honorary vice-president of your important assembly and express my best wishes for full success your deliberations. Very cordially, Pedro A. Gutiérrez Alfaro, Minister of Health (Venezuela, 15 October 1954).

PRESIDENT:* We come now to the order of business. By decision of the General Committee, the first item to be taken up will be item 2, rather than item 1.

First Report of Committee II [1]

PRESIDENT:* Dr. Hurtado (Cuba) will take the floor, substituting for the Rapporteur of Committee II, Dr. Zozaya.

[1] See p. 519.

* The asterisk denotes that the person spoke in a language other than English.

Dr. HURTADO (Cuba):* Since Dr. Zozaya is indisposed, I shall read the first report of Committee II (Administration, Finance, and Legal Matters), approved at the Committee's fifth session on 15 October 1954.

At the first session of Committee II, held on 9 October 1954, Working Party 1 was established to study the Revision of the Constitution, and will present its report in due course. At the second and third sessions, held on 13 and 14 October, the following topics were considered: 16, 17, 18, 20, 21, 30, 31, 33, 37, and 39, assigned to Committee II by the General Committee.

In the course of these last two sessions, the following draft resolutions were approved:

Topic 16: Financial Report of the Director and Report of the External Auditor for 1953

Dr. Hurtado (Cuba) read the first draft resolution on this topic, contained in the first report of Committee II.

PRESIDENT:* Each of the points in the Committee's report will be discussed separately.

Are there any comments on the first point of the report of Committee II? If the Conference so agrees, the draft resolution presented by the Rapporteur will be considered approved.

Approved.[1]

Topic 20: Report of the Permanent Subcommittee on Buildings and Installations

Dr. Hurtado (Cuba) read the second draft resolution in the Committee's report.

PRESIDENT:* The second draft resolution is up for discussion. Does anyone wish the floor? If not, the second draft resolution will stand approved.

Approved.[2]

Topic 21: Revision of the Staff Rules of the Pan American Sanitary Bureau

Dr. Hurtado (Cuba) read the third draft resolution in the Committee's report.

PRESIDENT:* The third draft resolution is up for discussion. Does anyone wish the floor?

Approved.[3]

Topic 31: Working Capital Fund

Dr. Hurtado (Cuba) read the fourth draft resolution in the Committee's report.

PRESIDENT:* Are there any comments on the fourth draft resolution?

Approved.[4]

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[1] See Resolution III, Final Act, p. 622.

[2] See Resolution IV, Final Act, p. 622.

[3] See Resolution V, Final Act, p. 623.

[4] See Resolution VI, Final Act, p. 623.

* The asterisk denotes that the person spoke in a language other than English.

Topic 33: Reimbursement of Travel Expenses of Representatives to Regional Committee Meetings

Dr. Hurtado (Cuba) read the fifth draft resolution in the Committee's report.

PRESIDENT:* The fifth draft resolution of Committee II is up for discussion. Are there any comments?

Approved[1]

Topic 39: Expenditure from the Emergency Revolving Fund in Connection with a Flood Disaster in a Member Country

Dr. Hurtado (Cuba) read the sixth draft resolution in the Committee's report.

PRESIDENT:* The sixth draft resolution is up for discussion. Are there any comments?

Approved[2]

Topic 17: Financial Participation of France, the Netherlands, and the United Kingdom, on behalf of their Territories in the Region of the Americas, in the Budget of the Pan American Sanitary Organization

Dr. Hurtado (Cuba) read the seventh draft resolution in the Committee's report.

PRESIDENT:* The seventh draft resolution is up for discussion. Are there any comments?

Approved[3]

Topic 30: Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau

Dr. Hurtado (Cuba) read the eighth draft resolution in the Committee's report.

PRESIDENT:* The matter is open for discussion.

Dr. HORWITZ (Chile):* May I have the floor, Mr. President?

PRESIDENT:* Dr. Horwitz is recognized.

Dr. HORWITZ (Chile):* It is my impression that the draft resolution, as presented, is incomplete.

I believe, and perhaps Dr. Hurtado can confirm the point, that an addition was made by Committee II concerning the need to have fellowship regulations available for wide distribution in the Continent. I may be mistaken, however.

PRESIDENT:* Are there any comments? Perhaps Dr. Hurtado could clarify this point.

Dr. HURTADO (Cuba):* I am under the same impression as Dr. Horwitz,

[1] See Resolution VII, Final Act, p. 624.

[2] See Resolution VIII, Final Act, p. 624.

[3] See Resolution IX, Final Act, p. 624.

* The asterisk denotes that the person spoke in a language other than English.

the delegate of Chile. I believe the essential point in the matter was to draw up regulations that would provide clearer and more precise rules than those now in force, and to recommend that the Director continue seeking ways to improve as far as possible the stipends paid to fellowship students. This was the main point agreed upon and, in effect, the text of the resolution does not reflect it exactly.

PRESIDENT:* Are there any further comments? The delegate of Paraguay is recognized.

Dr. ZACARÍAS ARZA (Paraguay):* My delegation shares the opinion expressed by the delegate of Chile. This topic was discussed in Committee II, which considered the need for regulations to govern the awarding of fellowships.

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* If this is the opinion of the full Conference, as it would seem to be, the proposed resolution could be returned for redrafting, so that Committee II might include these specific points in a text worded along the following lines: "To take note of the fact that the Director is to continue studying the stipends paid to fellows and will prepare fellowship regulations for the Pan American Sanitary Organization." I say this because there are WHO regulations that we naturally use and follow, but it seems to be our wish to have specific regulations for the PASO, even though these may coincide in content with the general rules of the World Health Organization.

PRESIDENT:* Any comments? The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* My delegation feels that, since this resolution is to be changed, it would perhaps be appropriate to take into account a view set forth in the Committee by the delegation of Costa Rica, namely: that the financial situation of the fellowship students should not be entirely dependent upon the agencies awarding the fellowships, but rather that considerable responsibility should fall on the governments, which could grant to the fellowship students leave from their countries, with full salary, to enable them to take care of their personal and family needs. I wonder whether, in drafting new regulations, which should conform with those of the World Health Organization, it could be "recommended" (as to do more would be to touch on internal affairs of the governments) that, insofar as possible, the fellowship students retain their full salaries during their absence. Objection to this point was raised in the Committee, where it was argued that unmarried fellowship students do not need help, that only married ones do. The single fellowship student may have a mother to support; he too has personal obligations. Exceptions cannot be made. It was also objected that a replacement would have to be appointed during the fellowship student's absence from his post. This need not present a problem. The Government of Costa Rica allots in its public health budget, under the heading "Aid to Fellowship Students," an amount sufficient to cover such cases. Moreover, the Congress has just approved a law granting full salary to fellowship students during their absence, whatever their rank in the Ministry and whatever their stipend from the international organization.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. HURTADO (Cuba):* Mr. President, I wish merely to point out for the information of the full Conference—unless the Conference should wish to go over the entire debate on the matter—that the question brought up by Dr. Vargas Méndez was studied by the Committee on the basis of a proposal introduced by the delegate of the Dominican Republic. The point was strongly opposed, with different arguments put forward, such as freedom of the governments to do as they can or please in the matter; inability of some governments to assume such commitments, owing to financial conditions or administrative procedures, etc. Briefly, the Committee decided against recommending a specific provision of this type in the regulations. In other words, the regulations cannot impose a condition on the Member Countries with respect to the award of fellowships. There were even arguments in favor of placing certain limitations on the offer of fellowships. Thus, this extreme measure was fully discussed and was rejected by an overwhelming majority.

On the other hand, the point raised by the delegation of Chile and supported by Paraguay was considered favorably by the Committee. In effect, the measures favored during the discussion were: first, to recommend that the Director—who has in fact been doing so—review the financial provisions applicable to fellowship students from time to time and improve them generally as much as possible; second, to study the possibility of establishing classifications not of fellowship students, but of fellowships with different stipends, according to the type of fellowship; and third, to draw up standards for the granting of fellowships, so as to provide a written text for the benefit of Member Countries and, especially, of the personnel of the public health administrations charged with awarding, proposing, and processing fellowships. Although the officers and the Secretariat pointed out that the World Health Organization has such written standards, some delegates said they had not seen such a text. Others observed that, even though the WHO does have regulations, there is no reason why the Pan American Sanitary Organization should not have its own specific regulations, patterned generally after those of the WHO, but having also the special features characteristic of our American organization. This was the over-all spirit of the proposal.

I therefore recommend that the full Conference return this resolution, so that a new text may be drafted to express these ideas exactly: encourage the Director to seek to improve as far as possible the financial benefits to fellowship students; instruct the Director to classify the fellowships; and include in one document standard regulations and procedures to govern the fellowships of the Pan American Sanitary Organization. The Conference may wish to go further and consider the questions raised again by Costa Rica, but this would mean reopening the debate on all the essential points.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica is far from wishing to reopen the debate, but I shall insist on our point of view. The obligations attached to fellowship grants are not exclusively those of the awarding agency, since the government itself assumes responsibilities and obligations. If in the existing regulations the government is already requested to guarantee

* The asterisk denotes that the person spoke in a language other than English.

that the fellowship student, on his return, will work in public health agencies, I fail to see why it would be intervening in the government's internal affairs to recommend also that the student's salary be continued during his absence.

PRESIDENT:* The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* I do not think it inadvisable to open the discussion on the point raised by the delegate of Costa Rica. As a matter of fact, some international organizations recently have been promoting in countries receiving the fellowships the adoption of legal provisions requiring that the government pay a salary to the officer or employee for the duration of the fellowship awarded him.

Moreover, I believe that a pronouncement by the Conference concerning this matter would contribute greatly toward establishing policies that have proven advantageous in nearly all countries in which they have been applied, to the end that fellowships be awarded to persons who already have shown interest in or talent for public health, an interest or talent proven by their performance at work. Most of the failures among fellowship students have been observed in countries that send students chosen from the "outside," so to speak. Some such students, having no information, no advance knowledge of what it is to work in public health or of the conditions and problems awaiting them, accept the fellowship merely for the sake of the trip abroad and, on their return, show not the slightest interest in the work. Rather, when they come face to face with the reality of public health work, they refuse to serve in the posts for which they were trained.

Consequently, the sovereignty of any country is in no way affected by a recommendation, and, if possible, a provision in the regulations that if a fellowship recipient is employed he should continue to receive his salary for the duration of the fellowship. This measure would result eventually in a greater number of volunteer applicants for fellowships and, perhaps, a smaller expenditure by the Bureau for the stipends it pays.

This point is fundamental—much more so, in my judgment, than the drawing up of the fellowship regulations themselves.

PRESIDENT:* The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* This topic, which was presented by our delegation to the Executive Committee in April, is the subject of more intensive discussion each time it is taken up, a fact indicative of how much potential interest there had been in this matter of fellowships in all the American countries.

In April, the Director was instructed to make a study of the matter of fellowships; this study was presented to the Executive Committee meeting held immediately before the Conference. In the Executive Committee, and in the working party and Committee II as well, the topic was put to a full discussion, in which the Chief of the Education and Training Division of the Bureau participated. In other words, the Organization, or rather, the Bureau now has at its disposal an ample amount of data, a full statement of opinions. To cut short and facilitate the task, we have charged the Bureau with continuing the study of fellowships and, above all, as a basic measure already requested in April of this year, with

* The asterisk denotes that the person spoke in a language other than English.

preparing fellowship regulations. This we did because we consider it essential for the Ministries, for the Bureau, and for the fellowship student all to know where they stand in this matter. It was to that end that we instructed the Bureau to prepare fellowship regulations sufficiently broad and flexible to meet the different needs of the Ministries of our various countries.

This resolution therefore should not be too detailed, as I think the Bureau has an ample record of all the views we have expressed. We should leave to the Bureau—since it is charged with presenting a study to the April meeting of the Executive Committee, a fact not mentioned in this resolution—the preparation of these regulations, which it should present in writing sufficiently in advance to allow the governments to study them.

With respect to the payment of salaries to fellowship students and their retention rights, we should state, for the information of the other Members of the Organization, that our country has always done two things: retain the position of the fellowship student who leaves the country, whether as an expert or a student; and pay his salary, monthly, during his absence. In many cases this procedure has solved the problems of the student who is going away, and it causes no difficulty since a good fellowship candidate is faced with no financial obstacles in leaving the country or in fulfilling the mission of his government.

I believe, therefore, that we might suggest to those governments that, for reasons of economy, do not include this measure in their budgets, that it is an effective measure and, once incorporated, will not cause further difficulties in the national budgets. It is costly only at first, and, I repeat, once it is incorporated there are no further difficulties.

We believe that this resolution should be returned to the Committee so that it may clarify the text, without including too much detail, since the Director of the Bureau already has a record of the points put forward during the discussion of this topic.

PRESIDENT:* Two proposals have been made: one, that the proposed resolution be returned to the Committee so that some of the suggestions may be included, especially those referring to the regulations and status of the fellowship students; the other, the suggestion of the delegate of Argentina that this resolution be retained and properly worded. Apparently, the proposals coincide.

If the Conference so agrees, we shall return this matter to the Committee with the request that it present another draft resolution reflecting the opinions expressed here by the delegates. If there is no objection, the draft resolution will be returned to the Committee.

Agreed.

Topic 18: Status of the Collection of Quota Contributions

Dr. Hurtado (Cuba) read the ninth draft resolution in the report of Committee II.

PRESIDENT:* You have heard the draft resolution. Any discussion?

Approved.[1]

[1] See Resolution X, Final Act, p. 625.

* The asterisk denotes that the person spoke in a language other than English.

Topic 39: Emergency Revolving Fund (Reimbursement of Funds)

Dr. Hurtado (Cuba) read the tenth draft resolution in the Committee's report.

PRESIDENT:* You have heard the tenth draft resolution. Are there any comments? The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* Paragraph 2 of the draft resolution states that the country receiving the emergency assistance should make reimbursement "at an early date." I feel that there are two types of emergency assistance: one, that offered spontaneously by the Pan American Sanitary Bureau in any particular circumstance; and the other, that granted at the request of a country in a specific case.

With respect to aid given spontaneously by the Bureau, I believe that it could or could not be reimbursed, but that reimbursement should be made when a country has requested the aid. However, I am not sure whether the policy should be to reimburse in all cases or only when the assistance has been requested. Perhaps it might be worth while to clarify this point. In any event, I propose that it be given consideration.

PRESIDENT:* Dr. Coutts, of the delegation of Chile, has the floor.

Dr. COUTTS (Chile):* In my opinion, these emergency funds, which are given to assist countries requiring help from their neighbors in times of disaster, should not be returned by those countries. All Member States should be given the opportunity of helping to reimburse the Pan American Sanitary Bureau for the amount expended, in proportion to the contributions they pay annually. It is a right and a duty of all American countries to contribute toward assisting a sister country in time of need.

I wish to propose that, if the Bureau grants funds during an emergency, these expenses be prorated so that the Member Countries will have the satisfaction of feeling a deeper sense of solidarity and of Americanism.

PRESIDENT:* Are there any comments? The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* The country I represent was on one occasion the victim of a disaster and received assistance from the Pan American Sanitary Bureau at a moment of great need and distress.

I feel that, if the Bureau were to adopt the policy of requiring the governments to reimburse the assistance received, it would be placed in an awkward position, one somewhat counter to the usual standards of what constitutes assistance and what constitutes generosity. Many countries may suffer great adversities in their social and economic life because of unexpected events, and recovery from such setbacks may be long and arduous.

Ours would be the only organization to stipulate in its regulations and policies that what is given voluntarily as an emergency assistance should be repaid. I therefore believe that a clear distinction should be made, as proposed

* The asterisk denotes that the person spoke in a language other than English.

by the delegate of Ecuador, between emergency assistance given to a country in distress as a token of the solidarity of the American republics, and the other assistance that is given when requested by the governments.

Many international organizations joined in assisting our country, and in helping other countries that have suffered such disasters, and it never occurred to any of them to ask our government to repay the assistance given. Often, this aid is priceless and has no equivalent in money. It would be a pity indeed if our Bureau were to adopt, indiscriminately, a decision that would place it in a questionable position, insofar as generosity and the principles of charity are concerned, in the eyes of other international organizations that have never thought of adopting such measures.

PRESIDENT:* The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* This topic certainly gives occasion for the expression of human feelings, with far-reaching implications. The fact of the matter is, however, that our Organization is one that has a fixed income with which to cover a series of activities planned far in advance. It has a small amount of money for use in certain cases, an emergency fund of $50,000, which would not go very far in covering the emergencies that could arise in the countries. Our governments already pay the Organization a fixed quota from their national budgets, and if, in a specific case, they were requested to accept prorated assessment of an account the Bureau had paid out, a series of difficulties would undoubtedly arise in the national administrations, as it is always a problem for them to maintain the level of their annual budgets of expenditure.

With respect to the proposal made, I believe by the delegate of Chile, which we of course interpreted in the humane spirit intended, I do not feel we would be authorized—at least my delegation would not have the authority—to assume any such commitment without first consulting our governments. As for the case mentioned by the delegate of El Salvador, I believe that the governments themselves, knowing what circumstances can arise in any country, have been well able to go to the rescue of their sister countries in the customary manner, by giving individual assistance. Our own country has followed a broad policy in such circumstances and has a long record of accomplishments.

Therefore, I believe that when cases of emergency arise in the countries, what can be done will depend on the possibilities of the moment, on the possibility of receiving aid from other countries. There might even be a small contribution that would be prorated within the Pan American Sanitary Bureau. Care must also be taken to avoid the financial complications or difficulties in the handling of funds which this measure might cause to these countries. On the other hand, few delegations would be in a position to state, without advance consultation, the position of their respective countries in such matters.

The intent of this resolution was to place on countries receiving emergency aid from the Bureau a certain commitment to reimburse the advance made to them, when it is possible for them to do so. Our Organization should retain its funds for the permanent campaigns, and, if there were too much laxity in this

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respect, the results might be harmful, requests being made for assistance in less essential cases.

In paragraph 2 of the resolution reimbursement is not made an absolute requirement, since the text mentions circumstances that may make reimbursement impossible. Our delegation might suggest that paragraph 2 state that the funds utilized should be reimbursed; we could soften the wording a little by stating that the country receiving the emergency assistance should "insofar as possible" reimburse the funds utilized unless circumstances make it impossible to do so, the term "extraordinary circumstances" being deleted so as to avoid too many difficulties.

We believe that the draft resolution should be retained, with these changes in the wording to make the text more liberal.

PRESIDENT:* The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* Several delegates have expressed their views on the reimbursement of funds used for emergency assistance, and the delegation of Costa Rica agrees with these views. Nevertheless, I believe we could clarify the point by asking the Secretariat, the Director, or the Assistant Director to explain what has occurred in the past with respect to emergency assistance and how the Bureau has handled this assistance.

PRESIDENT:* The Director of the Bureau is recognized.

Dr. SOPER (Director, PASB):* I believe that we have two points to consider. Our experience has shown that the Bureau can play an important role in the purchase and immediate supply of certain emergency materials—chlorine for water, vaccines, penicillin, and other items needed at once—before the arrival of the Red Cross supplies or those of other agencies that do not have the same facility for making immediate purchase and shipment. On the other hand, according to our Financial Regulations, we must receive the funds in order to make purchases for the governments. At times, a government may find itself in a situation that it considers an emergency only with respect to the transmittal of funds, and in an emergency of this type the government could request that the purchase be made without sending the funds in advance.

In some cases in the past, the emergency in the country was truly a catastrophe; then we did contribute, being the first to arrive with emergency materials, although on a relatively small scale, as the expenditures of the other organizations were much greater. Our greatest contribution was the speed with which we delivered the material we were able to obtain. In other cases, we have made purchases for the account of governments when they were financially able to cover such expenditures, and the fact that we had the authority to make such purchases proved very helpful to these countries.

To summarize, I believe the two aspects of this problem are: first, cases in which the emergency in the country is a true catastrophe, in which the country's economic situation is very grave and we can contribute emergency materials during the first few days of distress; and second, cases in which the governments, because of special circumstances, find it necessary to make immediate purchases

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and cannot transmit the funds in advance. We noticed in today's papers here in Santiago, for example, that President Eisenhower is using federal funds of the United States to help certain states that have been victims of the hurricane "Hazel," which also caused damage in Haiti. Thus, there are cases of need and cases in which purchases are made as a convenience, so to speak, to the governments.

PRESIDENT:* Are there any further comments? I believe that two different positions have been taken. However, the meaning of the resolution has been clarified to a certain extent.

The first question has been clarified by the definition of the type of emergency: an emergency of catastrophic proportions, with all its economic repercussions and the need for urgent assistance and also for funds; and an emergency of time, of circumstances, in which the Bureau naturally would have to assume the responsibility of helping out, subject to reimbursement at the earliest possible date; and there is the other case that certainly would be covered in paragraph 3.

However, there is a divergence between the provisions of the draft resolution and the proposal of the delegate of Chile to the effect that the expense of providing aid in cases of catastrophe be charged against the Bureau's own funds or prorated among Member Countries. If this latter point is upheld, we should return the draft resolution to the Committee for restudy.

The proposal of Argentina is in keeping with the general spirit of the resolution, calling for a modification of the text so as to make it less imperative and more flexible.

Consequently, the only proposal that lies completely beyond the scope of this resolution is that made by the delegate of Chile to the effect that expenses incurred by the Bureau in cases of catastrophe be prorated among the Member Governments. The delegate of Chile is recognized.

Dr. COUTTS (Chile):* I shall not insist on my proposal, but I would be most pleased if the resolution were worded more liberally, so as not to make the reimbursement of funds imperative, a provision that, if retained, would make it impossible for all to contribute in the event of catastrophies.

I would request that the Committee word these proposals in a more liberal manner.

PRESIDENT:* I suggest that the delegate of Argentina explain once more the modification he proposes in the resolution, so that the latter, if satisfactory, might be approved at once, without being returned to the Committee.

Dr. SEGURA (Argentina):* "That the funds so used should be reimbursed insofar as possible by the country receiving the emergency assistance, unless there are circumstances making reimbursement impossible."

PRESIDENT:* This text is in keeping with the views of some delegations that objected to the imperative tone of the draft resolution.

If the Conference so agrees, we can consider the resolution approved.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. MONTALVÁN (Ecuador):* With respect to my first remarks on the wording of the resolution, I think the proposal of the delegate of Argentina covers in part the point that I raised. However, I think, as I said before, that a distinction could be made between aid given spontaneously in emergencies and aid given at the request of a government. Thus, for example, it could be stated that the portion requested by the government should be reimbursed.

Also, some difficulty might arise in the handling of funds, because some aid might not be of an emergency nature and hence could freely be reimbursed or not. The term "insofar as possible" allows too much latitude as regards the reimbursement or non-reimbursement of the funds. The text could be drafted to state that such funds as are requested by the governments should be reimbursed, unless there are circumstances making reimbursement impossible. In this way, an exception would be made of catastrophic conditions that would make it impossible for a government to reimburse the funds it requested; but at the same time it would be specified that the government, when it requests such funds, has the obligation of making reimbursement.

Dr. SOPER (Director, PASB):* For the information of the delegates, I wish to refer to the existing directive under which we have been working.

I shall read from a document in English, which I have at hand. This document comes from the Third Meeting of the Directing Council in Lima in 1949 (Resolution II):

> The Directing Council *resolves:* (1) To create the Emergency Fund from existing surplus at the end of the fiscal year of the Pan American Sanitary Bureau, December 31, 1949, the sum of $50,000 shall be set aside and deposited in dollars (USA) in a bank in Washington, D. C., and this Fund shall be administered by the Director or by his authorized representative. Reimbursement to the Emergency Fund shall be made by refunding through payments from countries who may receive materials for emergency services, or by orders approved by the Executive Committee chargeable to the general funds of the Bureau. The Executive Committee and the Directing Council shall receive reports pertaining to the use of such funds.

Dr. SEGURA (Argentina):* I think that the way in which this emergency fund has been put to use has been creating difficulties. Instead of being able to help effectively in solving problems, the Bureau has found itself somewhat limited in its action, for if it goes to the aid of a country on its own initiative and anticipates the country's needs, it must do so with the knowledge that it cannot obtain reimbursement of the funds expended, since the aid was never requested. This situation could lead to certain difficulties in the Bureau's internal work that later could not duly be explained to the Members of the Organization.

We have the example of what has just occurred in Mexico. During the discussion of this matter at the Executive Committee meeting and in the General Committee, we were apprised of certain details which indicate that, in the haste of an emergency, the measures taken sometimes divert funds from useful projects to areas where the money is not effectively utilized. The delegate of Mexico, for example, told us that on the occasion of an emergency in his country the Bureau

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sent 4,000 blankets in the belief that they would be needed; they were not used, and the Government of Mexico does not know what to do with them. In this case, the Bureau used funds needlessly. It responded immediately to an emergency; it anticipated the need and made the shipment. Such action is sometimes successful, but at other times, to no avail.

If the Bureau works on the principle that the recipient government, if possible, should reimburse the amount received, it will have more freedom of action and will respond more quickly. However, if the Bureau anticipates a country's needs and knows that the funds expended will not be reimbursed, it will act with a little more restraint and devote a little more study to the step it will take, knowing that the money spent cannot be recovered later. Therefore, I believe that we would be giving the Bureau an obligation, a responsibility that would make it hesitant to take action, as it would have to account for what it does. Very often it might do this well, but sometimes, because of haste, not so well.

For these reasons, I feel it is inadvisable to make so many distinctions with respect to the Emergency Fund. It would be wiser to keep a broader and more open view, so as not to put a government under any obligation. The government will be aware of its own moral obligation regarding the aid received; it will return the funds received from the Bureau if it is able and in a position to do so.

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* I regret that during the discussion of this subject specific mention has been made of the names of Member Countries. As the delegates have seen, such mention was avoided in the previous resolution approving the Executive Committee's decision regarding amounts expended from the Emergency Fund.

Without referring to any country or mentioning the name of any of the Member States, I feel we should close the debate and agree on modifying the draft resolution, a text that can quite easily be amended. It is merely a question, first, of deleting the phrase "at an early date," which is the only term suggesting a demand or time requirement; and second, of deleting the adjective "extraordinary," which makes the wording too strong. With this simple amendment, we could let the resolution stand, leaving it up to the Director of the Bureau—as is done under the provisions at present in force—to administer the Emergency Fund. This procedure is all the more advisable for the fact that we have heard the opinions of the delegates of Chile, Argentina, Costa Rica, and Ecuador. However, we have heard no comment from the delegation that introduced this specific proposal, which might have clarified it by a statement on what purpose was sought in recommending these provisions for the Emergency Fund.

Since we have heard no further comment that could clarify the matter, I wish to request the President to inquire whether the delegates would agree to the amendment proposed by the delegation of Argentina, which I noted down, as follows: "Paragraph 2. That the funds so used should be reimbursed insofar as possible by the country receiving the emergency assistance, unless there are cir-

* The asterisk denotes that the person spoke in a language other than English.

cumstances making reimbursement impossible." Nothing more would be required. The circumstances will be clarified by the Director in his report. The possibilities of payment would be determined by the country, in agreement with the Bureau. And everything will be done in conformity with the existing provisions governing the Emergency Fund.

PRESIDENT:* Dr. Horwitz, of the delegation of Chile, is recognized.

Dr. HORWITZ (Chile):* Mr. President, I regret that this debate has been reopened. As far as I recall, it was the delegation of Chile, in Committee II, that proposed the text of paragraph 2, which does not exactly coincide with the one appearing in the present draft resolution. The phrase "at an early date" did not appear in the Chilean delegation's draft, which stated more or less the following: "The country receiving emergency assistance will endeavor to reimburse the funds requested, unless circumstances make reimbursement impossible, in which case the Director shall be informed." This was the original text proposed in Committee II, and we understood that it was so approved. Apparently, this was an error on our part; but during the discussion, the consensus was that this phrase should not appear.

Briefly, without dwelling further on the wording of this paragraph, I would like to repeat the original proposal of the delegation of Chile: "That the countries receiving emergency assistance will endeavor to reimburse the funds requested, unless circumstances make reimbursement impossible, in which case the Director shall be informed."

PRESIDENT:* Is there any objection to accepting the modification proposed by Chile, which basically is in agreement with what has been discussed here?

Dr. HURTADO (Cuba):* The text proposed by the delegate of Chile could be accepted.

PRESIDENT:* The delegation of the United States has the floor.

Dr. BRADY (United States): Mr. Chairman, since our delegation originally proposed a resolution of this type, I think it is proper that we make a few statements as to why we made the proposal.

I think in all our minds it is difficult to define the word "emergency." I am sure there is quite a range of definitions of what we should consider as an "emergency." We think that, in the past, the funds used by the Bureau in this Emergency Revolving Fund have been well used. Nonetheless, there exists the danger that at some future date some sort of event might occur which to certain people would be thought to be an "emergency" and to others not, so that it would be appropriate for the Conference to take note of the matter and give the Director some guidance as to what he should consider an "emergency."

I recall one case in an international organization in which $30,000 were appropriated for an "emergency," but oddly enough the emergency had not yet occurred. The funds were appropriated in advance of an emergency.

Today the word "catastrophe" has been used, and perhaps this might have been the very word to use in various resolutions.

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Mr. Chairman, our delegation would certainly agree to the insertion of the words "as far as possible" and to the deletion of the word "extraordinary," and it seems to be the consensus, from what I have heard this morning, that this would be agreeable to most of the delegations. Mr. Chairman, we second the proposal to amend this resolution, as has been suggested. Thank you.

PRESIDENT:* The Secretary could read the text incorporating the various suggestions made, and this text could be unanimously accepted.

SECRETARY:* As various texts have been proposed, I shall read the last one proposed, so that if there is any change it can be made before its approval by the Conference, it being understood that the only paragraph to be changed is the second one, as follows: "2. That the country receiving emergency assistance will endeavor to reimburse the funds requested, unless circumstances make reimbursement impossible, in which case the Director shall be informed."

PRESIDENT:* The delegation of the Dominican Republic has the floor.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* If I remember correctly, during the discussions in the Committee, the final phrase, with respect to informing the Director of the impossibility of making payment, was deleted, since it was a delicate matter to demand that a government report in the event it could not reimburse the funds received. If this is the feeling of the delegates, we would do better to support the proposal of the delegate of Argentina, as it does not contain this demand that the governments declare expressly to the Director that they cannot make payment.

PRESIDENT:* Dr. Allwood Paredes, of El Salvador, is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* I feel that I correctly interpreted the original proposal of the delegate of Ecuador, which I supported, to the effect that this obligation, which is made imperative in the word "shall," could be maintained if in the second paragraph the phrase "the country receiving the assistance" is changed to state that "the country that has requested emergency assistance" should make reimbursement. What follows does not matter. But this provision should apply only in cases where assistance is "requested."

PRESIDENT:* In view of the series of changes that are being suggested, and since all delegates are agreed as to what the meaning of the text should be, it would be advisable to return the resolution to the Committee, so that the latter may redraft it and present us with a definitive text tomorrow, along with the other draft resolutions.

I would propose that the text be redrafted in accordance with the views expressed by the Conference and that the Committee present the new text at the session tomorrow.

If there is no objection, this suggestion will stand approved.

Approved.

Dr. W. Palmer Dearing (United States) occupied the Chair.

* The asterisk denotes that the person spoke in a language other than English.

Topic 37: Organization of a Service Unit in Mexico City during the Eighth World Health Assembly (topic proposed by the Government of Cuba)

PRESIDENT: The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* Committee II did not accept the proposal presented by the Government of Cuba on the organization of a service unit in Mexico City during the Eighth World Health Assembly.

Before the delegates rule on the matter, ratifying or not the decision of the Committee, I wish, with the permission of the President, to apprise the full Conference of this proposal of the Government of Cuba, which was the following:

Whereas: The Eighth World Health Assembly will take place in Mexico City, United States of Mexico, in May 1955, and all the Member States belonging to the Region of the Americas are equally interested in ensuring its successful outcome, because of the great importance of this event to our peoples.

Whereas: It is expected that all the Member States from the Region of the Americas will send as many delegates as possible, and in view of the increased attendance by delegations from the American Continent who will participate actively in the work of the Assembly, it is desirable that the Pan American Sanitary Bureau provide the necessary services for the convenience of the delegates, so as to facilitate their work in every possible way.

Whereas: For this purpose it is necessary to have a special service unit composed of personnel of the Region, a unit that would have at its disposal the Conference staff of the Pan American Sanitary Bureau and a sufficient number of stenographers to render their usual efficient service to the Regional delegations, the proposed arrangement being all the more desirable for the fact that our experience at the Assemblies at Geneva Headquarters has shown the lack of such a service, notwithstanding the courtesies of the Regional Director and a Bureau secretary who were obliged to divide their duties and therefore could not render complete assistance.

Therefore: The XIV Pan American Sanitary Conference *resolves:*

First: To add to the proposed budget presented by the Executive Committee of the Organization a special chapter to establish, for this particular occasion, a credit to read: For expenses incurred for the Service Unit for delegations from the Region of the Americas to the Eighth World Health Assembly, to be held in Mexico City in May 1955, $5,000.00.

Second: To charge to this credit the expenses and per diem of the personnel comprising this Service Unit, which should include not less than six junior staff members (typists and stenographers). The personnel who, because of the nature of their work, have already been assigned budget credits for such services, will not be included in this special credit.

Briefly, then, Cuba's intention was that a service unit be organized in Mexico for the delegates. You who have been in Geneva and are familiar with the machinery of the World Health Organization well know that, once the Assembly opens and is divided into its major committees, and into subcommittees or working parties, much of the delegates' time is taken up in preparing papers and other documents. This involves mechanical work that the delegate himself has to do, since in Geneva no special office has been made available for the purpose, although I wish to emphasize that we have had the most valuable collaboration of our

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Director and of his secretary. In Mexico we can expect that the twenty-one republics will be represented by delegations made up possibly of three delegates, with alternates, etc., as is the custom. And even if there were only the three delegates, we would have sixty-three participants depending on one service office: one delegate presenting a motion, one requesting that it be copied, one requesting that a note be brought to him, another requesting that translations be made, as is a rule in the World Health Organization, for distribution in the official languages, at least in English and in French.

I shall not insist on the matter now, because I do not wish to take up your time, but I have no doubt that those who have been to Geneva know how important such a service unit would be. The Committee, however, objected to this plan and, furthermore, rejected it firmly in its entirety, without even going into an analysis of the matter. I would have thought it all right had it been objected that $5,000 was too huge a sum, that it was sufficient to have $4,000, $3,000, $2,000, $1,000, $500, nothing. . . . But what surprised me very much was that, in a secret ballot, the full Committee II stated categorically that the service unit would not be organized. In other words, the delegates, just as in Geneva, will go against odds in solving such problems on their own, with the Director and his secretary offering cooperation, to the extent they are able, to the entire group of delegations. This is the situation. Nevertheless, this proposal, naturally defended by Cuba, was supported by Mexico, which graciously offered to prepare the office in any event and to make every effort to organize it. We continue to believe that there is nothing to prevent the organization of such a service unit and that the expense would not be ruinous to the PASB. Some participants argued that we could not very well have a service unit if the Regions of Southeast Asia, the Far East, the Mediterranean, etc. do not have one. I do not believe this argument to be valid, for we are a Region *sui generis*. Also, we are in fact the host Region, because I feel—and in this I have the agreement of the delegation of Mexico and of Dr. Zozaya in particular—that even though Mexico is the official host government, spiritually and morally it is America that will be host to the next World Health Assembly. We must share with the Mexicans in providing all the necessary facilities to ensure the fullest success of this Assembly, which for the first time will meet in the Americas. Naturally, it will be many years before it meets again in an American country. Nevertheless, gentlemen, it is the full Conference that will decide. I wished merely to apprise you of the content of Cuba's proposal.

PRESIDENT: The Chair thanks the delegate of Cuba for his explanation, or rather for the discussion of the recommendation of Committee II that the proposal before us not be accepted.

If there is no further discussion, the report not to accept the proposal will be approved.

The next item . . . Dr. Montalván, of Ecuador, is recognized.

Dr. MONTALVÁN (Ecuador):* I would like to know the opinion of the Di-

* The asterisk denotes that the person spoke in a language other than English.

rector of the Pan American Sanitary Bureau with respect to the proposal presented by the delegation of Cuba.

Dr. VARGAS MÉNDEZ (Costa Rica):* I wish to raise a point of order, Mr. President. The Chair closed the debate and accepted the report. Is Dr. Montalván asking that the debate be reopened?

Dr. MONTALVÁN (Ecuador):* I did not request that the debate be reopened; while the President was speaking, I was raising my hand to request the floor. He did not see me, and when he finished speaking he immediately recognized me. Therefore, I ask whether, in order to obtain information, it is necessary to request that the debate be reopened. If so, I would request that it be reopened. But the case is thus: My sole intention was to gain additional information by hearing the views of the Director of the Pan American Sanitary Bureau on the matter.

PRESIDENT: The Chair fully recognizes the right of the delegates to obtain complete information and apologizes for not having seen Dr. Montalván's hand in time. Therefore, if there is no objection, it would consider the question still under discussion and would ask the Director to comment. Is there any objection? Dr. Soper is recognized.

Dr. SOPER (Director, PASB): I shall speak on this point, if I may, in English, since the Chair is operating in English.

The Director of the Pan American Sanitary Bureau made a statement on this point in the Working Party, and, although it was the first statement made before the Working Party, it was made at the informal request of one of the delegations. The statement made by the Director in the Working Party was considered by the representative of Cuba to be unsatisfactory and led to certain remarks that reflected on the attitude of the Director.

I would only like to say that the opinion given by the Director at the meeting of the Working Party was a considered one that he sees no reason to alter.

The Director called attention to the fact that the Assembly is a meeting of the World Health Organization, that it is not a meeting of the Pan American Sanitary Organization. And he called attention to the fact that, if there is to be a special office set up for the benefit of the American delegations at its meeting, it should be financed from Regional funds of the World Health Organization, rather than from the budget of the Pan American Sanitary Bureau.

The situation in Geneva is one in which the Director has been delighted to collaborate in every way possible with the delegations from the American republics, both in the Executive Board meetings and in the Assembly meetings, and this has at times incurred criticism from the Secretariat of the World Health Organization because it has been felt that, at times, the American countries were working as a group and were becoming identified as a group, rather than as members of the World Health Organization.

The difficulties that are going to be encountered in Mexico City, such as they are, by our American delegations, most of which speak the language of the coun-

* The asterisk denotes that the person spoke in a language other than English.

try where we will be, should be considered less than the difficulties that will be encountered by the delegations from other parts of the world. And it has seemed to me that if the Bureau were to be authorized to do something special at the Assembly in Mexico, it should probably be something for the benefit and to facilitate the activities of delegations from other parts of the world, rather than those from the American States.

The proposal made has one further disadvantage from the standpoint of the operating procedure of the Organization. We have seen in previous meetings of the Directing Council, at times, and in the Conferences, proposals brought forward that call for specific expenditures of funds but that have not been through a regular course of budgetary study by the Executive Committee on the basis of recommendations from our Zone Offices and from the Secretariat. And we have felt that it is best, in the long run, to avoid, if possible, action calling for the expenditure of funds as is proposed in this article.

In discussing this problem here, I feel that I should repeat the second statement that I made in the Working Party to the effect that, if the delegations from the Member States of the Pan American Sanitary Organization are to have secretarial help at the Assembly, if they expect to have adequate secretarial help from the Pan American Sanitary Bureau, then the proposal made by the delegation of Cuba is the proper way to handle it. It will not be possible for our present Zone Office in Mexico City to offer the type of help requested. We believe that, if help is to be given, if the Pan American Sanitary Bureau is to be made responsible for secretarial services for delegations, that it should be set up as a specific project and that services should be offered in the four working languages of the Organization.

PRESIDENT: The Chair thanks the Director for the explanation he gave for the benefit of the delegates who were unable to hear the debate in the Working Party and in Committee II.

Is there further discussion?

Dr. MONTALVÁN (Ecuador):* I wish to thank the Director of the Pan American Sanitary Bureau for his answer to my question.

PRESIDENT: Thank you, Dr. Montalván.

Once again, before closing the debate, is there anyone who wishes the floor? Then, without further discussion and if there is no further objection, the report of Committee II disapproving the recommendation or proposal will be accepted.

Accepted.

Dr. Sergio Altamirano P. (Chile) then resumed the Chair.

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* I wish merely to state for the Secretary that there was no unanimous agreement; my vote was not in favor, and it should so appear in the minutes.

PRESIDENT:* The statement of Dr Hurtado will appear in the minutes. We shall proceed now to the second item on the order of business.

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* The asterisk denotes that the person spoke in a language other than English.

Report of the Secretary of the Joint Meeting of Committees I and II [1]

SECRETARY:* I have the honor to present the report approved by Committee I and Committee II, meeting in joint session.

Committee I (Technical Matters) and Committee II (Administration, Finance, and Legal Matters) held two joint sessions, 14 and 15 October 1954, to study Topics 12, 19, and 22, in accordance with the decision of the General Committee taken at its first session, held on 8 October. As a result of their joint deliberations, the following resolutions were approved:

Topic 12: Proposed Program and Budget of the Pan American Sanitary Bureau for 1955

The Secretary read the first draft resolution appearing in the report of the Joint Committee.

PRESIDENT:* The first draft resolution is up for discussion. Are there any comments?

Approved.[2]

We shall consider next the second draft resolution.

Budget Appropriations

The Secretary read the second draft resolution in the report of the Joint Committee.

PRESIDENT:* The draft resolution is up for discussion. Are there any comments?

Approved [3]

Topic 19: Utilization of Surplus Funds from 1953

The Secretary read the third draft resolution in the report of the Joint Committee.

PRESIDENT:* Is there any discussion on this draft resolution?

Approved [4]

SECRETARY:* The Joint Committee decided to propose to the General Committee that Topic 22, concerning the Report on the Program of Economies and Decentralization of the Pan American Sanitary Bureau,[5] be referred to a plenary session of the Conference for consideration.

The Joint Committee considered the assignment received from the General Committee to have been fulfilled.

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[1] See p. 596.

[2] See Resolution XI, Final Act, p. 625.

[3] See Resolution XII, Final Act, p. 626.

[4] See Resolution XIII, Final Act, p. 627.

[5] See Working Document CE23/5, p. 602.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* Are there any comments?

The report was approved.

If the Assembly so agrees, we shall have a five-minute recess to enable the delegates to have some coffee, if they wish. We shall meet again to elect the Director of the Pan American Sanitary Bureau and the two Member Countries to fill the vacancies on the Executive Committee.

Agreed.

The session was recessed at 11:52 a.m. and resumed at 12:10 p.m.

PRESIDENT:* The session will continue. The Secretary will read the provisions of our Organization's regulations with respect to the election of Members to fill vacancies on the Executive Committee. The Secretary is recognized.

SECRETARY:* Mr. President . . .

Dr. HURTADO (Cuba):* I request the floor in order to raise a preliminary point.

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* I wish merely to propose that the order of business be changed, so that we may take up first the election of the Director and then proceed with the Executive Committee elections.

PRESIDENT:* You have heard the proposal of the delegation of Cuba. The delegation of the Dominican Republic is recognized.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* My delegation supports the delegation of Cuba.

PRESIDENT:* Is there any objection to the proposal of the delegate of Cuba?

Approved.

Topic 27: Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas

PRESIDENT:* We shall proceed with the election of the Director of the Pan American Sanitary Bureau, after the pertinent provisions of the Rules of Procedure have been read. The Secretary is recognized.

The Secretary read Articles 41, 42, 43, 44 and 45 of the Rules of Procedure of the Conference.[1]

PRESIDENT:* You have heard the Rules of Procedure read by the Secretary. We shall now proceed to elect the Director of the Pan American Sanitary Bureau and Regional Director of the World Health Organization for the Americas. The delegate of Panama is recognized.

Dr. BISSOT (Panama):* For the offices of Director of the Pan American Sani-

[1] See pp. 12-13.

* The asterisk denotes that the person spoke in a language other than English.

tary Bureau and of Regional Director of the WHO for the Americas, my delegation nominates Dr. Fred L. Soper.

Without relating the long and brilliant record of Dr. Soper in the field of public health, from the time of his first activities in the Americas, we wish to state our acknowledgement of the magnificent work he has done for the Pan American Sanitary Organization.

PRESIDENT:* The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* Having heard the Rules of Procedure governing the election of the Director of the PASB and Director of the Regional Office of the WHO for the Americas, and, naturally, in complete conformity with the proposal made by the delegation of Panama, I shall make a proposal that is in no way contrary to the Rules—and I say this because I know that I could be reminded of these regulations. We are complying strictly with the Rules and can follow them to the letter. But there is nothing to prevent this plenary session, if it so desires, from unanimously acclaiming Dr. Soper as our candidate for Director of the PASB and Regional Director of the WHO for the Americas.

Consequently, I propose that Dr. Soper be so acclaimed and that the provisions of the Rules of Procedure be fulfilled thereafter.

PRESIDENT:* You have heard the opinion of Dr. Hurtado and his proposal. The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica asked for the floor to support Panama's proposal. We have no other comment.

PRESIDENT:* The delegate of the Dominican Republic is recognized.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* I would like to request that the form of election proposed by Cuba be approved by applause, if all are in agreement that Dr. Soper be re-elected.

Applause.

PRESIDENT:* The Chair has received with great satisfaction the proposal of the delegates that Dr. Soper be re-elected Director of the Pan American Sanitary Bureau.

Dr. SEGURA (Argentina):* I would like to ask the full Conference whether there is a time limit to this appointment.

PRESIDENT:* The Secretary could report on the regulation governing this matter.

> *The Secretary read Article 4-E of the Constitution of the Pan American Sanitary Organization, Article 52 of the Constitution of the World Health Organization, and Article 53 of the Rules of Procedure of the Conference, related to this matter.*

Dr. SEGURA (Argentina):* I note that the duration of the appointment is not being mentioned. I wonder if it would not be advisable to specify the duration of the term of office.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* Are there any comments on the proposal of Dr. Segura, of Argentina? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* At the present time, there is a resolution of the Pan American Sanitary Conference that limits the term of office of the Director to four years. Up to now, no Conference, neither the Thirteenth in Ciudad Trujillo nor this one, has amended the decision reached at Caracas. It is an established fact that the Director's term of office is four years. Those who favor stating this more precisely can very well do so, as the existing provision leaves no doubt but that the duration is four years.

PRESIDENT:* The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* Mr. President, I would request that the Secretary inform us and explain for the representatives of this Regional Committee whether there is some regulation in the World Health Organization that limits the service of any of its staff insofar as age is concerned. I am asking this because I understood that the WHO Executive Board had to consider this matter with respect to another Regional Director of the World Health Organization.

PRESIDENT:* The Secretary will reply to the question raised by Dr. Allwood Paredes.

SECRETARY:* As well as I remember, the Constitution of the WHO makes no mention of this point. But I believe the matter is considered in the Staff Rules of the World Health Organization, which I could request, since I do not have a copy at hand.

Mr. President, I have those Rules in English only and shall read them in that language, because I have no official translation at hand.

PRESIDENT:* The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* Gentlemen, I believe the matter brought up by the delegation of El Salvador is interesting to a certain extent, for purposes of information. This sovereign assembly has just now unanimously designated Dr. Soper Director of the Pan American Sanitary Bureau. This was the first step. At the same time, we propose Dr. Soper as Regional Director, since the body that will confirm this nomination is the Executive Board of the World Health Organization. In the WHO, the Regional Directors are appointed by the Executive Board, at the proposal of the Regional Committees. In the case of our Region, the agreement between the Pan American Sanitary Bureau and the World Health Organization stipulated that, at the time the agreement was signed, the Director of the Pan American Sanitary Bureau would assume the post of Regional Director, and that thereafter the regulatory provisions of the World Health Organization would be followed.

I wish to call the attention of the delegates to this point, which would undoubtedly be a point of friction between the Pan American Sanitary Bureau and the World Health Organization if by some misfortune it were ever wished to overrule this decision that the same person direct both the Pan American Sanitary

* The asterisk denotes that the person spoke in a language other than English.

Bureau and the Regional Office of the World Health Organization for the Americas. As to the general provisions mentioned here, they are part of the internal regulations of the World Health Organization. However, I participated directly in the nomination of Regional Directors of the World Health Organization last year and can state that this policy is not being applied strictly by the WHO Executive Board. There are at present three Directors who exceed the age referred to in those regulations. Nonetheless, I recognize that we should make no statement on the matter, that we should confine ourselves to referring our proposal to the WHO Executive Board, to nominating Dr. Soper as our proposed Director without any statement whatever, leaving it up to the Executive Board to consider the matter.

I have no doubt but that the Executive Board will fully confirm Dr. Soper as Regional Director, for otherwise conditions could be quite difficult and inharmonious. Apart from this, the fact is that Dr. Soper is not specifically affected by the regulation, as he is under the age mentioned. Consequently, even if the regulatory provision were applied strictly, it would not affect Dr. Soper at this time.

Therefore, Mr. Chairman, I recommend that we limit ourselves to affirming the election of Dr. Soper as Director of the Pan American Sanitary Bureau, and immediately thereafter transmitting his nomination as Regional Director, without any additional statement.

SECRETARY:* The provision of the Staff Rules reads as follows:

920 Retirement for Age. Staff members shall retire at the age of sixty. In exceptional circumstances the Director may, in the interest of the Bureau, extend the retirement age, provided that not more than a one-year extension shall be granted at any time and that in no case shall any extension be granted beyond the staff member's sixty-fifth birthday.

PRESIDENT:* I believe that the matter brought to the Conference for consideration, the election of Dr. Soper, has been settled. The other problems can be studied on another occasion.

Therefore, as President of the XIV Pan American Sanitary Conference, I solemnly proclaim Dr. Fred L. Soper elected Director of the Pan American Sanitary Bureau, for the term beginning 1 February 1955.

I request that the Secretary transmit our decision to Dr. Soper and ask him, if possible, to again take his seat at the officer's table of this Conference.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* We wish to ask the President to designate a committee of delegates to accompany Dr. Soper to this hall.

PRESIDENT:* Does the delegate propose any names?

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Dr. Bissot (Panama), Dr. Hurtado (Cuba), Dr. Segura (Argentina), Dr. Horwitz (Chile), and a delegate of the United States of America.

PRESIDENT:* If the Conference so agrees, the delegates designated will invite Dr. Soper to rejoin the meeting. Dr. Fajardo, of Guatemala, is recognized.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. FAJARDO (Guatemala):* My delegation wishes to add the name of a member of the delegation of Chile.

PRESIDENT:* Dr. Horwitz has already been mentioned and he will form part of the committee.

If the Conference agrees, we shall recess for a few minutes until Dr. Soper arrives. We shall then take up the next topic concerning the Executive Committee elections.

Agreed.

After some minutes, Dr. Soper entered the hall accompanied by the committee of delegates.

PRESIDENT:* Dr. Soper, I have the high honor to proclaim you and to receive you officially, on behalf of the XIV Pan American Sanitary Conference, as its new Director, beginning on 1 February 1955, and as the candidate for Director of the Regional Office of the World Health Organization for the Americas.[1] I cordially congratulate you.

Applause.

Dr. SOPER (Director, PASB):* Mr. President, delegates to the XIV Conference, members of the staff of the Pan American Sanitary Bureau, friends: you have just heard the statement of our President of the Conference regarding the choice for Director for the Pan American Sanitary Bureau, beginning the first of February 1955.

I regret to state that I am very much afraid the new Director will be very much like the old Director.

As Director of the Bureau in the past, I have felt that the shortcomings of the Organization are very much the responsibility of the Director, but that the success of the Organization depends entirely on the staff, the technical staff and the administrative staff of the Organization.

In the future, I expect to continue to be blamed for the things that you do not like, and I hope that you will be willing to help me give the credit to the staff for the things that we do get done.

We are trying to build teamwork in the Organization. We are trying to have a true international, inter-American organization and, insofar as this Conference has approved what has been done in the past, I take it that you are approving this policy. It will not at all times be the policy that will give the most effective administrative results, but I think, in the long run, it is the policy that you want and the policy that most effectively will develop the spirit of inter-American collaboration in the field of health. And, when I say inter-American, I am referring to the entire Continent.

Personally, and in the name of the staff, which has been working for this program, I want to thank you for this vote of confidence that you have given me.

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[1] See Resolution XIV, Final Act, p. 627.

* The asterisk denotes that the person spoke in a language other than English.

Topic 28: Election of Two Member Countries to Fill the Vacancies on the Executive Committee Created by the Termination of the Periods of Office of Ecuador and Mexico

PRESIDENT:* Dr. Vargas Méndez is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* Mr. President, delegates, I do not known whether my statements are in order at this time, since the Chair has already presented the topic on election of Member Countries to the Executive Committee.

PRESIDENT:* The delegate may make his statement later. We shall go on to the second point, which is the election of two Member Countries to fill the vacancies on the Executive Committee. Has the Secretary anything to add? The Secretary is recognized.

The Secretary read the document presented by the Director on this topic.[1]

PRESIDENT:* We shall now elect the two Members to fill the vacancies on the Executive Committee. The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* In studying the reference document, we note that there are four countries that have never served on the Executive Committee. Costa Rica, a highly democratic country that favors rotation in public office, would support the appointment of any of those countries that have not yet been members of the Committee, and it starts the nominations by proposing Paraguay for one of the vacancies.

Paraguay, during recent years, has been doing much to further its public health programs, and we feel that its membership on the Executive Committee would serve as a stimulus to those programs, in addition to providing an opportunity to a country that has never served on that Committee.

PRESIDENT:* There was a previous enrollment for the topic. The floor will be granted first to the delegate of Argentina and then to the delegates of Venezuela, Bolivia, and Chile.

Dr. SEGURA (Argentina):* The delegation of Argentina nominates Colombia and Chile to fill the two vacancies.

PRESIDENT:* The delegate of Venezuela is recognized.

Dr. ORELLANA (Venezuela):* The delegation of Venezuela nominates Colombia and Paraguay as members of the Executive Committee.

PRESIDENT:* The delegate of Bolivia now has the floor.

Dr. DORIA MEDINA (Bolivia):* Within the spirit of the democratic procedures being followed here, we are going to take a special and most important step. The delegation of Bolivia agrees that each and every country should have the opportunity of serving on the Executive Committee. Furthermore, it agrees that any country that has not participated in the Committee has a special right to membership.

My own country is now going through a most crucial period; whatever good

[1] Working Document CSP14/10, unpublished.

* The asterisk denotes that the person spoke in a language other than English.

or bad may come from it will necessarily have an effect, one way or another, on the other Members and sister countries.

In one bold step, we have just incorporated the two thirds of our population that had been isolated from the national economy. This step places us in an unusual situation. We are facing special and exceptional health problems that call for special and exceptional handling. We have come to a turbulent stream and it will require all our strength to cross it. In this we need and ask for the support of all our sister countries. It is our hope that at this moment true Pan-Americanism may become a reality, that it may not remain only a matter of lyrical words to be kept in writing, but may be translated into fact.

It is for this reason that the delegation of Bolivia, while believing that the right of membership on the Executive Committee should extend especially to countries that have not yet been members, and that it would be useful for such countries to serve on the Committee, nevertheless thinks it an urgent and pressing need that a fraternal hand be extended to other sister countries at this time. My delegation feels that it will be supported with respect to forming part of the Executive Committee, and for this reason itself presents, and thanks the delegate who has had the kindness to propose, the name of Bolivia. I believe, and the Bolivian delegation believes, that there is not a single sister country present here that would not give its support and collaboration. We need this support, this stimulus, in our present situation, so that, as I stated, the good we do may be the achievement of each and every one of the sister countries who collaborate with us.

My delegation thanks and supports the delegate who has presented the name of Bolivia, and on its own behalf also presents it.

PRESIDENT:* The delegate of Chile is recognized.

Dr. VALENZUELA (Chile):* The delegation of Chile appreciates the proposal made by the delegation of Argentina, but, believing it preferable that Members who have not yet been designated should fill the vacancies, declines this high honor.

We are ready to support the proposal of the delegate of Costa Rica to the effect that Paraguay be designated to fill one of the vacancies.

PRESIDENT:* The delegate of Ecuador is recognized.

Dr. GRUNAUER (Ecuador):* As Ecuador has now completed its term as member of the Executive Committee, I wish to express my appreciation to the staff of the Pan American Sanitary Bureau for the many facilities provided to assure the success of our work. I wish also thank the other Member Countries with which we have collaborated during these three years. We propose the names of Colombia and Paraguay to fill the vacancies on the Committee, and in so doing we are certain that their collaboration will prove most valuable in helping to solve the problems submitted to the Committee for consideration, as would be true also of the other countries that have been proposed.

PRESIDENT:* The delegate of El Salvador is recognized.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. ALLWOOD PAREDES (El Salvador):* In keeping with the wishes expressed here that the Executive Committee include those countries that have not yet been members, the delegation of El Salvador would suggest that Nicaragua be considered as a candidate for the Committee. We know of the efforts and progress made by the Government of Nicaragua in promoting health, and of its sincere and active participation in international activities, as evidenced by its recent membership in Central America's nutrition organization: the Institute of Nutrition of Central America and Panama.

PRESIDENT:* Dr. Segura, I shall, with the consent of the assembly, grant you the floor after the next speakers. First, the delegate of Guatemala is recognized.

Dr. FAJARDO (Guatemala):* The delegation of Guatemala supports the nomination of Paraguay and Nicaragua, considering this to be a good geographic distribution with respect to countries represented on the Executive Committee.

PRESIDENT:* Is there any comment? The delegate of Colombia is recognized.

Dr. RODRÍGUEZ (Colombia):* The delegation of Colombia thanks the delegations that have nominated it to serve on the Executive Committee of the Pan American Sanitary Organization.

My country's delegation feels that its aspiration is fully justified, as Colombia is one of the few countries that has not served on the Committee, and also because of the great interest our Government is taking in public health problems and the active work it is doing to solve them. Moreover, the Ministry of Health is increasingly desirous of taking advantage of the latest advances in public health techniques in all parts of the world.

The delegation of Colombia is pleased that the name of the Republic of Paraguay has been proposed and will vote in favor of that proposal.

PRESIDENT:* The delegate of Argentina is now recognized.

Dr. SEGURA (Argentina):* In view of the generous withdrawal of the Republic of Chile, which the countries that have not been represented on the Committee should appreciate, the delegation of Argentina has the great satisfaction of supporting the nomination of the Republic of Paraguay.

PRESIDENT:* If the Conference agrees, we shall now appoint two Members to serve as tellers. We propose Venezuela and Argentina.

Agreed.

PRESIDENT:* The countries that have been nominated are: Paraguay, Colombia, Bolivia, and Nicaragua. Two names can be placed on each ballot. If the Conference agrees, we shall proceed to elect the members. The Secretary will again read some instructions on the voting.

The Secretary read Article 44 of the Rules of Procedure.[1]

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[1] See p. 12.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The Secretary will report on which participants at the Conference are entitled to take part in the election.

The Secretary read Articles 15, 16, 17, and 18 of the Rules of Procedure.

PRESIDENT:* The tellers are requested to come to the rostrum.

The ballots were distributed and the collection of votes was begun.

PRESIDENT:* The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* Mr. Chairman, I fear that this vote that has been taken is not constitutional. I am not sure whether the Secretary specified which Members present may vote and which Members present may not vote. It may be evident which Members present may and which may not vote in this election, since the vote concerns Members of the Organization in a strictly constitutional matter, in which the right to vote is limited to certain Members. I wish to know what is the legal number of votes that should be cast in this election.

SECRETARY:* The articles of the Rules that I read and that the delegates have heard are Articles 15, 16, 17 and 18.

The Secretary then reread the said articles.

PRESIDENT:* The delegate of Argentina has brought up a problem of some consequence. You have heard the Secretary report on what is established in the present Constitution and in the Rules of Procedure of the Conference.

I would like to ask the delegate of Argentina whether the reading has settled his doubts as to the legality of this voting.

Dr. SEGURA (Argentina):* This delegation believes that a group such as the Executive Committee, to which are delegated, in the final analysis, the functions of the Conference and of the Directing Council, should be formed of Members that have relationship with the Organization of American States, of which our Organization is a specialized agency. I believe that the decision as to which Members from among the twenty-one American republics are to serve on these governing bodies should be the exclusive function of the Members of the Pan American Sanitary Organization. If the Members representing the territories cannot serve on the Executive Committee, then they should not be entitled to participate in selecting its members. In our opinion, this is one of the exceptions in which the territories should not participate in the voting. Therefore, I shall put it to the full Conference to judge whether this position is or is not in error, in the opinion of the majority.

PRESIDENT:* The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica has heard with interest the interpretation given by the delegation of Argentina to the procedure already established and feels that it should be clarified whether the recommendation of the Organization of American States, with respect to non-participation in constitutional matters, refers, as is believed by the delegation of Costa Rica, to modifications in the Constitution.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* The delegation of Ecuador was very much interested in hearing the remarks of the delegate of the Republic of Argentina, as well as the pertinent articles of the Rules read by the Secretary. It believes that the appointment of the members of the Executive Committee is strictly a constitutional matter of the Pan American Sanitary Organization and a question of internal organization of the PASO, since this group, this body, has no part to play insofar as the World Health Organization or the Regional Committee is concerned.

The Executive Committee is exclusively an organ of the Pan American Sanitary Organization, and, therefore, in our judgment it is clearly and implicitly included within the exceptions established in Article 15 of the Rules. Consequently, we believe that in this case only the American republics should be entitled to vote.

PRESIDENT:* Dr. Soper is recognized.

Dr. SOPER (Director, PASB): I believe we have a problem here that may be related to the activity of the Directing Council as such.

At its meeting in 1951 the Directing Council passed Resolution VII, "Authorization to the Executive Committee of the Directing Council to Act as Working Party on Behalf of the Regional Committee of the World Health Organization for the Americas," as follows:

Whereas: The Directing Council acts as Regional Committee of the World Health Organization, and in that capacity reviews the budget of the Regional Office for the Americas; the Executive Committee studies the budget of the Pan American Sanitary Organization prior to the consideration thereof by the Directing Council; and it is desirable that the Executive Committee, when reviewing the budget of the Pan American Sanitary Organization, have available a complete picture of the planned activities of the Bureau for any given period,

The Directing Council *resolves:* To authorize the Executive Committee of the Directing Council to act also as working party on behalf of the Regional Committee for the Americas in reviewing all matters concerning administration, budget, and finance.

I submit this action, Mr. Chairman, only for information, since it does authorize the Executive Committee to act for the Regional Committee of the World Health Organization, as well as for the Council. And the Executive Committee, at its September meeting, does discuss and consider the budget of the World Health Organization, in the same way as at the spring meeting it discusses and considers the budget of the Pan American Sanitary Bureau.

PRESIDENT:* The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* Since I do not have the documents at hand, I request that the Chair read paragraphs 1, 2, and 3 of the decision passed in October 1951, extending certain voting rights to the territories, with the exceptions that appear in the resolution.

PRESIDENT:* The Secretary will read from the Basic Documents.

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* The asterisk denotes that the person spoke in a language other than English.

SECRETARY:* Number 5 of the Basic Documents relates to participation in meetings of the Directing Council by certain Members of the World Health Organization not having their seats of government within the Western Hemisphere.

The delegate of Argentina has requested that the paragraphs be read. I would appreciate his repeating the numbers.

Dr. SEGURA (Argentina):* I have in mind those three articles that were passed *ad referendum* by Argentina and on which Argentina announced its non-acceptance, but that were approved by the Directing Council in October 1951.

SECRETARY:* Resolution XV of the V Meeting of the Directing Council reads as follows:

The Directing Council *resolves:*

(1) That all meetings of the Directing Council shall at the same time be meetings of the Regional Committee of the World Health Organization except when the Directing Council is considering constitutional matters, the juridical relations between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States, or other questions relating to the Pan American Sanitary Organization as an Inter-American Specialized Organization.

(2) That, modifying paragraphs (a) and (b) of Resolution II of the II Meeting of the Directing Council, the vote on Pan American Sanitary Organization budget matters is granted to States Members of the World Health Organization not having their seats of government within the Western Hemisphere, which "(a) either by reason of their Constitution consider certain territories or groups of territories in the Western Hemisphere as part of their national territory, or (b) are responsible for the conduct of the international relations of territories or groups of territories within the Western Hemisphere." The vote thus granted shall be on behalf of these territories and shall be contingent upon their making an equitable contribution to the budget of the Pan American Sanitary Organization. The privilege of voting on the Pan American Sanitary Organization budget thus granted may be exercised either by the representative of such territories or by the representatives of the Member States of the World Health Organization referred to above.

(3) To amend the Rules of Procedure of the Directing Council, in accordance with the recommendation of the Executive Committee, to provide, *inter alia,* that if the representative of a non-Member State of the Pan American Sanitary Organization is elected an officer at any meeting, such representative will not officiate in the sessions at which any of the matters mentioned in paragraph 1 is under discussion.

PRESIDENT:* Is there any comment? The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* Implicitly, when these modifications were proposed to the Directing Council, the idea was to grant the territories the right to vote in essentially technical matters that could come up in the Organization: problems of public health, budget of the Organization. But the election of the persons who are to govern this Organization lies far beyond technical public health matters and budget.

I believe that the delegation that presented this proposal wished to distin-

* The asterisk denotes that the person spoke in a language other than English.

guish clearly matters related to the governing of the Organization from essentially public health matters.

The speaker believes that this is one of the exceptions, one of the few cases in which the territories should not take part in the decisions on the governing of the Organization. Our delegation considers this view to be fundamental and one that interprets the spirit and the letter of the provisions approved by the Organization.

PRESIDENT:* The delegate of Guatemala has requested the floor.

Dr. FAJARDO (Guatemala):* The delegation of Guatemala is in full agreement with the views of the delegations of Argentina and Ecuador, as expressed by Dr. Segura and Dr. Montalván.

PRESIDENT:* The delegate of France has the floor.

Mr. CARRAUD (France):* I would like to state that I too agree with Dr. Segura, up to a certain point, when he recalls especially the spirit that inspired the provisions adopted by the Directing Council in October 1951.

At that time it was a question of distinguishing between constitutional problems and technical problems, a distinction that France also is most desirous of making. We do not agree, however, that when the Conference or the Directing Council designates the members of the Executive Committee it is taking up a constitutional matter.

It is a constitutional matter to establish the Executive Committee, but to designate its members involves, not a constitutional but a procedural matter. When the elections are held in a country pursuant to constitutional laws, the action involves, not a decision on constitutional matters, but rather the application of the constitution. The Executive Committee, just as the Directing Council, is an organ that possesses certain powers delegated to it by the Conference or by the Council. Specifically, it has powers with respect to budgetary matters when neither the Directing Council nor the Conference are in session; therefore, it must rule on purely technical matters. Moreover, since it was decided in paragraph 1 of Resolution XV (I believe no one will deny the point) that all meetings of the Directing Council shall at the same time be meetings of the Regional Committee of the World Health Organization, a point that was later established also by the Conference, it must be admitted that the Executive Committee has powers delegated to it by the Regional Organization of the WHO, particularly with reference to budgetary matters.

The distinction between the role played by the Executive Committee in specifically inter-American matters and its role as an organ whose powers are delegated to it by the Regional Committee of the WHO has been fully recognized. This distinction has been borne out in practice, since the representatives of the non-self-governing territories are not authorized to form part of the Executive Committee. Therefore, it seems completely logical that, on the other hand, they be entitled to participate in the voting when Members are elected to serve on this Executive Committee.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The delegate of Bolivia has the floor.

Dr. BROWN (Bolivia):* The delegation of Bolivia believes that the representatives of territories in the Americas have the right to vote, because they are also entitled to be elected as officers at the meetings. If this were not so, if they did not have this right to vote, much less could they have the right to serve as officers or be elected at a meeting.

I think that, so long as the Rules of Procedure are in effect, to withdraw the right to vote from the territories would necessarily imply a revision of the Constitution that contains this provision.

PRESIDENT:* The Chair recognizes the delegate of the Netherlands.

Dr. SWELLENGREBEL (Netherlands): I am quite in accord with what has been said by the delegate of France. Moreover, I do not understand why this new decision is about to be taken, that is to say, the decision to deprive the representatives of the territories of the vote on the members of the Executive Committee, or, better to say, on the members of the working party of the World Health Organization, whereas this right has been granted them in various previous meetings either of the Conference or of the Directing Council.

So, I state that, in my opinion, we have a perfect right to vote on this matter. However, as there is some doubt in the minds of others as to this right, which to my mind is indisputable, my delegation will abstain from voting. But it does so quite voluntarily and simply because we do not want to go against the will of delegates of various American republics. But, by abstaining, we do not in the least wish to say that we have not the right to vote, because, I state again, we have that right. My delegation, at least as a courtesy, will abstain.

PRESIDENT:* The delegate of the United Kingdom has the floor.

Dr. HARKNESS (United Kingdom): I wish to endorse the views expressed by the representative of Bolivia, the representative of France, and the representative of the Netherlands.

I have found that in this Organization, as the Regional Committee of the World Health Organization, the territories of the United Kingdom have the right to be represented and to vote in all particulars connected with the work of the Organization, to take part in all the committees that deal with the matters of the Regional Committee, and to participate in both technical and residual matters on an equal basis with other Members of the Organization.

My delegation feels that we derive our right to participate in this way from the decisions and rulings of the Constitution of the World Health Organization. We shall not be prepared to admit that we surrender that right in any degree whatsoever.

However, as my colleague of the Netherlands has suggested, since this question is causing some difficulty in the minds of our colleagues in the Regional Committee as to whether it is a constitutional or merely a procedural matter, my delegation is prepared not to exercise our vote at this particular time, without surrendering any rights whatsoever and until the position of this Organization,

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acting as and serving as the Regional Committee of the World Health Organization, is finally decided.

PRESIDENT:* The Chair is faced with a problem brought out during this discussion by the delegates. We believe that this problem will have to be solved definitively when the Conference takes up the matter of constitutional revision. If at this session we were to insist on the entitlement or non-entitlement of the non-self-governing countries to vote, we would have to take a vote to settle this particular point, in order to determine how the voting should proceed. But, as the delegates for the non-self-governing countries have announced that they will abstain from voting, I believe that we should proceed by holding another election. The problem of the participation of such countries in future voting can be discussed at the time this Conference rules on the proposed revision of the Constitution.

The Chair submits this proposal to the Conference for consideration.

Approved.

We shall now hold another election. The delegate of Bolivia is recognized.

Dr. BROWN (Bolivia):* I would appreciate it if the Secretary would read or inform us concerning the procedure followed at previous elections, under these same conditions.

PRESIDENT:* The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* The delegation of Cuba feels that the discussion that took place after the election is out of order, since I understood that the vote was taken and that all the delegations cast their ballots. The votes are in the ballot box; they have not been counted, but they have been cast. Consequently, to decide on a person's entitlement or non-entitlement to vote after the vote is cast and before the results are known is entirely out of order. How can a vote that has been cast be cancelled? I am surprised that this debate could have arisen at the very moment of the voting, when the votes were already in the ballot box. Hence, it is a question, an incident prior to the vote count, that has no precedent or procedural justification. During the voting, the debate is closed and no discussion can be introduced. In the course of the voting one can make any reservations one wishes, but discussions cannot be opened during the voting. Voting is under way from the moment that the votes are collected and deposited in the ballot box. We are now awaiting the teller's count. The delegates for the non-self-governing countries have voluntarily and, I suppose, through courtesy, refrained from raising a point of order, although they could have done so. They no doubt made a courteous gesture at the very beginning and the blank ballots probably will be theirs, as they have spoken of abstaining, etc. But we are placed before an accomplished fact.

Mr. President, we are in the midst of voting. The mechanical part of the voting has been completed; the delegates have marked their ballots and have

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deposited them. We have completed the first part. The second required step is to count the votes. Between the voting and the counting there can be no deliberations. All this discussion is strictly outside the voting, and the courtesy and consideration I admire can be no substitute for regulatory procedure.

PRESIDENT:* I feel that, from the strictly regulatory viewpoint, Dr. Hurtado may be perfectly right. But the Chair was able to observe how the objections of the delegate of Argentina were made at the moment the vote was being taken. Moreover, I feel that the Conference is the supreme body to determine, at a given time, a modification in procedure, which is actually what has taken place. The number of delegations participating and the type of arguments presented made it apparent that part of the Conference favored resuming the debate on the question of voting, and the debate related not so much to procedure as to an objection raised during the voting when the attitude of the Members participating in the vote was observed.

I apologize if at any time I have objected to a strictly regulatory procedure. But keeping in view the need for harmony and understanding at our Conference, I feel that sometimes a point of great import could, if dealt with in strictly regulatory manner, interfere with better future understanding. The Chair to some extent has felt authorized, not actually to invalidate the voting, but simply to propose to this Conference, which is the supreme body in all its powers and functions, that we adjust ourselves to the problem that has arisen and that we take a decision on Dr. Hurtado's proposal. There are two points: first, according to the regulations, the voting has taken place; second, an objection was raised by the delegation of Argentina with respect to the legality of this vote, and this point gave rise to a debate. We must decide on whether we shall accept the vote as it was taken. According to the regulations, that is what we should do. On the other hand, it has been proposed to the Conference that the votes be cast again. It is up to the Conference to decide whether we shall proceed to vote again, or respect the vote now in the ballot box. Taking into account the different opinions, it is my duty to respect them. I propose that the assembly decide whether it is fitting under the Rules to again cast votes, or whether the vote already taken should be accepted.

The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica is in complete accord with the delegation of Cuba. We, in our democratic practice, would never think of introducing a discussion on a vote cast pursuant to legal procedure. Nothing that has been done here, in collecting the votes from the delegations, in determining the names of those entitled to vote, can be objected to from the strictly legal point of view. Consequently, the delegation of Costa Rica feels that this voting is perfectly legal, that we are not discussing the constitutional question of modifying what is already in the provisions read by the Secretary, which authorize the non-self-governing territories to take part in this election. Therefore, in strict accordance with democratic principles, principles

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on which we in Costa Rica have been bred, I support Dr. Hurtado's proposal that the contents of this ballot box be accepted and respected.

PRESIDENT:* The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* I wish to state my disagreement with the worthy opinion that the delegate of Cuba has expressed to this Conference—an opinion often so well informed from the legal point of view but one that at this time is somewhat in opposition to what I think. I do not believe that any regulation or procedure is violated when a doubt is expressed or a discussion arises on the subject of a vote. Under all democratic procedures, in all parts, I believe it is perfectly in order to cancel a vote when any illegality is observed. A doubt arose in the mind of at least one person during the voting. The delegate of Argentina raised a question as to whether, pursuant to our rules and regulations, it would be in order for the members representing non-self-governing territories to vote, because he had noticed that votes were collected from those delegates. And since he did not believe this procedure to be legal, he proposed that this ballot not be considered and that the assembly discuss a point that could lead to cancellation of the vote. In various types of voting, a vote is frequently cancelled because of legal procedural details, and such votes can be cancelled after they are cast. This occurs in many legislatures, in many types of voting. Therefore, in my judgment, it is fitting to consider the point raised.

As to the question of whether there was or was not a debate, there was one and opinions were expressed; hence, the debate was just as real as the voting. Consequently, I believe that the debate was in order and that all the objections or observations made by the delegate of the Republic of Argentina are of value.

PRESIDENT:* The delegate of Argentina has the floor.

Dr. SEGURA (Argentina):* At these Conferences, the value of ideas should not be based on the force used in sustaining them. Ideas are valuable in themselves. Therefore, the way in which they are expressed gives them neither more nor less power. During this voting, we had in mind the fact that the appointment of the Executive Committee was one of the most important and most sovereign of the actions of the Governments under the Constitution of this Organization. Consequently, I was convinced that to govern such matters is a right inherent to the Member Governments and, therefore, that those Governments should have the exclusive right to make these appointments. Thus the doubt was raised because I believe it to be a logical one. It is always far from the mind of the delegation of Argentina or of any representative of Argentina to underrate in any way the position of the nations that represent these territories. The solidarity of Argentina with those countries is traditional. Argentina is sustaining purely juridical principles. In this respect, I believe that, when the President of the Conference suspended the election, the course of events changed.

Perhaps, when the election was initiated, the Secretariat failed to specify clearly what persons the Chair believed should participate in the election. If we had been advised, if a distinction had been made beforehand, that would have been the time to make the observation that came later. Therefore, our delegation

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will agree to whatever the majority resolves, with the understanding that we believe we have merely defended a juridical position and that the action we took has no other significance.

PRESIDENT:* The delegate of France is recognized.

Mr. CARRAUD (France):* The delegation of France wishes to state that, on the occasion of previous Executive Committee elections, when the regulations were exactly the same as they now are, the three delegations referred to by Dr. Segura participated in the voting. We stress again that the Executive Committee is a body of the Regional Committee of WHO as well as of the Pan American Sanitary Organization. The delegation of France could not agree that the voting be repeated only on the pretext of illegality in procedure.

A way could be found to settle the difficulty, namely, by ruling that the vote should be repeated because each of the delegations did not have the opportunity of expressing an opinion. Debate had not been completed when the vote was taken. On the other hand, I believe that, in practice, this would not have made such a great difference, as several delegations stated they would abstain from voting.

Perhaps the voting could be repeated, not because the first vote was taken under conditions of illegality, but because it was taken before several delegations had had the opportunity of expressing their views completely.

PRESIDENT:* The delegate of the United States has the floor.

Mr. CALDERWOOD (United States): I should like to confine my remarks to the procedural question that has been raised.

On that point, I should like to express the concurrence of our delegation in the remarks made by the delegate of Cuba.

At the beginning of this meeting, the Conference adopted the Rules of Procedure on a provisional basis. At that time, it was agreed that the question of the Rules of Procedure would be reconsidered after a decision had been taken on the revision of the Constitution. At those meetings of the Directing Council, I believe at the last meeting of the Conference, these same Rules of Procedure under which we are now operating were in effect. Under these Rules of Procedure the representatives of territories were permitted to vote. If there had been any attempt, any intention, to challenge them, that protest, that objection should have been raised at the time when we were adopting the provisional Rules of Procedure or, certainly, before the vote was taken, and we must therefore support the view of the Cuban delegation that a vote has been taken and that we must proceed with the count.

PRESIDENT:* Dr. Hurtado is recognized.

Dr. HURTADO (Cuba):* The delegation of Cuba wishes to state, first, that it is not making a motion but only raising a point of order. It is stating that the order was disrupted at the moment the voting was interrupted, for the voting consisted of two parts: collection of votes and counting of votes.

I am not blaming the Chair, but rather applaud his liberal and open spirit, which has given such latitude to everyone to express his opinion. But that is not

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the point. The criterion cannot be accepted because it would lead to confusion.

However full the powers of the Conference may be, it has certain limits and is obliged to adhere to its general regulations.

Full power of the Conference does not mean that a constitution, a procedure, or a standard can be decreed every five minutes. The Conference has a constitution. To do what is being suggested would not mean power or full rights of the Conference. So much so that if we fail to follow here the established regulations, within the spirit of which we are independent and free, we, the international agencies, might fall into disorder.

In this case, I stand on my ground. Mr. Chairman, this voting has begun, and it should end with a count and a report of the results. Any other procedure would be a flagrant interruption and a failure to comply with our own standards. There is a principle of law to the effect that no one can go against his own rulings; and these rulings are basic and have precedence over the momentary interpretation we have just heard.

Consequently, in view of the late hour, I wish to inquire of the Chair whether my point of order is accepted or not. Points of order also are not discussed; points of order are settled by the Chair and, if not by the Chair, by the full Conference; but they are settled.

PRESIDENT:* We believe that, from the strictly regulatory point of view, the solution would be to count the votes. If the delegations that have objected in any way to this election insist on their views, they should take their complaint to the Committee on Legal Matters, which, after studying the matter, will submit the results of its deliberations to this assembly.

Consequently, to end this debate, we offer the floor for a last turn to Dr. Segura, of Argentina.

Dr. SEGURA (Argentina): The delegation of Argentina requests that the Chair appoint another Member as teller for this election.

PRESIDENT:* The delegation of Argentina has withdrawn as teller. We therefore appoint the delegate of Chile. Dr. Horwitz will report on the results of the vote.

Dr. HORWITZ (Chile):* Votes cast, 22; void ballots, 0; blank ballots, 0; majority, 12. Results: Paraguay, 18 votes; Bolivia, 8 votes; Colombia, 11 votes; Nicaragua, 6 votes.

PRESIDENT:* According to the count only Paraguay has been elected.

The Chair proclaimed Paraguay a new member of the Executive Committee.[1]

Applause.

PRESIDENT:* We shall repeat the vote with respect to the two countries that received the next largest number of votes, that is, Bolivia and Colombia. The delegates of Venezuela and Chile are requested to continue serving as tellers. The delegates will cast votes for only one country.

The vote was taken.

PRESIDENT:* Dr. Horwitz, of Chile, will announce the results of the count.

[1] See Resolution XV, Final Act, p. 628.

* The asterisk denotes that the person spoke in a language other than English.

Dr. HORWITZ (Chile):* Votes cast, 22; blank ballots, 2; void ballots, 0; majority, 12. Results: Bolivia, 7 votes; Colombia, 13 votes.

The Chair declared Colombia elected for the second vacancy.[1]

Applause.

PRESIDENT:* The delegate of Paraguay is recognized.

Dr. ZACARÍAS ARZA (Paraguay):* On behalf of my country, I wish to thank the delegates for the confidence placed in me. We have seen here the generosity and unselfishness of men who give and sacrifice so much for the benefit of others. At the risk of forgetting some names, I wish to express special appreciation, on behalf of my country, to Dr. Soper, Dr. Swellengrebel, Dr. Hurtado of Cuba, Dr. Vargas Méndez of Costa Rica, Dr. Cappeletti of Uruguay, Dr. Segura of Argentina, and Dr. Horwitz of Chile—men who are working toward a better life for the peoples of the Americas; men, who, in their every statement, continue giving us lessons in hope.

With this example in mind, I wish to assure you that we shall do everything in our power to assist the Pan American Sanitary Bureau in carrying out its work for the good of the peoples of America. Thank you.

PRESIDENT:* The delegate of Colombia has the floor.

Dr. HENAO MEJÍA (Colombia):* The delegation of my country wishes to express its deep appreciation to this assembly for the honor just paid to Colombia.

We also are aware of the great responsibility that comes with this honor and our country pledges to do its utmost in fulfilling our duties.

PRESIDENT:* The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* On behalf of the delegation of Uruguay, I propose that a vote of applause be given to the outgoing members of the Executive Committee, Ecuador and Mexico, for the excellent work they have done during their terms of office.

Applause.

PRESIDENT:* The delegate of Ecuador has the floor.

Dr. MONTALVÁN (Ecuador):* On behalf of the delegation of Ecuador, I thank the Conference for this expression of appreciation of my country's service on the Executive Committee of the Pan American Sanitary Organization. During our term of office, our only wish was to do everything within our power to merit the confidence shown in us by the public health workers of America, when they chose us to assist in directing and administering the affairs of Pan American Sanitary Bureau. I thank you.

PRESIDENT:* The Secretary has some announcements to make.

SECRETARY:* It is requested that the two elected countries, Paraguay and Colombia, appoint their representatives to the Executive Committee, so that they may attend the meeting to be held on 22 October, probably at 9:00 a.m.

PRESIDENT:* The session is adjourned.

The session was adjourned at 2:12 p.m.

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[1] See Resolution XV, Final Act, p. 628.

* The asterisk denotes that the person spoke in a language other than English.

EIGHTH PLENARY SESSION

Tuesday, 19 October 1954, at 9:50 a.m.

President: Dr. OSCAR VARGAS MÉNDEZ (Costa Rica)
Later
Dr. W. PALMER DEARING (United States)

PRESIDENT:* The meeting will come to order. The Secretary has the floor.

SECRETARY:* The General Committee, which was unable to meet today at 9:00 a.m., will meet at noon to consider the program of sessions. One of the points it will consider will be the possibility of calling a night session, in the event the program cannot be carried out according to schedule, or completed by 22 October, as was planned.

PRESIDENT:* Since certain documents covering the first item on the order of business have not yet been distributed, we shall begin with the second item. And, in the absence of the Rapporteur, the Chair invites Mr. Hinderer, of the Pan American Sanitary Bureau, to present the second report of Committee II. Mr. Hinderer has the floor.

Second Report of Committee II

Mr. HINDERER (Chief, Division of Administration, PASB): At the fourth and sixth sessions of Committee II, on Administration, Finance, and Legal Matters, the following draft resolutions were approved: form of presentation of the PASB budget, relations with nongovernmental organizations, program and budget for the Regional Office of WHO and for the PASB for 1956, modification of the WHO program and budget for 1955, and functions of the Executive Committee in the preparation of the Pan American Sanitary Conference. I believe these documents will be distributed in a few minutes.

At the sixth session of the Committee, the selection of the place and date of the XV Pan American Sanitary Conference was brought up for discussion, and the topic was postponed at the request of the delegate of the United States. It will be considered again this afternoon.

The draft resolution on stipends for fellowship students, which was returned from plenary session to the Committee, was redrafted and approved by the Committee.

The draft resolution on the Emergency Revolving Fund, which was also returned from plenary session to the Committee for consideration, was withdrawn by the United States after careful review and comparison of the proposed new terms with the original text of the resolution now in force. Since this was the United States' proposal, the draft resolution will be eliminated.

The Committee then took up the Constitution and reviewed it, article by article; it studied thirty-seven of the fifty-five articles.

* The asterisk denotes that the person spoke in a language other than English.

The next meeting of Committee II will be held this afternoon at three o'clock, in the South Room, on the second floor.

PRESIDENT:* Thank you very much, Mr. Hinderer. Do any of the delegates wish to comment? If not, we shall take up item one of the order of business: first report of Committee I (Technical Matters). Dr. Horwitz, of Chile, is recognized.

First Report of Committee I [1]

Dr. HORWITZ (Rapporteur of Committee I, Chile):* According to the approved program of the Conference, Committee I divided its activities among four working parties charged with studying the following topics: (a) Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs, (b) Control of Infant Diarrheas in the Light of Recent Scientific Progress, (c) Application of Health Education Methods in Rural Areas in Latin America, and (d) Eradication of Malaria.

I wish to call attention to the common denominator apparent in these four working parties, one that, in my opinion, has become an outstanding feature of this Conference: the quality of the statements made during the debates, the interest displayed by the participants, and the calm judgment shown in reaching the conclusions that are today submitted to this plenary session for consideration. I say that this is an outstanding feature because, in our opinion, it will set a standard for future public health conferences.

I shall now report on the conclusions of the first three working parties.

Topic 11-B (i) Technical Discussions: Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs (Working Party A) [2]

Dr. HORWITZ (Rapporteur, Chile):* The Working Party held six sessions, the Moderator being Dr. Darío Curiel, of Venezuela, and the Rapporteur, Dr. Hugo Behm, of Chile. Dr. Ruth Puffer, of the Pan American Sanitary Bureau, served as Secretary, and Dr. Enrique Pereda, of Chile, as Technical Expert.

The Working Party adopted the paper presented by Dr. Enrique Pereda[3] as the basis for its discussion. This document, the importance of which is to be stressed, has been used extensively in this report.

The bases for the conclusions reached were, first, that statistics provide a basic tool in the planning, development, evaluation, and improvement of health programs and, second, that health is closely linked to economic, cultural, and social development. It is therefore necessary to have economic and social statistics that will give an over-all picture of community problems and will help develop a unified plan for raising the standard of living of the people. In conformity with these principles, the Working Party centered its discussions around nine fundamental points, on each one of which it proposed specific resolutions. The first point was that relative to statistics required in health programs and,

[1] See p. 438.

[2] See p. 444.

[3] See Document CSP14/26, p. 502.

* The asterisk denotes that the person spoke in a language other than English.

in this respect, it was decided to recommend that the Member States, to the extent that their economic, social, and cultural development permits, extend and improve the collection, processing, analysis, and timely publication of statistics on population, vital statistics, morbidity statistics, statistics on health resources and services, and socio-economic statistics related to health.

The second point was that relative to statistics on population, concerning which it is recommended to the Member States that their health agencies promote and cooperate in the provision of timely and reliable demographic statistics; participate in the planning of population censuses, so as to ensure that they include the maximum of data essential for health programs; and make use of public health surveys, when necessary, to provide additional data on population.

PRESIDENT:* I would like to ask the Conference whether, in order to gain time and avoid returning to each of these points, we could begin to approve the report, point by point. Dr. Horwitz has just read the second of these points, which we might now discuss. Dr. Horwitz has the floor.

Dr. HORWITZ (Chile):* All the groups have summarized the results of their discussions in one joint resolution, which I intended to present after reporting on the work of each group. All of the points, as has been said, relate to the problem of statistics, and, if the Chairman agrees, we could finish the summary report and then present the joint resolution.

PRESIDENT:* Very well, Dr. Horwitz. Please continue.

Dr. HORWITZ (Rapporteur, Chile):* Vital statistics is the third point considered by the Working Party. In this respect, it was recommended that the Member States, through their national agencies, seek to apply: (1) the *Principles for a Vital Statistics System*, of the United Nations, stressing the collection and processing of those data that specifically serve the aims of health; and (2) Regulations No. 1 of the World Health Organization, regarding the use of the *International Statistical Classification of Diseases, Injuries, and Causes of Death.* It was further recommended that, in the use of the above, special attention be given to improving the procedures for collection of basic statistical information at the local level.

As for morbidity statistics, the Working Party recommends that Member States promote the utilization of general morbidity statistics for the purposes of health programs, and that they take permanent measures to comply with the recommendations of the Third Report of the Expert Committee on Health Statistics of the World Health Organization. It also recommends that the Member States take immediate steps to improve the reporting of communicable diseases, through the use of the *International Sanitary Regulations* (Regulations No. 2 of the World Health Organization), the *Basic Procedures for the Reporting of Communicable Diseases* (Scientific Publications, No. 9, Pan American Sanitary Bureau), and the *Guide for the Reporting of Quarantinable and Other Communicable Diseases in the Americas* (Miscellaneous Publications, No. 6, Pan American Sanitary Bureau).

* The asterisk denotes that the person spoke in a language other than English.

With respect to statistics on resources and services, the Working Party recommends that the Member States take measures to obtain statistics on the national resources devoted to health and the services rendered to the community, so that this information may facilitate the planning, development, evaluation, and improvement of health programs.

Concerning socio-economic statistics related to health, the Working Party recommends that the Member States promote the use of such statistics by health agencies, in order to unify the activities designed to raise the living standards of the population.

With regard to statistical services in health administrations, the Working Party recommends that the Member States create, or stimulate and strengthen, the statistical services in these administrations, providing them with material facilities and adequately trained statistical personnel. It further recommends that, in order to coordinate the various administrations producing statistics of health interest, the Member States promote the establishment and development of national committees on vital and health statistics, in accordance with the Report on the First International Conference of National Committees on Vital and Health Statistics; and that, in order to produce reliable basic data essential for vital statistics, local coordination be established between health services, civil registration, and statistical services.

As to the dissemination and teaching of statistics applied to health, the Working Party recommends to the Member States that, with respect to professional health workers, they include in the curriculum of the schools of medicine, nursing, social work, etc., the teaching of statistical methods applicable to health; and that they orient the teaching of statistics given in schools of public health toward their practical application in health programs. It also recommends that, according to national needs, the governments carry out teaching programs on the following levels: (a) university courses for education of statisticians, with a foundation in mathematics and specialization in various fields, including health; (b) graduate courses for health statisticians who already have completed their undergraduate university education; (c) courses at an intermediate level in the schools of public health for the employees in statistical services who have completed secondary education; and (d) in-service training for employees who work in local or central offices in the collection and utilization of original statistical data. It is further recommended that the governments establish a professional statistical career, in which there is provision for proper classification of positions and adequate salaries. Another recommendation is that the Member States stimulate teamwork of professional health workers and statisticians, so as to encourage the application of statistical methods in health programs and clinical research; and finally, that the Pan American Sanitary Bureau be requested to aid the Member States as much as possible in the development of educational and training programs in statistics applied to health.

Lastly, with respect to the summary of reports of the Member States for 1954-1957, the Working Party recommends that the Member States immediately begin the improvement of these statistical data, in accordance with the recommendations of international organizations; and that they agree to increase the

statistical information contained in reports to the next Pan American Sanitary Conference, and decide upon the procedures for obtaining such information and the methods for ensuring its international comparability, with the active collaboration of the Pan American Sanitary Bureau and through seminars and other activities for the exchange of ideas and procedures.

Dr. Horwitz (Rapporteur, Chile) then read the draft resolution on methods of improving the reliability of raw statistical data required for health programs, appearing in the report of Working Party A.[1]

PRESIDENT:* Thank you, Dr. Horwitz. The Chair has some doubt as to the form in which the final recommendation is made, since in the first working party document recommendations are made to the governments concerning various activities; they are made in different ways, but, in any case, they are made to the governments. And these recommendations are to be included in the Final Act. Perhaps it would be necessary to change the wording of paragraph 1 of the final resolution to state that the recommendations are made to the governments.

The resolution refers to a document to be attached. It is my impression that no conference documents should be attached to a Final Act; the latter might include only a footnote stating that such documents will be included in the Proceedings. I would therefore appreciate it if the Secretary would explain what procedure should be followed, so that these excellent recommendations of the Working Party on statistics may properly be taken into account.

SECRETARY:* The draft resolutions appearing in the Working Party document are so drafted—with preambles and operative clauses containing the recommendations to the governments—that the Conference might prefer to incorporate them as resolutions in the Final Act. The phrase "The XIV Pan American Sanitary Conference" could be inserted after the title, "Statistics," and the word "Resolves" added before the operative clauses. This could be done, if the Conference so decides, since the recommendations are drafted in accordance with the format used for the Final Act.

If it is decided to adopt only the single summarized resolution, paragraph 1 thereof could state that the Conference approves the technical recommendations contained in the report of Working Party A and the paper prepared by the expert. In order to follow the format established for the Final Act, a footnote could be added to state that both of these documents will appear in the Proceedings of the Conference. Otherwise, as the resolution is now worded, the Final Act would have as an annex the report of the expert but not the report containing the Working Party's recommendations. We might say that the problem is simply one of wording or of form. The Conference will decide whether each of the recommendations to the Member Governments—with preambles and operative clauses—will be included as part of the Final Act, or whether only the last summarized resolution will be included, in which case the specific recommendations would not appear in the Final Act.

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[1] See p. 451.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The delegates have heard the explanations given by the Secretary and will decide what procedure they wish to follow.

Dr. SOPER (Director, PASB):* Before the Conference takes up the report in general, I believe it advisable to study the report of Working Party A and the draft resolution contained therein.

I have a copy in English at hand and I wish to refer specifically to the second article, which states:

(2) To recommend that the Director of the Bureau, insofar as possible, encourage the implementation of the technical recommendations contained in the afore-mentioned report, and present to the Directing Council, at its next meeting, a report on the steps taken by the Bureau in this matter.

A similar recommendation is made in the draft resolution on infant diarrheas. Some thought should be given to the situation that has occurred in past years.

In Conferences prior to the XIII Conference at Ciudad Trujillo, proposals or recommendations were approved along very general lines. In 1948 the Director of the Bureau made a study of the responsibilities of the Bureau imposed by decisions taken at previous Conferences, and in his 1948 report presented a list of all previous commitments. And the truth was that there were no funds to carry out these responsibilities.

At the XIII Conference, upon presentation of the program by the Director, the Conference approved Resolution I, which I shall read in English, as follows:

To relieve the Pan American Sanitary Bureau from such responsibilities imposed by previous Conferences and meetings as were not supported by appropriate programs and funds, and in the future to consider as responsibilities of the Bureau only those programs and recommendations supported by a budget.

With respect to the Working Party's recommendation, we should also recall that a report prepared each year for the Council or for the Conference cannot be prepared at the last moment before the meeting. In order to simplify the problem of the reports, we have adopted the calendar year as the reporting period. I do not believe it is advisable to require that, every time we have technical discussions at the Conference, the Director prepare a special report for the Council on each topic of those discussions. I think it would suffice for the regular reports to include those topics as part of the program of the Pan American Sanitary Bureau. During recent years we have spoken much of administration, of administrative expenses, and, for us in the Bureau, the obligation of preparing special reports on everything that is done in all countries of the Americas in a specific activity would mean a very real expense.

PRESIDENT:* Thank you, Dr. Soper. The delegates have heard the explanations given by the Director with respect to paragraph 2 of this resolution. It is quite true that, at former Conferences, recommendations for a large number of programs were approved with no thought given to providing the financial support required for them.

The accumulation of these recommendations from the various Conferences

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was such that the Bureau and the Director submitted the afore-mentioned list to the Pan American Sanitary Conference at Ciudad Trujillo, and Resolution I was adopted so as to relieve the Director of the responsibilities imposed by previous Conferences for programs having no financial bases. In effect, at later Conferences and later meetings of the Directing Council, care has always been taken to make the necessary appropriations to cover any recommendations requiring expenditures.

After reviewing the Working Party's recommendations, I note that the majority of them are addressed to the governments and that they are of a general type, relating to the organization and preparation of statistics, and require no special expenditure on the part of the Bureau. I would like to hear the opinion of the delegates on the two points under discussion: first, whether it is deemed advisable to approve the resolutions or recommendations in the working document as resolutions of the Conference. The Chair feels that all of them are very important but that not all can appear in the Final Act, for they would have to be included in an annex thereto, a procedure that has not been customary. Should this be done, or is it deemed preferable to approve the summarized draft resolution presented by Committee I, with the modification explained by the Secretary? This is one of the points under discussion. The other is that mentioned by Dr. Soper. The Chair takes the liberty of suggesting a small change in the second article of the resolution, so as to allow the Director sufficient time to present his report. The change would be to replace the phrase "present to the Directing Council at its next meeting," by the words "in his annual report for 1955," which would allow more time for presentation of the report.

I am not sure whether this suggestion is satisfactory to the Director or whether it has the support of the delegates. Dr. Soper is recognized.

Dr. SOPER (Director, PASB):* I believe that this should perhaps be a general recommendation for the future. Our interest is not in statistics for the coming year only. I should mention that I, personally, have a great interest in improving statistical data in the Americas. I believe that the preparation of the statistical summary of the Member Country reports has been of great value, since it shows us what we did not know about our health problems. I agree that the development of statistical techniques should be encouraged and that everything possible should be done toward that end, as has been done in recent years. I agree also with the suggestion of the Chair that reference should be made, on general lines, to the annual reports of the Organization.

PRESIDENT:* Thank you, Dr. Soper. The Director agrees that the resolution should be reworded to state that reference will be made in his annual reports to the progress achieved in carrying out these recommendations.

Before considering or voting on what Dr. Soper has proposed, we should return to the basic question of deciding whether to accept this summarized draft resolution as it is worded, or to adopt each of the recommendations as resolutions of the Conference.

The Final Act is drafted according to established rules, and, whatever this

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plenary may decide, it must take this fact into account so that the Final Act will conform to the accepted rules.

I shall ask the Secretary to read the pertinent provisions for the information of the delegates.

SECRETARY:* With respect to the technical discussions at the XIV Pan American Sanitary Conference, the Executive Committee, at its 22nd Meeting (Washington, April 1954), approved rules of procedure for the working parties of Committee I (Technical Matters), as follows:

Par. 10. With such modifications as the General Committee may introduce, the report of Committee I will be submitted to a plenary session of the Conference for approval.

Par. 11. The Final Act of the Conference will contain only such portions of the Committee report as are in the form of recommendations or resolutions and as have been specifically approved in plenary session.

Par. 12. The reports of the working parties and the report of Committee I will be included in the Proceedings of the Conference.

PRESIDENT:* You have heard the explanation given by the Secretary. I shall ask the Rapporteur whether he has any remark to make on this point, before it is considered by the plenary session.

Dr. HORWITZ (Chile):* The delegation of Chile, Mr. President, agrees with your proposal with respect to including in the Final Act all the pertinent paragraphs, that is, the conclusions reached on each point discussed by the Working Party.

Naturally, if there is any regulation standing in the way, and the statements of the Secretary seem to indicate that this is the case, we feel that it would be sufficient to approve the summarized resolution as it was presented. But if the assembly feels that the document would carry more weight—as the delegation of Chile thinks—if it included the conclusions on each topic, the Rapporteur would have no difficulty in preparing a definitive text and submitting it to the plenary session for consideration.

PRESIDENT:* The Secretary will clarify this point.

SECRETARY:* It is necessary for the Conference to decide on a text that will conform to the rules. The phrases "The Pan American Sanitary Conference . . . Considering . . . Resolves" could be inserted in each of the conclusions. This would make them specific recommendations.

Paragraph 11 of the rules states: "The Final Act of the Conference will contain only such portions of the Committee report as are in the form of recommendations or resolutions and as have been specifically approved in plenary session." All of the conclusions appear in the form of resolutions.

There remains only to approve them in plenary session as specific recommendations.

Dr. HORWITZ (Chile):* I apologize, Mr. President. I had not understood correctly. In that case, this delegation supports the proposal of the Chair to in-

* The asterisk denotes that the person spoke in a language other than English.

clude in the Final Act the conclusions or recommendations on each individual topic.

PRESIDENT:* The Chair submits for consideration the proposal to word each of these conclusions and recommendations as resolutions of the Conference, so that they may appear in the Final Act, after being approved, one by one, as separate recommendations of the Conference.

The Chair would like to know the opinions of the delegates. Are there any comments? The delegate of Bolivia is recognized.

Dr. BROWN (Bolivia):* I propose that the entire text of the Committee resolution be approved, and I agree with the delegate of Chile that the resolutions on each of the individual topics should be included in the Final Act. Each of them is of great interest and, above all, they are recommendations to the Member Countries that, in the long run, may lead to changes and improvement in statistical data of all the nations.

PRESIDENT:* Are there any further comments? If there are no objections, the Chair will assume that the assembly agrees that each of the points enumerated by the Rapporteur should be approved as resolutions of the Conference.

The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* Indeed, the conclusions and recommendations reported by the Working Party on statistical matters are most important and they include, as we have seen, a series of detailed resolutions covering a number of points.

If each of these resolutions were adopted separately, the Final Act of the Conference would be too lengthy, all the more so since, after hearing the report, we note that some of these points could be summarized into a single body of more concrete resolutions. In my judgment, they could very well form part of a technical document appearing in the Proceedings of the Conference, and the final, summarized resolution could be approved for the Final Act. For even if we were to approve each of the resolutions separately, we would still be lacking the recommendation to the Pan American Sanitary Bureau in which the Director is asked to encourage the implementation of these recommendations, that is, unless a resolution were approved separately to request the Director to submit reports or information at different times to the Directing Council on the steps taken in this matter.

I think that the adoption of the last resolution would be sufficient; proper reference could be made to all of the other documents as the technical recommendations of the Committee that studied statistical matters.

PRESIDENT:* The delegates have heard the proposal of the delegation of Chile, which was supported by the delegation of Bolivia, and the contrary proposal of the delegate of Ecuador that the general, summarized resolution be approved. Are there any comments? The delegate of Venezuela.

Dr. ORELLANA (Venezuela):* The conclusions reached by this Working Party are obviously of great value and contain, as was stated by the delegate of

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Ecuador, a series of most important principles. They would have even greater value if they were included in the Final Act. I am in favor of including them.

However, I wish to ask whether a similar procedure will have to be followed with respect to the reports of the other working parties. If so, the Final Act would be extremely lengthy, as the reports of the working parties on health education and on infant diarrheas are still to be presented.

The question is, then, to determine whether the recommendations, in their present form, can be included in the Final Act. I, personally, am in favor of including them, as was proposed by the delegation of Chile.

PRESIDENT:* The Chair feels that there is no limit to the length of the Final Act or to the number of resolutions that it can include. The length of the document will depend on the number of decisions taken by the full Conference and, in the cases of health education, infant diarrheas, and eradication of malaria, this number will depend on the nature of the reports on these subjects, which are to be discussed at this session.

The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* With respect to the publication of these resolutions in the Final Act, I feel that each of them is based on certain fundamental considerations, which would not appear with the resolution and would have to be included elsewhere as reference material.

On the other hand, the Secretary has stated that there is a publication, in addition to the minutes, that will include all the background material on these points. Therefore, perhaps it would be preferable if all these reports, basic considerations, recommendations, and any other background material in the reports of the Rapporteurs, all together were to form one set of documents, which would be much easier to consult than separate references.

I believe that, for a later study of our work, it would be better to include all the discussions and technical information in a single publication and have the Final Act merely record the adoption of the Working Party's recommendations, which would appear in the first-named document.

We therefore prefer, as a more practical method of handling these recommendations, that the draft resolution presented in the report of Working Party A be adopted, with the modification in paragraph 2 requested by the Director.

PRESIDENT:* On this point, naturally, the Chair remains neutral and awaits the decision of the plenary session. However, with regard to what the delegate of Argentina has said, I would like to emphasize that the final recommendations of the Conference have much more weight than do references to the information documents. Does any other delegate wish to comment? The delegate of Haiti is recognized.

Dr. NEMORIN (Haiti):* I have understood the statements made by the delegates of Chile, Venezuela, and Bolivia, and having been a member of the Committee that studied statistical questions, it is my duty to support their recommendation. I agree with the suggestion made by those delegates.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* Does any other delegate wish to comment? If there are no other comments, we shall first put to a vote the proposal of the delegation of Chile, supported by Bolivia, Venezuela, and Haiti, to the effect that the resolutions be adopted separately as recommendations of the Conference. Those in favor, please raise their hands.

One moment; the delegate of the Dominican Republic is recognized.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Before voting, we would like to know on what other point we are to vote.

PRESIDENT:* The other point is the adoption, with some modifications in form, of the draft resolution in the report of Working Party A, which is the summarized resolution referring to the documents presented by Committee I on statistics.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* In the explanations given by the Chair, I believe the Secretary said that one of the two forms was in accordance with the rules of procedure. Which of the two forms is the one prescribed in the rules?

PRESIDENT:* Will the Secretary please explain this point?

SECRETARY:* Each of the resolutions presented is drafted in accordance with the rules, each having a preamble and operative clauses. The only difference is that, if each one is adopted separately, there would be added to each the terms: "The Pan American Sanitary Conference . . . Considering . . . Resolves: To recommend to the Member States . . ." This would be done in all of them. But there would be a difference in the last resolution, as it contains a recommendation to the Director of the Bureau; since what had been said in paragraph 1 would now be redundant, paragraph 2 would become the first paragraph, namely, the recommendation to the Director of the Bureau "that, insofar as possible, he encourage the implementation of the technical recommendations contained in the preceding resolutions, and inform the Directing Council, in his annual reports, of the steps taken by the Bureau in this matter." And the last paragraph would read: "To instruct the Director of the Bureau to give wide distribution to the study prepared by Dr. Enrique Pereda and the report of the Working Party." These documents would appear in the Proceedings of the Conference.

PRESIDENT:* Does that answer your question, Dr. Sánchez Báez?

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Thank you, Mr. President. I raised the question because I had understood Chile to state that only one resolution would be prepared.

Dr. HORWITZ (Chile):* Probably I did not explain clearly. Briefly, this delegation proposed that each of the conclusions reached on the topics discussed by the Working Party be included as resolutions. The form of presentation is that which the Secretary has just explained.

PRESIDENT:* In accordance with what has been explained, the summarized resolution would be included as the last of the recommendations of the Confer-

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ence on the subject of statistics, and would be devoted exclusively to recommending that the Director of the Bureau include information on these activities in his annual report and give wide distribution to Dr. Pereda's paper.

The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* I wish to point out that, when the Chair suggested, during the reading of the report, that each draft resolution be discussed and voted on separately, the delegate of Chile, as Rapporteur, said that it was not worth while doing so, because there would be a final resolution summarizing all of these points. If we are going to debate each resolution of the Conference, each of the resolutions proposed by the Committee, it will be logical and fitting to consider each group of resolutions and vote on them separately, as there might well be some difference of opinion on certain of the points. It would be a very different matter to approve them simply as technical recommendations of the Committee. If that were the case, the nature of the resolution of the Conference would change, and it would not be worth while discussing or insisting on a discussion of points of detail or of difference. On the other hand, when it comes to voting on resolutions of the Conference, each group of resolutions must be discussed. I believe that the former procedure should have been followed, as the Rapporteur himself said that such was the intention of Committee I: to present an all-inclusive resolution.

Therefore, I am not in agreement with adopting each and every resolution of the Working Party as a resolution of the Conference.

PRESIDENT:* I would like to explain that, when the Chair interrupted the Rapporteur, it was not his intention to state his agreement with that proposal or to present it as his final decision. Rather, he wished to clarify the point that the plenary session could decide what it would do: whether to adopt a single, joint resolution or one on each of the topics, separately. The delegate of Chile is recognized.

Dr. HORWITZ (Chile):* I wish to stress a point, Mr. President. I was fulfilling my duty as Rapporteur, not as delegate of Chile. Therefore, I could have limited myself to presenting the documents as they were approved by the Working Party but, instead, I called the attention of the plenary session to each one of the various points, in view of the importance the delegation of Chile attaches to them.

PRESIDENT:* The delegate of the United States is recognized.

Dr. ANDUZE (United States): As a member of the Working Party, I am fully aware of the importance attached to each and every one of the resolutions as finally presented to this Conference.

It would seem to me that, inasmuch as each resolution fills a definite need insofar as statistics are concerned, this Conference would do well to adopt each and every one of the separate resolutions.

As to the final draft resolution, I feel that Dr. Soper's recommendation with respect to paragraph 2 could be changed to read: "To recommend that the Di-

* The asterisk denotes that the person spoke in a language other than English.

rector of the Bureau, insofar as possible, encourage in his annual report the implementation of the technical recommendations."

That would seem to fill the needs, as far as statistics are concerned, as far as the Pan American Sanitary Bureau is concerned, and as regards Dr. Soper's objection to the language of paragraph 2 in the final draft resolution.

PRESIDENT:* Does any other delegate wish to comment? If the plenary session believes that the matter has been sufficiently debated, the Chair will proceed to call for a vote.

We shall vote first on the proposal of Chile, supported by Venezuela, Haiti, and Bolivia, to the effect that the resolutions of Committee I on vital statistics be adopted separately, the final resolution in the report of Working Party A being amended in the manner explained by the Chair.

The other proposal submitted to the delegates for consideration is the adoption of a single report or draft resolution covering all the points.

Those in favor of adopting separately, as resolutions of the Conference, the recommendations presented by the committee of experts, Committee I, and the technical working party on vital statistics, please raise their hands.

Those voting in favor of the proposal are: Colombia, Costa Rica, the United States of America, Venezuela, Haiti, Mexico, the Netherlands, France, Chile, Bolivia, the United Kingdom, and Paraguay.

Those voting against the proposal: the Dominican Republic, Argentina, El Salvador, Ecuador, Panama, Cuba, Guatemala, and Peru.

Results of the vote: 12 votes in favor, 8 votes against, no abstentions.
The motion was approved.

Accordingly, each of these recommendations will be discussed individually. If the delegates believe that, since these recommendations have already been read from the documents and were fully examined, first by the Working Party and then by the full Committee, they need not be the subject of further debate—coming as they do from a technical group as general recommendations on a topic of great importance to all the Member Governments—then this review of the resolutions will be considered to be sufficient. The reading of each and every one of them could be avoided, and we could proceed by approving them jointly. The Chair invites the delegates' opinions.

The delegate of Peru is recognized.

Dr. LAZARTE ECHEGARAY (Peru):* In my opinion, it would set a poor precedent to vote jointly on a series of resolutions. I believe that each resolution should be voted on separately.

PRESIDENT:* The delegate of the United States is recognized.

Dr. ANDUZE (United States): The members of the various delegations should by now be familiar with the resolutions, which have been read and distributed.

It seems to me that, in order to save time, anyone objecting to a specific resolution should state his objections now, and then we would consider that individual resolution.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The Chair wishes to explain that it was not his intention to set the precedent of giving over-all approval to a series of recommendations. Nothing more was meant than that the delegates, at this time, were perhaps familiar with these recommendations, since they cover matters that have been discussed in the Working Party and in Committee I, and the documents were distributed in advance. However, the Chair is ready to comply with the wishes of this plenary session. The delegate of the Netherlands has the floor.

Dr. SWELLENGREBEL (Netherlands): I quite agree with your proposal and with the comments made by the delegate of the United States. What you propose is quite the right thing to do.

PRESIDENT:* The delegate of the Dominican Republic is recognized.

Dr. BERGÉS SANTANA (Dominican Republic):* Not all the delegates present attended the Working Party meetings, nor were they all familiar with the resolutions prior to this session.

As a point of order, I wish to state it as my opinion—as was also the opinion of the delegate of Peru—that the resolutions should be read, one by one, since they are independent one from the other. I believe there are four of them, and the established practice is to read them and then vote on them.

PRESIDENT:* The Chair accepts the suggestions of the delegates of Peru and the Dominican Republic but, in so doing, stresses the need to gain time, as we are faced with the possibility of having to hold a night session. The Secretary will read each of the resolutions. After each one is read, the Chair will pause to hear any comment or objection. The delegates are requested to comment briefly, in order to save time. Once the resolution has been read by the Secretary, if there are no objections or comments, it will be considered approved.

The Secretary read draft resolution 1 in the report of Working Party A, on statistics required in health programs.

PRESIDENT:* Is there any comment? If not, the resolution will stand approved.

Approved.[1]

The Secretary read draft resolution 2 of the report, on population statistics.

PRESIDENT:* Are there any comments?

Approved.[2]

The Secretary read draft resolution 3 of the report, on vital statistics.

PRESIDENT:* Are there any comments?

Approved.[3]

The Secretary read draft resolution 4, on morbidity statistics.

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[1] See Resolution XVI, Final Act, p. 628.

[2] See Resolution XVII, Final Act, p. 629.

[3] See Resolution XVIII, Final Act, p. 629.

* The asterisk denotes that the person spoke in a language other than English.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* I wish to comment, not on the substance of this proposal, but on the wording, which could be improved. There is a repetition in the third paragraph of the preamble (of the Spanish text). The word *información* could be replaced by *informaciones* so that the text would read: "*Que es evidente que existen, en la mayoría de los países, informaciones sobre las enfermedades de ciertos grupos de la población, tales como las estadísticas . . .*" Hence, I request this change.

PRESIDENT:* Thank you. The amendment proposed by the delegate of the Dominican Republic is up for consideration. If there is no objection, it will be accepted and the resolution will be approved with that style change (in the Spanish text).

Approved.[1]

The Secretary read draft resolution 5, on statistics on resources and services.

PRESIDENT:* Are they any comments?

Approved.[2]

The Secretary read draft resolution 6, on socio-economic statistics related to health.

PRESIDENT:* Are there any comments? The delegate of the Dominican Republic has the floor.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* I would like to suggest that, in the third paragraph of the preamble of this resolution, the word "consequently" be deleted, because it indicates a conclusion and, actually, the conclusion is the operative part of a resolution. I propose that the text read: "That those in charge of health programs should have available socio-economic statistics . . ."

PRESIDENT:* Are there any further comments? If not, the resolution is approved with the style change suggested by the delegate of the Dominican Republic.

Approved[3]

The Secretary read draft resolution 7, on statistical services in health administrations.

PRESIDENT:* Are they any comments? Dr. Bissot, of Panama, has the floor.

Dr. BISSOT (Panama):* Mr. President, I wish to comment only on the form. In the last line, paragraph 1, of the operative part, the word *entrenamiento* should be changed to *adiestramiento*, which is better Spanish.

PRESIDENT:* We should use what is best in Spanish. The delegate of the Dominican Republic has the floor.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* The word *organismo* is repeated in the first paragraph of the preamble (of the Spanish text). Since the expression

[1] See Resolution XIX, Final Act, p. 630.
[2] See Resolution XX, Final Act, p. 631.
[3] See Resolution XXI, Final Act, p. 631.
* The asterisk denotes that the person spoke in a language other than English.

organismo de salubridad is used, the word *organismo* could be changed to *departamento* the second time it is used.

PRESIDENT:* Is it the first or the second you wish to change?

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* I believe the second could well be changed, because the recommendations are made to the Member Countries and their public health administrations are the ones to carry out such recommendations.

PRESIDENT:* The recommendations could be approved with the changes proposed by the delegates of Panama and the Dominican Republic. Are there any comments?

Approved.[1]

The Secretary read draft resolution 8, on dissemination and teaching of statistics applied to health.

PRESIDENT:* Are there any comments? The delegate of Colombia is recognized.

Dr. RODRÍGUEZ (Colombia):* The usual word in Spanish (for statisticians) is *estadígrafo*, not *estadístico*. This is the title of persons working in statistics.

PRESIDENT:* The word *estadístico*, wherever it appears, will be changed to *estadígrafo*.

The delegate of Peru has the floor.

Dr. LAZARTE ECHEGARAY (Peru):* So as to follow the format used in previous resolutions, I think it would be advisable to number each of the recommendations, which appear without numbers in this resolution.

PRESIDENT:* The recommendations will be numbered as requested by the delegate of Peru. The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* I do not understand the sense in which a certain expression has been used here. The third paragraph of the preamble states: "That it is advisable to stimulate the progressive development of a trained group of *statisticians* and *statistical officials*." Was this differentiation intentional?

Farther along, in the paragraph that states: "To recommend to the Member States that, with respect to the officials in statistical services, according to the national needs, they carry out . . . ," the syntax is not correct.

PRESIDENT:* For the first explanation . . .

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Mr. President, I am interrupting because I also wish to take advantage of the explanation to be given by the delegate of Chile, so that I need not trouble him again by raising these points. First, a simple question. Here the recommendation states: "To recommend to the Member States that they establish a professional statistical career . . ." (*carrera de funcionario de estadística*). I suggest the word *funcionario* be deleted in the Span-

[1] See Resolution XXII, Final Act, p. 632.

* The asterisk denotes that the person spoke in a language other than English.

ish text, because it establishes the category of "statistical official," and I believe that it is more an administrative matter to determine whether the person is an employee or an official.

On the other hand, I do not understand whether the resolution recommends that the Member States include the teaching of applied statistics in the curricula of schools of medicine for the benefit of officials working in public health, which would mean for their benefit alone. The resolution is of very little value, because there are countries, such as mine, for instance, in which there are very few officials working in public health. I would ask that the operative part of the resolution be clarified somewhat.

PRESIDENT:* The delegate of Chile will give the necessary explanations.

Dr. HORWITZ (Chile):* I shall ask the Chair to grant the floor to Dr. Hugo Behm, delegate of Chile, who was the Rapporteur for the Working Party, so that he may reply to the questions raised.

PRESIDENT:* Dr. Behm is recognized.

Dr. BEHM (Rapporteur of Working Party A, Chile):* With respect to the remarks of the delegate of Colombia, who suggested changing the word *estadístico* to *estadígrafo* (for statistician), I wish to say that, in many countries *estadígrafo* is the title reserved for persons who prepare graphic material used in statistics. In most countries, the term used for the trained statistician is *estadístico*. This latter term was employed because we thought it applicable in the majority of the countries.

I wish to refer next to the comments on the third paragraph of the preamble of draft resolution 8, which states: "That it is advisable to stimulate the progressive development of a trained group of statisticians and statistical officials." If I understand the question correctly, it is desired to know why a distinction is made between "statisticians" and "statistical officials." If that is the inquiry, the reply is that we think the experts working in statistics fall into different categories, of which we can distinguish at least two: those who are "statisticians," that is, those with professional training; and those doing auxiliary or related work, who are called "statistical officers" in some countries, and "statistical officials" in others. The Working Party discussed the question at length to determine what term would be most applicable to all countries, and the word "officials" was adopted.

There was another comment with respect to professionals working in public health. As was stated, this resolution tends to distinguish two types of activity: first, the dissemination of statistics among professions related to statistics and to the development of health programs; and second, the training of statistical personnel as such. In the first operative clause of the resolution, which states: "To recommend that the Member States, with respect to professional health workers," the first type of activity is referred to. And naturally, by the term "health" we mean all the activities ranging from promotion to restoration of health, and not only what was understood as "health" some years ago. Therefore, we use the

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term in its broadest sense. We trust that this explanation will satisfy the delegate who raised the objection.

PRESIDENT:* The delegate of the Dominican Republic has the floor.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* That was not what I referred to, for I understood that point perfectly. I was referring to the operative clause that states: "To recommend that the Member States include in the curriculum of the schools of medicine, nursing, social work . . ." Since the operative clause is not quite clear, I would like to make a suggestion. I do not know whether it is the professional health workers who are to include this teaching in the curriculum of these schools, or whether it is the Member States. The point is not made clear. I think that it could be clarified by deleting the phrase "with respect to professional health workers" in the sentence that reads: "To recommend that the Member States, with respect to professional health workers . . ." A similar deletion could be made in the sentence that states: "To recommend to the Member States that, with respect to the officials in statistical services . . ." This last phrase would have to be deleted, since the entire operative part refers solely to such officials. To mention them in the text of the first part creates confusion.

PRESIDENT:* I shall grant the floor to the delegate of Chile so that he may clarify the point. First, however, I wish to ask the delegates of Colombia and El Salvador whether they are satisfied with the explanation given, or whether they wish some further clarification.

The delegate of Colombia is recognized.

Dr. HENAO MEJÍA (Colombia):* Being a geographer is not the same as being a cartographer; and an *estadígrafo,* a person who is versed in all phases of statistics, is not the same as a statistical worker who merely draws curves on graph paper. Specialists in statistics are called *estadígrafos.*

PRESIDENT:* Does the delegate of El Salvador have any further objections?

The delegate of Chile will explain the points raised by the delegate of the Dominican Republic.

Dr. HORWITZ (Chile):* With your permission, Mr. Chairman, I would like to reply to the delegate of Colombia, because the matter is of some importance. In such technical matters, we should endeavor to use standard language that will be understood by all. Perhaps such discussions as these put into relief the need for a glossary of current public health terms that could be used in the entire Continent. We understand the word *graphos* to imply "writing"; hence the word *estadígrafo* means a person who is writing, so to speak, in terms of tables, curves, and graphs to express the statistical method. On the other hand, the specialist in statistics, in our opinion, is the *estadístico.*

This was the consensus in the Working Party that drafted the proposed recommendations under discussion. Dr. Behm has just told me that this is the expression used in all official documents of the United Nations and its specialized agencies.

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* The asterisk denotes that the person spoke in a language other than English.

With respect to the point raised by the delegate of the Dominican Republic, I wish to point out that a distinction is made between two types of persons, in the recommendation relating to the teaching of applied statistics: first, professional health workers and, second, officials in statistical services. For the first, we believe that the training should begin in the schools themselves, that is, in schools of medicine, nursing, or social service and, eventually, in all professional schools. Therefore, Mr. President, I wished to separate those two aspects in the resolution. Now, if the wording is not perfectly clear, I propose that this plenary session decide on the content, and a clearer text could be drafted later by the Secretariat.

PRESIDENT:* You have heard the explanations given by the delegate of Chile. Does the delegate of the Dominican Republic agree to having this plenary session decide on the content, so that the Secretariat may later draw up an appropriate text?

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Insofar as I am concerned, I am in favor of the content. I have made these statements merely to ensure greater clarity. I understand perfectly the reason for distinguishing between the two classes of workers. As to the clarity of the resolution, I am in perfect accord that the paragraphs in question be reworded so as to make them clearer.

PRESIDENT:* The delegate of Peru is recognized.

Dr. LAZARTE ECHEGARAY (Peru):* If I understood correctly, in a new or separate resolution certain recommendations are to be made to the Pan American Sanitary Bureau on the presentation of reports, etc. I would suggest that all matters concerning recommendations to the Bureau be included in a single resolution.

PRESIDENT:* The statement of the delegate will be taken into account by the General Committee when the final document is drawn up. If there are no other objections, this resolution will be considered approved.

Approved.[1]

The Secretary read draft resolution 9, on the summary of reports of the Member States for 1954-1957.

PRESIDENT:* Are there any comments on this recommendation? There are no comments.

Approved.[2]

We shall now consider the wording of the final resolution, which as was suggested by the delegate of Peru, should include all the recommendations to the Pan American Sanitary Bureau. The first point of this resolution would be deleted, and what is now point two would become the first point.

The Chair requests the Secretary to read the corrected draft.

SECRETARY:* I shall read the draft as it will be submitted to the General Committee for a careful rewording and review, if the content of the resolution

[1] See Resolution XXIII, Final Act, p. 632.

[2] See Resolution XXIV, Final Act, p. 633.

* The asterisk denotes that the person spoke in a language other than English.

is approved by the Conference. The recommendation following resolution 9 would be as follows:

Methods of improving the reliability of raw statistical data required for health programs.

The XIV Pan American Sanitary Conference, considering the importance of statistics in the planning, development, evaluation, and improvement of health programs; and taking into account the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party, *Resolves:* (1) To recommend that the Director of the Bureau, insofar as possible, encourage the implementation of the technical recommendations contained in the afore-mentioned report, and present to the Directing Council, at its next meeting, a report on the steps taken by the Bureau in this matter; (2) To instruct the Director of the Bureau to give wide distribution to the study prepared by Dr. Enrique Pereda (Document CSP14/26) and the report of the *ad hoc* Working Party (Document CSP14/69, Rev. 1).

As proposed by the delegate of Peru, this would be followed by the recommendation to the effect that the Bureau aid the Member States as much as possible in the development of programs for education and training in statistics applied to health.

PRESIDENT:* Are there any comments?

Approved.[1]

We have completed the first part of the report of Committee I. The Chair would like to state that it is very pleased that this plenary session has devoted all the time necessary to a topic of such vital importance to public health programs in the Americas.

I shall ask the Vice-President, Dr. Dearing, to take the Chair. Thank you.

Dr. W. Palmer Dearing (United States) took the Chair.

Statement by the Observer for the United Nations Children's Fund

PRESIDENT: The Chair understands that Mr. Robert L. Davée, of UNICEF, wishes to make some observations. The Chair recognizes Mr. Davée.

Mr. DAVÉE (UNICEF):* Because of other pressing duties, UNICEF could not be represented last week at the opening of this Conference. I believe, however, that it would be useful to comment on that part of the Bureau Director's report that concerns UNICEF and to express, at this time, our agreement with the comments made by the Director with respect to UNICEF. All are aware of certain complications and certain instabilities in the existing systems of international cooperation. However, we feel that we should not dramatize such complications, but rather endeavor to derive from the existing organizations the greatest benefits possible for public health in the Hemisphere.

[1] See Resolution XXV, Final Act, p. 634.

* The asterisk denotes that the person spoke in a language other than English.

This was one of the objectives of the negotiations between the two organizations last year. It is true, as the report indicates, that UNICEF showed a certain amount of resistance in giving the WHO specific aid with respect to personnel expenses. The explanation is that UNICEF, as a matter of policy, feels that technical and personnel matters are incumbent upon the WHO, and that UNICEF, because of its specialized field, is more the agency that provides equipment. In accordance with this policy, UNICEF endeavored to make this aid as temporary as possible. However, I should stress that in six years of cooperation, the WHO has received from UNICEF, exclusive of aid provided in the form of equipment and materials, more than two and a half million dollars in reimbursements for personnel expenses. At the moment, I would like merely to stress the points that have given us concern. First, it was necessary to establish a sound and stable procedure for the practical approval of those projects which, according to the agreement between WHO and UNICEF, were the responsibility of the WHO. I believe that we are now in a position where this procedure operates most satisfactorily.

The Director of the Pan American Sanitary Bureau and I have reached an agreement whereby the Director now has a technical adviser in our Lima Office, that is, our Regional Office. This adviser also is the responsible regional officer of World Health Organization as regards technical approval of lists of equipment, and serves as liaison officer between all the UNICEF services and those of the World Health Organization and the Pan American Sanitary Bureau in the Americas.

The second point concerned the improvement of mutual cooperation. This was achieved in 1954 through the appointment to our Office of this personal representative of the Director.

The third point concerned the development of cooperative, long-range planning. We are now engaged in doing this. On the basis of cooperation in the internal work of our offices, we have already prepared our proposed budgets for 1955, and we expect that, by February 1955, we shall be able to do the same for the year 1956.

It is for me not only a duty but also a source of personal satisfaction to point out the advances and progress achieved through this method of work. I wish to express my personal appreciation to Dr. Fred L. Soper for the friendliness and cooperative spirit which makes me feel as though I were working as part of a team, among his personnel.

PRESIDENT: Thank you very much. Is there any comment or question? The delegate of Peru is recognized.

Dr. LAZARTE ECHEGARAY (Peru):* I was very much interested in hearing Mr. Davée's statements to this Conference, and I should like to remark on the evident progress that UNICEF has made in recent years. From the fairly restricted field of action that it had at the beginning, it has gradually developed its activities, extending them to public health on a broader and, especially, a much more technical basis.

* The asterisk denotes that the person spoke in a language other than English.

Undoubtedly, the collaboration and close relationship established between the World Health Organization and UNICEF, and between the Pan American Sanitary Bureau and Mr. Davée, has contributed much toward that progress. In my country, at least, the programs receiving financial contribution from UNICEF have a sound technical basis and over-all approach in matters of public health, a fact that unquestionably aids in the progress of our institutions. The programs limited to child assistance through the distribution of milk or vitamins have been broadened by UNICEF and converted into far more technical and comprehensive programs. They have even been expanded to include environmental sanitation programs, such as the one just approved for Peru. These activities give a strong support to the efforts of the various countries to improve their health conditions.

My delegation wishes to go on record to state these facts and to congratulate Mr. Davée on the effective and understanding manner in which he is working, in close cooperation with the Pan American Sanitary Bureau.

PRESIDENT: The delegate of Colombia is recognized.

Dr. RODRÍGUEZ (Colombia):* Colombia wishes to thank UNICEF, represented here by Mr. Davée, for the aid it has provided in the form of milk and vitamins, for the nutrition programs it has developed, and for the project for the establishment of a pasteurization plant.

PRESIDENT: Thank you, Dr. Rodríguez. The delegation of Chile is recognized.

Dr. HORWITZ (Chile):* The delegation of Chile joins in the statements made by the delegate of Peru. Our Government, through the National Health Service, is making increased efforts to coordinate the activities of the international organizations, within the structure of our own administration, in matters related to both individual and collective health. From that viewpoint, the joint action of the World Health Organization and the United Nations Children's Fund is of particular importance in the development of our general programs. I need not cite the contributions and the projects that are resulting from this type of policy.

We intend to broaden our programs and we are doing this along with the other international organizations that are willingly, and with varying degrees of generosity, collaborating in our work.

PRESIDENT: The delegate of Bolivia is recognized.

Dr. BROWN (Bolivia):* The delegation of Bolivia joins wholeheartedly in the statements made, and wishes to express its appreciation to the representative of UNICEF for the valuable collaboration being given to Bolivia.

PRESIDENT: The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* Costa Rica wishes to associate itself with the declarations made by the other delegations.

This statement was made in our summarized report. Nevertheless, there is one point upon which I wish to comment, one that has pleased me greatly, and that is Mr. Davée's acknowledgement of the perfect understanding that exists in the

* The asterisk denotes that the person spoke in a language other than English.

programs undertaken with the Pan American Sanitary Bureau and in the relationship with its Director. The delegation of Costa Rica hopes that this same understanding and harmony will extend also to the Zone Offices.

PRESIDENT: The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* I heard with great interest the statement made by Mr. Davée, and my country also wishes to acknowledge the effective aid given by UNICEF. This aid has included the installation of milk industries, aid in the tuberculosis program, and, particularly, assistance to children through the distribution of milk and vitamins and other needed articles, in programs in which UNICEF has cooperated with our Government. Ecuador therefore joins in these acknowledgements.

PRESIDENT: The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* The delegation of Uruguay agrees with the statements already voiced by the other delegates. From the very beginning, Uruguay contributed a large quota payment to UNICEF. At the present moment, we are undertaking with UNICEF a program of maternal and child care in rural areas, which we believe will give excellent results.

PRESIDENT: The delegate of the Netherlands is recognized.

Dr. VAN DER KUYP (Netherlands): Surinam is very grateful to UNICEF for the assistance it has given in the insect control program, and in the provision of dried skimmed milk to doctors and to school children and pregnant and nursing mothers.

PRESIDENT: The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* I asked for the floor in order to join in the expressions of appreciation of the work carried out by UNICEF. I wish particularly to point out the decisive influence the aid of that organization has had in the implementation of our antimalaria programs, as well as in other programs of child nutrition. Through such programs, our child nutrition service has been converted into an educational-type campaign in which we are succeeding in convincing both the population and the Government of the serious significance of malnutrition in our country. The maternal and child nutrition program also has stressed this problem, a fact that has helped us plan the improvement of nutrition in our country through the distribution of food, an activity that has an educational value.

PRESIDENT: The delegate of Paraguay is recognized.

Dr. ZACARÍAS ARZA (Paraguay):* Paraguay also wishes to express its appreciation to UNICEF.

Paraguay declares publicly that it needs the collaboration of UNICEF. We have two immediate problems in my country: water and milk. The water problem, as stated in our report, we believe is about to be solved. The milk problem

* The asterisk denotes that the person spoke in a language other than English.

persists. We feel that it is of the utmost importance that the international organizations collaborating in a country coordinate their efforts.

The Inter-American Cooperative Service has done much in my country in matters of public health, education, and agriculture. In the agricultural program it has achieved a difficult task: that of creating a general interest in the milk industry. To create such an awareness is a most difficult feat. Such efforts have aroused an interest in the exportation of dairy animals, in the growing of artificial pastures, and in the establishment of model fields in which sanitation is one of the essential factors. Naturally, this has brought about private capital investments in the industry and, consequently, a great increase in milk production. But we do receive powdered milk, and so there is competition between the national milk industry and the powdered milk imports—which to this day are cheaper—that must be resolved. It is a fact that the incipient milk industry, which has involved great effort and the investment of international and, especially, of national capital, runs the risk of disappearing unless a national milk-pasteurization or drying industry is established. In other words, instead of importing dried milk, we could produce it by the national industry.

This is a problem that we have already studied with UNICEF and with other agencies. I take this opportunity to bring up the problem, to thank UNICEF for its aid, and to request that it take this need of my country into consideration.

PRESIDENT: The delegate of the United Kingdom is recognized.

Dr. HARKNESS (United Kingdom): I should like to add my tribute to those of my colleagues who have spoken before me, to the great assistance that has been given to the British territories of the Caribbean by the United Nations Children's Fund.

I do not think you will find in the budget of the PASO or of the WHO any activity in the British territories of the Caribbean that has not received practical assistance from UNICEF in the form of materials and equipment. I did not detail all these, but UNICEF has given assistance in BCG vaccination, in the provision of equipment for insect and malaria control, and, putting it shortly, has provided material assistance without which these territories could not have carried through some of the new developments that have taken place in the last four years.

I think that, by the end of this next period, by next year, there will be only one of the British territories that has not had assistance from UNICEF in one way or another, and I am speaking on behalf of all my colleagues when I say how greatly we appreciate the help and assistance that has been given to them.

PRESIDENT: The delegate of Haiti is recognized.

Dr. NEMORIN (Haiti):* I take this opportunity of expressing the sincere gratitude of my country to UNICEF for the numerous activities that have so effectively contributed toward the development of programs for the improvement of health conditions in certain cities and in the interior of the country.

I also wish to state that, without the assistance of UNICEF, it would have

* The asterisk denotes that the person spoke in a language other than English.

been impossible for us to conduct any of those important programs, nor, financially speaking, could they have led to the results that have been obtained.

I would ask the representative of UNICEF to accept these words of gratitude expressed on behalf of my country.

PRESIDENT: The delegate of Venezuela is recognized.

Dr. ORELLANA (Venezuela):* On behalf of the delegation of Venezuela, I wish to join in the words of acknowledgment that have been expressed regarding the activities of UNICEF. Although, in my country, no programs have been developed by UNICEF, my Government has always been willing to increase the funds of that organization and to study ways of implementing UNICEF programs in Venezuela.

PRESIDENT: The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* The delegation of Argentina wishes to state that, up to now, Argentina has had no contact with UNICEF and therefore cannot join in this unanimous expression of congratulations on the work of that organization. However, in addition to expressing its personal admiration for Mr. Davée, our delegation gladly joins in these words of appreciation from all the Latin American delegations, and will inform its Government of this evidence of the benefit that the work of this international organization has brought to all the Americas.

PRESIDENT: The delegate of Panama is recognized.

Dr. BISSOT (Panama):* My country associates itself gladly with the expressions of gratitude made here by the different delegations. As I said before, some of our most important public health projects are conducted with the full cooperation of the United Nations Children's Fund. But, like the delegate of Costa Rica, I wish to emphasize the importance of the statements made by Mr. Davée with respect to the perfect understanding existing between UNICEF and the Pan American Sanitary Organization. Specifically, in Panama-1, Rural Public Health, we have witnessed how the two organizations can work in perfect harmony—each of them operating apparently separately but, in practice, joining together to benefit the different countries of the Americas.

PRESIDENT: The delegate of Cuba is recognized.

Dr. VILLA LEÓN (Cuba):* The Republic of Cuba joins in the words of praise and congratulates UNICEF on the work that it has been doing.

PRESIDENT: The delegate of Guatemala.

Mr. OLIVERO (Guatemala):* The delegation of Guatemala associates itself with the other delegates who have expressed their acknowledgement to UNICEF for the collaboration received by our countries.

PRESIDENT: I think, Mr. Davée, that these expressions speak for themselves. Does any delegation wish the floor? Thank you very much.

* The asterisk denotes that the person spoke in a language other than English.

First Report of Committee I *(Continuation)*[1]

Topic 11-B (iii) Technical Discussions: Application of Health Education Methods in Rural Areas in Latin America (Working Party) [2]

PRESIDENT: May we proceed, then, to the next item on the agenda: the report of Working Party B on infant diarrheas, which is before you.

The Chair calls attention also to the fact that the health education report is part of this same document, although, as a matter of fact, the reports appear in the document in reverse order: that on education, Working Party C, is the first, and the second report is that of Working Party B on infant diarrheas.

The Chair would suggest that the reports be taken up in the order in which they appear in the document. The report of Working Party C, on health education, is now open for discussion. The delegate of Chile is recognized.

Dr. HORWITZ (Rapporteur of Committee I, Chile):* I shall speak as Rapporteur, not as delegate of Chile.

Mr. President, since we are to present the working parties' reports as they appear in the document, we shall refer first to Working Party C of Committee I, which studied the topic, "Application of Health Education Methods in Rural Areas in Latin America."

Dr. Grunauer, of Ecuador, was Chairman of this Working Party. Miss Graciela Carrillo, of Costa Rica, acted as Rapporteur and Dr. Rigoberto Rios Castro, of the Pan American Sanitary Bureau, as Secretary.

The Working Party studied from various points of view the problem of health education in general, and as applied to rural areas in particular. It was especially interested in the problem of professional and auxiliary personnel essential for the development of effective programs in all areas, and particularly rural areas.

It also stressed the importance of organizing the community with a view toward enlisting the active participation of the population in programs of health education and in general and specific programs of public health.

The Working Party believed the cooperation of the Pan American Sanitary Bureau to be essential for the purpose of disseminating the objectives of health education and of rendering advisory services to the countries in the development of programs for the specialization and training of personnel. Bureau cooperation was also deemed essential to facilitate the exchange of information, materials, experience, and research studies in the field of health education, among the countries of the Hemisphere.

On the basis of its discussions, which were active and of great interest, as were those that took place in the other working parties, Working Party C drew up the following draft resolution for consideration by the Conference.

Dr. Horwitz (Rapporteur, Chile) then read the draft resolution on application of health education methods in rural

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[1] See p. 438.

[2] See p. 438.

* The asterisk denotes that the person spoke in a language other than English.

areas in Latin America, contained in the report of Working Party C.[1]

PRESIDENT: The resolution contained in the report of Working Party C, as presented by Dr. Horwitz, the Rapporteur, is before you for discussion.

The Chair would assume that the amendment concerning the action of the Bureau would be acceptable also for this report, namely, that a separate report on this technical matter would not be required and that information on this subject would be incorporated in the annual report. Is there any discussion? If not, the report of Working Party C will stand approved by the Conference.

Approved[2]

We shall proceed to discuss the report of Working Party B on control of infant diarrheas. Will the Rapporteur introduce the subject?

Topic 11-B (ii) Technical Discussions: Control of Infant Diarrheas in the Light of Recent Scientific Progress (Working Party B)[3]

Dr. HORWITZ (Chile):* Working Party B, which studied this topic, held three sessions under the chairmanship of Dr. Allwood Paredes, of El Salvador, with Dr. Steeger, of Chile, acting as Rapporteur and Dr. Wegman, of the Pan American Sanitary Bureau, as Secretary.

The excellent paper on this topic,[4] presented by Dr. Albert Hardy, Director of Laboratories of the Department of Public Health of the State of Florida, United States of America, served as a basis for the discussion.

The author subdivided his study into five parts, namely, mortality, etiology, epidemiology, clinical considerations, and control.

In view of the fact that the specific purpose of the discussion was to consider control measures, the Rapporteur will confine his comments to that particular point.

Taking into account the decision of the Conference with respect to the recommendations of the Working Party on statistics, and the possibility that it might decide to approve separately our Working Party's recommendations on control measures, I shall refer to these measures in particular. As was done by the other working parties, all the recommendations have been incorporated into one summarized resolution.

Dr. Horwitz (Rapporteur, Chile) then read the ten recommendations on control of infant diarrheas, contained in the report of Working Party B.[5]

As can be seen, the recommendations include specific and clearly defined measures, based on modern principles of maternal and child care. The draft resolution is worded as follows:

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[1] See p. 440.

[2] See Resolution XXVI, Final Act, p. 635.

[3] See p. 440.

[4] See Document CSP14/27, p. 462.

[5] See pp. 442-443.

* The asterisk denotes that the person spoke in a language other than English.

Dr. Horwitz (Rapporteur, Chile) then read the draft resolution on control of infant diarrheas, contained in the report of Working Party B.[1]

PRESIDENT: Again the Chair assumes that part two of the resolution will be modified in the same manner as the others, with regard to the method of reporting. Is there any discussion? The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* Mr. Chairman, what is the decision with respect to this report? Would you clarify the explanation you just gave with respect to the second part of the draft resolution.

PRESIDENT: At the suggestion of the Director, we modified the resolutions on these technical matters with respect to the reporting requirement, so as to make it clear that a separate, special report will not be required, and that information on these technical subjects will be incorporated in the annual report of the Director. The Rapporteur is recognized.

Dr. HORWITZ (Chile):* Mr. President, I shall now speak as the delegate of Chile.

The importance of the recommendations made by the Working Party and the significance of the problem in our Continent are evident. The scope of the problem can be seen from a study of the figures in the document presented by the statistical section of the Bureau on infant mortality problems in the Continent. Because of the importance of the matter, I would suggest that each of the recommendations appear in the final resolution, replacing paragraph 1 of the resolution just presented.

The text could be reworded very simply. It would be a question of merely copying the recommendations as they appear under the section pertaining to control, in the document presented by the Working Party.

Briefly, Mr. President, we could adopt a procedure similar to that used for the Working Party on statistics. On behalf of the delegation of Chile, I reiterate the importance of the problem to this Continent.

PRESIDENT: Is there any discussion on the recommendation of the delegate of Chile that the ten recommendations of the Working Party be incorporated under one heading, in the official resolutions of the Conference. The Director of the Bureau is recognized.

Dr. SOPER (Director, PASB):* The Conference should study carefully the recommendations made. I believe we should consider especially the recommendations that place responsibilities on the Pan American Sanitary Bureau, and we should again take into account the fact that what is proposed implies an expenditure of funds. This is a program that cannot be implemented without funds. In this respect, I wish to refer to Article XIII of the Financial Regulations, which I shall read in English:

Article XIII.—Resolutions Involving Expenditures.

13.1 The Pan American Sanitary Conference, the Directing Council and the Executive Committee shall not make decisions involving expenditures unless they have

[1] See p. 444.

* The asterisk denotes that the person spoke in a language other than English.

received a report from the Director on the administrative and financial implications of the proposals.

13.2 Where, in the opinion of the Director, the proposed expenditure cannot be made from the existing appropriations it shall not be incurred until the Pan American Sanitary Conference or the Directing Council has made the necessary appropriations, unless such expenditure can be made under the conditions of the resolution of the Directing Council relating to the Emergency Procurement Revolving Fund.

Mr. Chairman, the Director of the Bureau is not opposed to the development of the proposed program, but he must point out that only through projects and programs that are approved in the budget is it possible to implement recommendations of the Conference.

PRESIDENT: The delegate of Peru is recognized.

Dr. LAZARTE ECHEGARAY (Peru):* When this report was discussed at the meeting of the Committee on Technical Matters, I inquired whether the recommendations pertaining to the Bureau would imply any financial commitments and whether the Committee could approve such recommendations without first knowing if the Bureau could cover the expenditure. A member of the Secretariat, Mr. Hinderer, said that there was a possibility of making those expenditures. I believe the Committee took that statement into account when it studied the topic and approved the recommendation concerning this point.

I would like to ask the Director whether in this case the information is correct and whether there are funds available to implement this program and the recommendations contained in the present resolution.

PRESIDENT: Does the Director wish to answer the delegate's question?

Dr. SOPER (Director, PASB):* Mr. Chairman, I should explain that we already have programs for the teaching and training of personnel and are conducting some projects and giving a certain amount of collaboration in this field. However, if it is the intention of the Conference to give this activity priority over other activities of the Organization, then, in view of our system of work, it is the responsibility of the countries themselves, in agreement with the Zone Offices, to determine what is to be done. As I stated, programs are constantly being developed with the countries, and there are always teaching programs. What is proposed implies a proportionate increase of these activities within the existing organization and will necessitate the reduction of other projects, unless the Conference intends to increase the annual budget.

If the Conference, on the basis of this report, wishes to take a decision that implies the reducing or limiting of other activities in favor of this program, it may well do so, if that is its intention. However, I believe that before voting on the matter, before approving the proposals of each committee of specialists or the points related to special problems, it is important to remember that the funds are limited. We are already implementing certain types of programs in conjunction with the countries. On the other hand, what I gather from reading the recommendation under study is that it implies greater expenditures on the part of the Bureau.

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* The asterisk denotes that the person spoke in a language other than English.

If this is the intention of the Conference, very well. I merely wished to recall the provisions of the Financial Regulations. Whatever is done today or in the future with respect to this matter will depend upon the wishes of the countries, who will have the advice of our Zone Offices, as reflected in the budgets prepared for the meetings of the Executive Committee, and later the Directing Council meetings, each year. I trust that I have replied to the question raised by the delegate of Peru.

PRESIDENT: The delegate of El Salvador has the floor.

Dr. ALLWOOD PAREDES (El Salvador):* The discussion that has arisen with respect to the control of diarrheas clearly suggests how effective we have been in organizing the work of the Conference and in setting up the order of business. The discussion of a scientific topic and its inclusion in the program certainly were planned with the idea of exploring adequate means of correcting undesirable conditions in the Americas. For the first time in the recent history of the Pan American Sanitary Organization, the program and the budget were approved without a detailed study of each part of those documents, and without taking into account the fact that, while we were considering a program and budget presented by the Bureau, other topics were being discussed that probably would call for modifications in the program and budget.

I take this opportunity to reiterate what I said when presenting our country's report and when commenting on the Director's report. Some day we shall agree on making a complete revision of the programs and obligations that we assign to the Bureau, so as to establish in this new program the true and unanimously recognized priorities. In this way we shall avoid weakening the efforts of the Bureau and dissipating, so to speak, the benefits that can be derived from the funds available to the Bureau.

I trust that the experience we are now going through will serve us in the future, so that, when scientific topics relating to important public health problems in the Americas are to be discussed, any resolution thereon will be taken before the discussion on the program and budget for the following year. We are inverting the order of things here, and perhaps are discussing details without really going to the root or the essence of the problems that the Bureau has to solve. The recommendations made on statistics imply expenditures; those on control of diarrheas again imply expenditures; and those on health education in rural areas also call for expenditures. And yet, during the discussion on programs and budgets, no special allotments were made, nor was any thought given to making them.

PRESIDENT: I am inclined to say that, in our discussions, we are actually wound up by being in favor of virtue and against sin. The Chair recognizes the delegate of Chile.

Dr. HORWITZ (Chile):* I did not quite follow the statements of the Director based on the English text, since the Spanish text, to which I referred as Rapporteur, establishes nothing that is imperative. Points 8 and 9 of the recommendations merely state "that a request should be made to the Director of the Pan American Sanitary Bureau for Bureau assistance" in such and such activities.

* The asterisk denotes that the person spoke in a language other than English.

I wonder if the Director would be satisfied with the addition of the phrase "within budgetary limitations" or "within the budgetary limitations of the Organization." The delegation of Chile has always considered that the purpose of these technical documents is to establish standards. They point out courses of action to be followed in solving certain problems or in improving the existing systems in our respective countries. All our countries are conducting activities, to a greater or smaller degree, in statistics, in the control of infant diarrheas, in health education, etc.

These discussions by experts show us how we can improve our present systems; and, naturally, we also want the Bureau to provide us with advisory services, to the extent that budgetary limitations permit.

Furthermore, an analysis of the program and budget documents presented by the Bureau shows clearly that the Bureau is already carrying out activities, in varying degree, in all of the three fields under discussion.

In summary, since I clearly understand the tenor of the Financial Regulations and the concern expressed by the Director, I should like to propose that the phrase "within budgetary limitations" be added to recommendations 8 and 9, taking into account the fact that the Organization is developing programs of the same type as those mentioned and that, as was so well stated by the delegate of El Salvador, these programs are aimed at fulfilling the basic purpose of the Bureau, which is to strengthen our national public health administrations.

PRESIDENT: The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* I should like to make use of the floor once this topic has been approved, but before another subject is taken up.

Dr. SOPER (Director, PASB):* The delegate of Chile is perfectly right, and I withdraw my comments, which were applicable to recommendation 9 of Working Party C, but not to points 8 and 9 of the report on infant diarrheas.

PRESIDENT: The suggestion of the delegate of Chile that the phrase "within budgetary limitations" be included in points 8 and 9 of the recommendations is before the Conference. The delegate of Peru has the floor.

Dr. LAZARTE ECHEGARAY (Peru):* I wish to refer to the statements made by the delegate of El Salvador. I find them very much to the point and quite justified.

Technical discussions are of great importance, and the fact that they have been included in the programs of the Conference is to be commended.

But if these discussions are to be effective, as can be supposed from the content of the final resolutions presented to us, and if these resolutions imply financial commitments for the Bureau, perhaps it would be preferable that such resolutions—when they are discussed, as now, after the budget of the Organization for 1955 has been approved—be adopted to serve as a basis for the Bureau to take into account when preparing its programs and budgets for 1956, that is, for the year following the Conference or the Directing Council meeting.

As to the statements made by the delegate of Chile, I believe that in both

* The asterisk denotes that the person spoke in a language other than English.

of the draft resolutions read, those referring to health education and to infant diarrheas, paragraph 2 states: "To recommend that the Director of the Bureau, insofar as possible . . . " I may be wrong, but I recall that the first paragraph states "To approve the text of the preamble and the recommendations submitted by Committee I . . . " I believe that there is a certain amount of contradiction, since the recommendations imply a commitment for the Bureau if the Conference approves them, and the next paragraph states that they will be carried out only "insofar as possible." Perhaps the wording of the first part could be modified so as to make it more positive, in view of the fact that, if the Conference approves the recommendations of the Working Party, it will approve them in their entirety.

PRESIDENT: Is there further discussion? The Secretary also has called the attention of the Chair to the term to which the delegate of Peru referred, "insofar as possible." Perhaps that could be made to cover the matter, or perhaps a specific reservation is needed in the two imperative clauses that are under discussion. What is the opinion of the Conference? Dr. Segura, do you wish to comment on this point, or should we decide this matter?

Dr. SEGURA (Argentina):* Mr. President, I do not wish to comment on the specific parts of this resolution, but only on something related to the discussion.

PRESIDENT: The delegate of Peru is recognized.

Dr. LAZARTE ECHEGARAY (Peru):* I should like to ask a question, Mr. Chairman. I may be wrong, but I recall that the delegation of Chile proposed that the entire text of the Working Party's conclusions be considered for inclusion in the resolution. I am not sure whether a decision was taken to that effect, or whether we are merely discussing the final resolution.

PRESIDENT: The Chair believes that we are still discussing the proposal of the delegate of Chile to the effect that the full text of the ten recommendations be incorporated in the final resolution. We went on to the second point of discussing the details and implications of recommendation 9, in the light of the fact that it may be decided to include all these recommendations. That is the Chair's belief.

There is before us now, first, perhaps the basic question: Should we or should we not include these recommendations, the full text of the ten points, in the final resolution? If we include them, then we shall have to decide if point 9 of the final resolution should be modified in some way so as to make it less imperative and to guard against making improper, unwise, or unclear financial commitments. The delegation of the United States is recognized.

Dr. BRADY (United States): In reading these ten items, it seems to me that they are lacking in clarity in that it is not stated to whom they are addressed. For instance, number 1 recommends that the recording of causes of death be promoted. To whom is this addressed? Who is going to promote this? Is this addressed to Member Governments or to the Secretary of the Bureau? Similarly, in number 2 it is stated that laboratory services should be established, and in number 8 there is a request to be made to the Director of the Pan American

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Sanitary Bureau. Who is making that request? These programs are perfectly evolved; requests come from Member Governments to the directing board in such proposals. But here it says that the request should be made to the Director.

I would suggest, Mr. Chairman, that this question be looked over. A resolution could be drafted to address these points to Member Governments as recommendations that were presented on this matter. I believe that this procedure would cover most of the points that have been raised this morning.

PRESIDENT: The delegate of Chile is recognized.

Dr. HORWITZ (Chile):* Mr. President, probably the delegate of the United States did not understand me well when I spoke on the topic, as Rapporteur.

In effect, the proposal was that the recommendations of the Working Party be directed to the Member States, as the delegate now suggests. That is to say, the series of recommendations to be directed to the Member States would be grouped under one heading.

PRESIDENT: The Chair understands, then, that your proposal is not to include these in the resolution itself, but simply to transmit them with the resolution as technical conclusions.

Dr. HORWITZ (Chile):* No, Mr. President, the proposal is to include them in the general resolution, or in a single document directed to the Member States as points agreed upon by the Conference, as a recommendation of the Conference to the Member States.

PRESIDENT: The delegate of El Salvador has the floor.

Dr. ALLWOOD PAREDES (El Salvador):* When the Working Party discussed this topic, it endeavored to interpret the wish of the Conference to have a summary, so to speak, of what is modern, what is scientific, what is worth while in the control of diarrheas. The Working Party wished to prepare and present a technical report, rather than one drafted in terms of formal resolutions, with preambles and operative clauses, as these were not considered necessary. It wished to draft a special resolution that would cover all aspects of the matter.

For example, I would not agree that the Conference should adopt a separate resolution on each of the recommendations given here, because the unity, the completeness of the report and of the observations made with respect to etiology, epidemiology, clinical work, etc., would be lost.

I can see no obstacle to our approving the resolution as presented by the Rapporteur and referring to the Governments the question of implementation, as provided in the operative part of the general resolution, which covers all the recommendations.

It would seem more in keeping with the nature of these technical reports not to stress, in formal resolutions of the Conference, each topic and each aspect that may be considered. Otherwise, we might find ourselves in a quite different position from that maintained by the World Health Organization with respect to its experts. I believed—and apparently some of the other delegations were

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under the same impression—that this was to be a kind of summary, similar to the reports of the WHO experts, which are transmitted to the governments by a decision or special resolution adopted by the Executive Board or the Assembly. Such a resolution would serve to transmit the contents of the report, not to make the report itself a specific recommendation that commits the governments or the Bureau.

PRESIDENT: The delegate of the Dominican Republic has the floor.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* We are in complete accord with the delegate of El Salvador. Moreover, it suffices to glance at the conclusions of the Working Party to see that they contain too many details to be included in one resolution. The Conference will always have technical topics to study, and if we were to include all the details we would end up by drafting resolutions that constituted veritable textbooks. Consequently, the most logical and practical procedure would be to adopt resolutions of a general tenor and to transmit the conclusions of the Working Party to the Member Countries as annexes, for purposes of study.

PRESIDENT: The delegate of Argentina.

Dr. SEGURA (Argentina):* Those who have followed the debate will note that this was the proposal made by Argentina at the very beginning, a proposal that was not accepted by this Conference but that the delegates of El Salvador and of the Dominican Republic would now be prepared to support. Therefore, we again insist that it would be better if these detailed conclusions concerning action to be taken by the Member States were presented in a separate document, together with all the background information, an account of the discussions held, and the conclusions reached. In this way, all the information that might serve as the basis for action by the governments could be found in a single source. The Final Act of this Conference would contain the resolutions presented by the working parties.

PRESIDENT: The delegate of Peru has the floor.

Dr. LAZARTE ECHEGARAY (Peru):* The delegation of Peru is in complete accord with the delegations of El Salvador, the Dominican Republic, and Argentina. We agree that the conclusions of the working parties should appear in a separate document, rather than form part of the resolutions. The latter should be general, especially in cases such as this when they constitute recommendations to the Bureau. To draft recommendations in great detail might create difficulties for the Director of the Bureau in carrying out many aspects of the technical group's proposals. We recognize the value and importance of these recommendations and conclusions, to which such capable experts have contributed. However, we agree with the delegates of El Salvador, the Dominican Republic, and Argentina that they are conclusions of the Working Party and should in no case be included as resolutions. My delegation will thus support the opinions expressed by these three delegations.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT: The delegate of Venezuela.

Dr. OROPEZA (Venezuela):* The delegation of Venezuela supports the proposal of Chile, in order that the form may be consistent with that adopted for the other technical topic, on which there was no general resolution, all the recommendations having been included.

PRESIDENT: The delegate of Paraguay is recognized.

Dr. ZACARÍAS ARZA (Paraguay):* I find it somewhat incongruous that we should consider the conclusions to be of such importance and yet not wish to have them appear as a resolution of the Conference. If the recommendations reached by the Working Party are as important as the views of the experts seem to indicate, the Conference should adopt them as a resolution. A resolution of the Conference has great importance in our countries. We should transmit the statements to the countries and endeavor to have them applied. That is the important thing. When an international conference of the nature and importance of this one makes a recommendation, our governments do provide the funds to carry out the plan. When the Conference recommends, it is not laying down an imperative. Recommendations imply, not an obligation to do something, but a suggestion that something be done insofar as possible.

In my opinion—and I should apologize for presenting this as a personal and untried opinion—technical progress should not be held back because of financial limitations. Technical advances could be much greater, and we, within our possibilities, must apply them. It would be ideal if they could sometimes be applied immediately, but that is difficult to do. Technical progress, however, should never be broken off because of financial limitations.

I believe that we should be apprised of the recommendations on technical matters, take them into account, and endeavor to apply them in the country, according to our economic possibilities. A country that is able to apply all the technical conclusions is fortunate indeed. Other countries that know of such advances and wish to apply them, but cannot do so, have to struggle in an endeavor to carry out what is technically recommended to them.

In conclusion, Mr. President, I support the proposal made by the delegation of Chile. The conclusions reached by the Working Party open the way to action and are of great importance. They have the force of a resolution of the Conference, which is recommending that the different countries implement them to the extent they are able. This is an opinion.

PRESIDENT: The Chair wishes to remind the Conference of the suggestion that should be made in the text of the recommendation, that should be included in the formal resolution, for the sake of consistency with the other two reports. We have just approved the report of Working Party C, in which the resolution is short and stated in general terms and does not include the whole text of the report.

There seem to be two points of view: first, that the full text should be included in this resolution; and the other, that it should not be included and that

* The asterisk denotes that the person spoke in a language other than English.

there should be only a general recommendation. Is this a correct interpretation of the points of view that have been expressed?

The Chair believes, then, that there should be a vote on whether to have a short, general resolution, or to incorporate the full text of the resolution submitted by the Rapporteur and the delegate of Chile. The delegate of Guatemala is recognized.

Mr. OLIVERO (Guatemala):* The delegation of Guatemala, if it is not mistaken, recalls that this matter has already been voted on at some time during the meeting. If that is the case, it would be in order to request a review of the voting.

PRESIDENT: That vote was in connection with the report of Working Party A. Is that correct?

Is it, then, the wish of the Conference that this vote stand and apply to the report under discussion, or does the Conference wish to vote again? The delegate of Peru.

Dr. LAZARTE ECHEGARAY (Peru):* I believe there should be another vote, and, since the point has been fully discussed, I would ask the Chair to proceed with the voting.

PRESIDENT: The delegate of the Dominican Republic is recognized.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* During the voting I understood the point to refer to Working Party A, but now I believe that there has been a mistake, in view of the opinion expressed by the delegate of Paraguay. What we had proposed, or rather, what we had supported, was the suggestion of the delegate of El Salvador that the text of the resolution not include the details appearing in the Working Party document, and that the resolution be stated in general terms. For instance, here in recommendation 5 it is stated: "That personal hygiene should be improved by the provision of a water supply system to homes, supplementing this by educational measures to encourage the adoption of good habits in personal care and the use of soap and water." Such details do not merit mention in a resolution. If I am not mistaken, the reports of the WHO expert committees also state that the technical conclusions reached do not commit the Organization, but are the conclusions of the experts. Consequently, it would not be fitting for the PASO to adopt as its own, in the text of a resolution, the conclusions reached by a group of experts. We therefore maintain that the resolution should be of a general nature. The delegate of Paraguay should understand that, when a resolution is adopted to support conclusions—as stated here, "the technical recommendations made by the Working Party"—and the document containing the discussions and conclusions is annexed to that resolution, it is sufficient to read these conclusions and discussions to know what was approved.

PRESIDENT: The question has been put forward. The delegate of Paraguay is granted the floor.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. ZACARÍAS ARZA (Paraguay):* I wish only to say that there are two opinions: the delegation of Paraguay believes that it is worth while, necessary, and advisable for the recommendations to appear as resolutions; the delegate of the Dominican Republic feels otherwise. The pity in life is that our opinions never coincide. But this is just as well. If we all thought and felt the same way, life would be uninteresting. Thus, there are two opinions. I believe we should take a vote.

PRESIDENT: Dr. Allwood Paredes is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* I propose that the debate be closed and that the proposal of Chile be put to a vote first, since it represents an amendment to the original proposal.

PRESIDENT: If there is no objection, the debate will be closed.

The Chair hears no objection. There will be a vote, first, on whether to accept the recommendation of Chile and the Rapporteur that the full text of the recommendation be incorporated in the formal resolution.

We shall first count the votes in favor of the recommendation of Chile.

The Secretary counted the votes. Votes in favor: Costa Rica, Venezuela, the Netherlands, France, Chile, Bolivia, and Paraguay; total: 7. Votes against: Colombia, the United States, the Dominican Republic, Argentina, El Salvador, Ecuador, Haiti, Cuba, Guatemala, and Peru, total: 10.

PRESIDENT: The motion is lost.

We have before us the original draft resolution from Committee I, on control of infant diarrheas, with the standard amendment regarding the method of reporting by the Bureau.

Is there objection to the approval of this resolution? If the Chair hears none, it will stand approved.

Approved.[1]

As the hour is late, the Chair believes we should adjourn after the Secretary has made some announcements.

SECRETARY:* Tomorrow's program will be determined by the General Committee, which also will take up the question of holding a night session in order to ensure completion of the program of work as planned. The delegates will be duly informed by the Secretariat of all decisions taken by the General Committee.

PRESIDENT: The General Committee will meet immediately. The session is adjourned.

The session was adjourned at 1:25 p.m.

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[1] See Resolution XXVII, Final Act, p. 635.

* The asterisk denotes that the person spoke in a language other than English.

NINTH PLENARY SESSION

Tuesday, 19 October 1954, at 5:05 p.m.

President: Dr. W. Palmer Dearing (United States)

PRESIDENT: The Conference is called to order. The Secretary of Committee II has the floor.

Second Report of Committee II (*continuation*)[1]

Topic 23: Relations between the Pan American Sanitary Organization and Nongovernmental Organizations

Mr. Hinderer (Chief, Division of Administration, PASB) began the reading of the English text of the second report of Committee II, and read the first draft resolution, on the above topic.

PRESIDENT: Are there any comments or questions?

Approved.[2]

Topic 13: Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956

Mr. Hinderer then read the English text of the second draft resolution.

PRESIDENT: Is there any discussion on the second draft resolution? Any objection to its approval? The delegate of El Salvador has the floor.

Dr. ALLWOOD PAREDES (El Salvador):* The statement made in the third operative clause of draft resolution 2 causes me to inquire whether the Chair thinks it advisable for the text to stand as now drafted. I refer to the expression of appreciation to the Director on the manner in which he presents the programs and proposals. No mention is made of the fact that they are proposed budgets. I believe that there is a constitutional provision to the effect that it is the Council that approves them, and that the programs and budgets are documents of the Organization itself, based on proposals that the Director submits to the governing bodies for consideration.

Perhaps the text might read: "the preparation of well-designed proposed programs."

PRESIDENT: Does anyone support the modification suggested by the delegate of El Salvador? The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* I think that the clarification suggested by the dele-

[1] See p. 556.

[2] See Resolution XXVIII, Final Act, p. 636.

* The asterisk denotes that the person spoke in a language other than English.

gate of El Salvador is unnecessary, since paragraph 3 specifically mentions the proposed program and budget to which he referred. The text is clear, at least in our opinion; the Director is congratulated on the accomplishments of past years and on the continuing evidence of well-designed programs, as shown in the proposed programs and budgets for 1956. Reference is thus made to the proposed programs. Therefore, the word "proposed" should not be included in the first part of this clause, which should speak of "programs;" the following part should refer to the proposed programs and budgets, the instruments through which the programs are developed.

Dr. ALLWOOD PAREDES (El Salvador):* The reason this point attracted my attention, Mr. President, is that, as evidence for the affirmation, it is stated that past years' programs have been well-designed, as shown in the proposed programs and budgets for 1956.

Logically, the fact that a good program is presented for 1956, that is, for a future year, cannot be taken as evidence of the preparation of good proposed programs and budgets in past years. This is a matter of proper terms, of the sense given to words, and of the logical sequence of thought. To say that previous programs have been good, as is shown by the program for 1956, in my opinion is not logical.

PRESIDENT: The English text seems clear to the Chair in that it refers to "continuing evidence," which means, or implies at least, that there has been in the past evidence of well-designed programs. This simply refers to "continuing evidence" as shown by the proposals laid before the Conference in the programs and budgets for 1956. The delegate of Cuba.

Dr. HURTADO (Cuba):* I do not believe the delegate of El Salvador has any doubt as to the successful outcome of the programs conducted in the immediate past. One brilliant example is afforded by the programs being conducted—I am referring to his own country—in the Demonstration Area alone, where the cooperation and action of the Bureau have been most successful.

We have here in this document a condensed paragraph embodying two points: the Director is being congratulated, first, on the accomplishments of past years and, second, on the proposed programs. Thus, the sentence is complete and is correct in covering the two points on which the Director is being congratulated. Thus, the syntax in Spanish is good, and the thought is properly expressed.

PRESIDENT: Is there any further discussion? Are there objections to the approval of the draft resolution as submitted? The Chair hears none; it is so ordered. The delegate of Bolivia is recognized.

Dr. DORIA MEDINA (Bolivia):* I think that the delegates who took the floor before me both are correct. In order to reconcile those opinions, which differ only on the question of form, I would propose that the wording of paragraph 3 be changed to read simply: "To express its appreciation to the Director of the Pan American Sanitary Bureau for the accomplishments of past years and for the continuing evidence of well-designed programs." The paragraph would end there, the

* The asterisk denotes that the person spoke in a language other than English.

final phrase "as shown in the proposed program and budgets for 1956" being deleted. If this deletion were made, there would be no controversy.

PRESIDENT: Does the delegate of Bolivia wish to reopen this question, inasmuch as no objections are raised to the text? Do I understand that you raise no question, nor propose a change?

Dr. DORIA MEDINA (Bolivia):* Mr. President, it is not my intention to reopen the discussion, since I am not in favor of bringing up small matters of little importance. I suggested the deletion merely in order to reconcile all the opinions expressed.

PRESIDENT: Thank you very much. The Chair considers that the text, as read by the Rapporteur, has been accepted unanimously. Is this correct? Dr. Allwood Paredes has the floor.

Dr. ALLWOOD PAREDES (El Salvador):* I propose that, in accordance with the procedures we have adopted, the proposal of Bolivia be taken into account, so that we may find a logical solution for what I believe to be an incorrect point in paragraph 3 of the resolution.

PRESIDENT: Thank you very much. Dr. Allwood Paredes wishes that the proposal of the delegate of Bolivia be considered. Is there any objection to the deletion of the last clause, as proposed by Bolivia? The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* Mr. President, the suggested deletion leaves the proposed resolution incomplete. The title of the resolution plainly states: "Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956."

The first part of the paragraph, I repeat, refers to the work accomplished; the second part refers to the program for 1956. Therefore, the paragraph ends with a reference to the proposed programs so as to differentiate them from the programs. The program is the work under way; the proposed program is the work planned, the work prepared for 1956.

Since the difference is so small, as the delegate of Bolivia himself averred, I wish to caution against introducing amendments that are not substantive, for to do so would mean that the document would have to be returned to the Secretariat for rewriting, which would be as time-consuming as would the new reading of the text. The Conference is already nearing a close, and we are behind in our schedule.

Consequently, as Chairman of Committee II, where these draft resolutions were prepared, I feel I should make these clarifying statements and uphold the text exactly as it appears in the resolution.

PRESIDENT: The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* It is not my intention to prolong the discussion, but I cannot agree with the delegate of Cuba's statement that, if any objection is raised here, the proposed resolution has to be returned to the

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Committee. This is so in the case of proposed resolutions that go to the General Committee, but not for those going to plenary session. The plenary session can make any changes it wishes.

I believe that I have made myself clear on this point, and on the reasons why I entered the discussion. I shall be satisfied in knowing, at least, that my reasons are clear in the minds of the delegates, and I do not insist on my proposal.

PRESIDENT: Thank you very much, Dr. Allwood, for that explanation. We now understand your intent and your reasons, and if you withdraw your objection, the suggested modification, the resolution will stand approved.

Approved.[1]

Topic 34: Modification in the 1955 Program and Budget of the World Health Organization

Mr. Hinderer read the English text of the third draft resolution of the second report of Committee II.

PRESIDENT: Is there any discussion on the third draft resolution? The delegate of El Salvador has the floor.

Dr. ALLWOOD PAREDES (El Salvador):* This is another subject that is of interest to me, as delegate of El Salvador.

I should like to state, and to have placed on the record, my disagreement with the proposed budget of the World Health Organization for the Americas for 1955, because there has been eliminated from its program a project that in our opinion was a legitimate one and that should have continued to be financed by the World Health Organization itself. Its financing should not, as has now happened, have been transfered to Technical Assistance funds, thereby violating, to a certain extent, the very standards established by the Organization with respect to long-range programs, programs that obviously should have been financed by the World Health Organization.

PRESIDENT: The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica supports the statements of the delegate of El Salvador, since it too had a regional program that was eliminated from the budget of the World Health Organization for 1955 and that should have been included in the regular program.

PRESIDENT: Is there any other discussion? If the Chair understands correctly the outcome of the present discussion, the delegations of Costa Rica and El Salvador wish to go on record as dissenting from the approval of this resolution.

Without further objection, then, the resolution will stand approved with the recorded dissents by El Salvador and Costa Rica.

Approved[2]

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[1] See Resolution XXIX, Final Act, p. 637.

[2] See Resolution XXX, Final Act, p. 638.

* The asterisk denotes that the person spoke in a language other than English.

Topic 40: Functions of the Executive Committee in the Preparation of Pan American Sanitary Conferences

Mr. Hinderer read the English text of the fourth draft resolution.

PRESIDENT: Is there any objection to this resolution? The delegate of Argentina has the floor.

Dr. SEGURA (Argentina):* I wish merely to propose that, in the title "Functions of the Executive Committee in the Preparation of Pan American Sanitary Conferences," the word "Conferences" be changed to "Meetings," so as not to limit these functions to meetings of the Conference.

PRESIDENT: Is there objection to approval of the draft resolution with the modification proposed by the delegate of Argentina? The Chair hears none; it is so ordered.

Approved.[1]

Topic 14: Future Form of Presentation of the Proposed Program and Budget of the Pan American Sanitary Bureau

Mr. Hinderer then read the English text of the fifth draft resolution in the Committee report.

PRESIDENT: Is there any discussion on the fifth draft resolution? Is there any objection to its adoption? The Chair hears none; it is so approved.

Approved.[2]

Topic 30: Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau (Continuation)

Mr. Hinderer read the English text of the sixth draft resolution in the Committee report.

PRESIDENT: Is there any discussion of this draft resolution? Is there any objection to its approval? The Chair hears none. It is so ordered.

Approved[3]

The next item for consideration is number 3 on the agenda of the plenary, Topic 22, "Report on the Program of Economies and Decentralization of the Pan American Sanitary Bureau." Will the Secretary introduce this document?

Topic 22: Report on the Program of Economies and Decentralization of the Pan American Sanitary Bureau[4]

SECRETARY:* Essentially, this document is a report to the Conference; that is, a resolution is not required but note should be taken of the report and comments made if necessary.

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[1] See Resolution XXXI, Final Act, p. 638.
[2] See Resolution XXXII, Final Act, p. 639.
[3] See Resolution XXXIII, Final Act, p. 639.
[4] See Documents CE23/5 and CE23/10, pp. 602 and 609.
* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT: Is there any discussion of this report, which we have received and have before us? The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* Mr. President, the delegation of El Salvador had some comments to make on what it understood by decentralization, particularly with respect to the work of the experts. We mentioned that the Bureau, in assigning experts to field services in the countries, should consider the importance of giving them the opportunity of becoming fully acquainted with the problems of the individual countries where they are to give aid and advice.

The breakdown given in the report, showing the number of employees in the Washington Office as compared with those in the field offices, or "the field" as is stated in this document, does not seem to reflect the facts, to our way of thinking. Our delegation is convinced that the assignment of experts to the Zone Offices does not necessarily constitute an administrative step toward decentralization, since decentralization can only be achieved by assigning experts to the countries and to specific programs in the field.

Some thought might be given to the value, usefulness, and effectiveness of the expert assigned to the Zone Office, as compared with the expert assigned to programs in the countries.

If the experience of the Zone that includes my country holds true for others, we could say that the expert who is assigned to the Zone Office, and is called upon occasionally to assist the countries of that Zone, does not and cannot afford a completely satisfactory solution. Such an expert has only a short time in which to become acquainted with, to study, and to reflect on the problems that any country might present to him for consideration.

My statements might well give rise to a lengthy debate, but it would be an essential one. We can see from the experience in our own countries that the best way to utilize the services of an expert is to bring him close to the scene of each of the problems in each of the countries, and not to place him in the conditions under which he must work while assigned to the Zone Offices. For one reason or another, these conditions permit him to take only a quick glance at conditions or to hold only a short discussion with the authorities of the Zone countries, and he is able to give very little assistance insofar as advice or suggestions applicable to conditions and practices in each country are concerned, unless he fully understands the complexity of each of its problems.

To be more specific, we have seen how experts assigned to the Zone Offices visit a country for periods of two, three, or four days, and then have to move to another. Any benefit that might be derived from the experience of these experts (as their title indicates) is greatly reduced because of this fact.

On the other hand, we have observed the practice of other agencies that attempt to assign their experts to the countries for sufficiently long periods to study specific problems with the authorities. The period during which they were assigned to those countries was sufficiently long to permit them to become thoroughly familiar with the problems on which they were to provide advice.

The experts assigned to Zone Offices, at present, do not fulfill the needs of

* The asterisk denotes that the person spoke in a language other than English.

the case. Their contact, their relations with the Zone countries are all too brief for their advisory services to be sufficiently effective.

PRESIDENT: Is there further discussion on this report that has been submitted to the Conference by the Executive Committee? The delegate of Bolivia is recognized.

Dr. BROWN (Bolivia):* The delegation of Bolivia, during the reading of its report on public health advances in the country, presented a motion to the effect that a staff member of the Zone Offices should be assigned permanently to each Member Country, so as to ensure more effective supervision and application of the Organization's programs.

My delegation agrees, in part, with the opinion expressed by the delegate of El Salvador, that the experts assigned to each country frequently do not have sufficient time to gain a thorough knowledge of local problems or to provide permanent and adequate supervision over the execution of the Organization's programs.

We are aware of the financial difficulty encountered by the Organization in assigning personnel on a permanent basis. We are also familiar with the objections raised by the Executive Committee in April 1952, with respect to rotating the Zone Offices. But I believe that perhaps some way could be devised to have certain members of the Zone Offices' staff stay for longer periods in the Member Countries, or else be assigned permanently, without incurring major expenditures.

PRESIDENT: Is there further discussion? It is a pleasure to consider this resolution. As stated, the Chair interprets the remarks of the delegations of El Salvador and Bolivia as comments. The delegate of Chile has the floor.

Dr. HORWITZ (Chile):* We understood the remarks of the delegates of El Salvador and Bolivia, as has been stated, to be comments on the proposed resolution.

The delegation of Chile voted in favor of the resolution in Committee II. However, it would request that the comments of the delegates of El Salvador and Bolivia be recorded in the minutes, so that they might serve as a basis for the Secretariat to study the possibility of putting into practice this idea of having a representative for each country, without disturbing the present zonal organization.

PRESIDENT: The Chair recognizes the delegate of Paraguay.

Dr. ZACARÍAS ARZA (Paraguay):* The delegation of Paraguay shares fully the concern expressed by the delegate of El Salvador and the other delegations.

We feel that the decentralization has started with the zonal authorities, but we do not think it should stop there. This is just a beginning. In our opinion, it is essential that this decentralization be extended to the countries that are to be served, so that results may be obtained without delay.

In sum, we believe that, for the benefit of the countries and, also, to enable the Pan American Sanitary Bureau successfully to attain its objective, this decentralization should be extended, if possible, to the countries the Bureau is to serve.

PRESIDENT: I believe the Chair may take the liberty of saying to the Director and to the Secretary, on behalf of the Conference, that we appreciate your desire

* The asterisk denotes that the person spoke in a language other than English.

to be of the readiest possible service to the Member Governments, and that we are sure you will do your utmost to be of service and to comply with the wishes of the Members. Is there further discussion? The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* Mr. President, would you please inform us whether a resolution on this topic will be adopted by the Conference, and what the text of such a resolution will be? It is not among my documents.

PRESIDENT: The text of the resolution that is before us is in the Final Report of the 23rd Meeting of the Executive Committee. Could you tell us, Mr. Secretary, where it occurs in the basic volume?

SECRETARY:* The Executive Committee adopted Resolution V, as follows: "(1) To state that it considers the wishes of the Executive Committee, to the effect that a program of economies and decentralization be carried out in the Pan American Sanitary Bureau, to have been met as reported in Document CE23/5 and in the Informational Statement (Document CE23/10); and (2) To take note of this report and transmit it to the XIV Pan American Sanitary Conference with the recommendation that it be approved."

PRESIDENT: That is the resolution that is before us; namely, that the Executive Committee requests, or rather, recommends, that the Conference approve the document. Is there objection to the approval of the document with the comments that have been made, which will appear in the Proceedings? The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* It is not a question of approving the report, but of taking note of it. This is a document that reports the facts as they occurred, and it contains no general expression of policy, either positive or negative.

PRESIDENT: Is it satisfactory to the Conference that, rather than approving the report, we receive it and take note of it with the comments that have been made on the problems of decentralization and on the need for greater continuity of service closer to the programs in the various countries? Without objection, note will be taken of the document in the manner stated.

Agreed.[1]

Topic 25: Unification of Action in Public Health Programs in the Region of the Americas [2]

The Secretary read the full text of the document on this topic and explained the annexes thereto.

PRESIDENT: Is there a resolution from the Executive Committee, or may we simply receive this document and ask for comments on it? Then, if this document

[1] See Resolution XXXIV, Final Act, p. 640.

[2] See Document CSP14/34 and annexes, p. 610.

* The asterisk denotes that the person spoke in a language other than English.

is before us, the Chair would suggest that it be received, and we now offer it for comments. The delegate of Argentina.

Dr. SEGURA (Argentina):* I wish merely to remark on the situation referred to in the document, a situation which we mentioned at the Seventh World Health Assembly in Geneva, in May 1954, when the budget of the World Health Organization was considered. At that time, the Director-General of the Organization announced the decrease in the funds available for carrying out activities and requested an increase of approximately two million dollars in the general budget, an increase which, after several proposals, was reduced to nine hundred thousand dollars.

On that occasion, we called attention to the confusion that exists with respect to the manner in which our governments channel the funds they appropriate for the national budgets and for the voluntary, extra quota payments to the various organizations of which they are members.

It is of the utmost importance that the governments ensure that the funds needed for public health purposes go to the organizations specifically engaged in public health work. They should also be fully aware that, when they give generously to certain organizations, and often without much study, these organizations may find themselves with a certain amount of accumulated funds that they must spend in order to be able to justify these receipts. In such cases, the organizations all too easily invade activities other than those of their specialized fields; they cross barriers and enter into purely public health activities that are the concern of organizations established especially for the purpose.

Therefore, we supported an increase in the budget of the World Health Organization, because we felt that it could then carry out its activities by adjusting certain expenditures and channeling its funds wisely. As we stated before, we especially called the attention of the representatives of the governments, just as we are doing here, to the fact that one of the causes of certain difficulties encountered by public health organizations—as the Director of the Bureau has said at various times—is that the governments themselves have the funds available but do not make a thorough study of how they should be used, nor to whom they should be given to achieve the maximum yield in public health. When they are given to other institutions, without being clearly earmarked, they disrupt rather than benefit the activities of public health programs, and this fact causes certain difficulties in the handling of public health work in the Continent.

PRESIDENT: The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* We have before us the same problem that was mentioned by the delegation of Costa Rica in commenting on the report of the Director of the Pan American Sanitary Bureau.

This problem comes up periodically. It appears in the discussions on the program, on the budget, on the local use of Technical Assistance funds, and it then disappears again. At the next meeting of the Organization, either the Conference or the Directing Council meeting, the problem will again come up; it will again

* The asterisk denotes that the person spoke in a language other than English.

be discussed. We shall all be aware of its importance, but, in reality, we have never taken any coordinated action with respect to it.

I wonder whether it would not be fitting to recall, here, that there is a political agency, the ECOSOC—an agency whose Council includes representatives of the countries of the Americas—which is charged with solving such problems. And, as I was informed during an investigation I made personally, never have any of those political representatives on ECOSOC had any contact whatsoever with any government, nor have they received instructions from their governments with respect to the matters that concern us.

What should we do? Find out when ECOSOC meets, what points must be defended to facilitate action in these programs and, through the Ministries of Foreign Affairs, through the proper channels, have specific instructions transmitted to the representatives on ECOSOC, and, above all, give them complete data and information so as to enable them to protect our interests?

I believe that it is the lack of coordination within the countries themselves that gives rise to this problem. And I would inquire whether the Bureau could not assist us in coordinating these activities, by reporting, sufficiently in advance of the next meeting of ECOSOC, on the delicate points that we have to defend, and by requesting the governments to take steps, through diplomatic channels, to present our points of view to that Council.

PRESIDENT: The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* The delegation of Uruguay fully agrees with the statements of the delegations of Argentina and of Costa Rica. At the meeting at Havana, Uruguay brought up a problem similar to this one. I understand that ECOSOC has already taken measures in this respect, or at least has raised the question with the World Health Organization. Thus, I support the proposal of the delegate of Costa Rica to the effect that our governments express their opinions on these problems.

PRESIDENT: The delegate of El Salvador is recognized.

Dr. ALLWOOD PAREDES (El Salvador):* At the Havana meeting, the Directing Council adopted a resolution instructing the Director to inform the governments of the Council's concern over the lack of coordination among the governments themselves with respect to other international agencies of the United Nations in which the governments have membership.

I do not know whether this is in order, but I believe it would be useful for the Pan American Sanitary Conference to adopt a resolution calling the attention of ECOSOC to the problems that arise as the result of the decisions of that policy-making body, which on occasions, through a change in name, becomes a Technical Assistance Committee. There could be pointed out, especially, all the difficulties that arise in the attempt to unify public health programs in the Americas, so that this United Nations political agency might in some way help solve the problem under discussion.

Consequently, I believe that a resolution should be adopted for transmittal to ECOSOC, the appropriate international political agency, on behalf of this Pan

* The asterisk denotes that the person spoke in a language other than English.

American Sanitary Conference, which is also an international body in its own right.

PRESIDENT: We have the suggestion of the delegate of El Salvador that this Conference, officially and formally, bring this matter to the attention of the ECOSOC. That suggestion goes beyond the suggestion in the report before us, which makes very clear the fact that perhaps some of the problems lie with the respective Member Governments, in other words, that it is up to us, above all. However, as I just stated, this suggestion, this proposal of the delegate of El Salvador that we communicate directly with ECOSOC, is before us. The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* In this Technical Assistance problem, we have had, on different occasions, the opportunity of participating quite directly. And we have at least tried to study the causes of the financial breakdown of the Technical Assistance program.

In principle, we are in accord with the statements made by the delegate of El Salvador. We differ as to the *modus operandi*, because it is not incumbent upon the Pan American Sanitary Conference to go to ECOSOC. However, the objective set forth by the delegate of El Salvador, with which we could agree, is that a direct channel can be found, although none is more direct than addressing ECOSOC itself. As I understand it, the Conference could make a recommendation to the Member Countries, address itself to the Members comprising the Organization, so that our respective governments, at the request and recommendation of this Pan American Sanitary Conference, might instruct their representatives to the United Nations, if they so wish. The ECOSOC is not an agency that includes all the members of the United Nations; it is a Social and Economic Committee with a membership of eighteen countries, but all of these are members of the United Nations. Hence, a way can be opened there for a proposal by the governments, for instructions to the different committees. Or, our governments could even approach the General Secretariat of the United Nations directly, to make any type of recommendation to its different agencies. I feel that that would be the normal line of contact. We can resolve the financial problem of technical assistance via ECOSOC.

It is regrettable, but nonetheless clear to any one who consults the proceedings of the last meeting of ECOSOC in Geneva, that our representative, Director-General Candau, battled practically alone against the inflexible stand of the Technical Assistance Committee. These points, which I shall not mention in detail at this time, were the object of careful study in Geneva last year, and even as early as two years ago, when the process began: the slow, gradual, and progressive financial decline in the field of Technical Assistance. So long as we fail to encourage our governments' representatives to defend our principles within that organization; so long as the present system remains in force in the Economic and Social Council, which in turn directs the Technical Assistance Board, the body that distributes the assistance funds; so long as the Technical Assistance fund is kept up by voluntary contributions from the countries ("voluntary" in the sense that they

* The asterisk denotes that the person spoke in a language other than English.

are not quota payments, but rather contributions made freely by the governments, although, naturally, at repeated requests from the United Nations)—then the primary causes of the breakdown will persist.

The United Nations Technical Assistance funds, when collected, are distributed among the technical specialized agencies of the UN, among which is our own WHO. At the same time, however, this Technical Assistance Board, this governing technical committee, is headed by a person who is given great freedom of choice, the right to veto programs as regards priorities and scope. This officer is its Chairman, a post created about two years ago at the UN before the former UN Secretary General retired. The fact that this officer was given extraordinary authority over the technical advisers is another cause of the considerable breakdown of the Technical Assistance program, in which some highly technical projects became subject to the opinion of a high officer not specialized in the field, one who, at a session of the World Health Assembly, went so far as to declare that public health matters did not form part of the economy of a people. Those who consult the documents will note the lengthy debates that arose, and how that officer arrived with three technical economic advisers, none of whom proved to be even trained economists, but whom he had raised to such high rank because of the legitimate right of selection that he had in choosing his advisers. Indeed, in answering questions asked by this speaker—and I recall that Dr. Allwood Paredes at that time was a member of the Executive Board—that officer had great difficulty in explaining the basis for his view of technical matters, and why he had doubts concerning our priorities in the matter of economic aid.

These, briefly—and much more could be said about them—are fundamental causes that, in my opinion, weaken the action of Technical Assistance.

So long as Technical Assistance is governed by this type of internal system, in which the technical organizations are mere channels for developing the program, a program subject to the supreme approval of that body and to the economic determinism of that type of system—there is little possibility of bettering our economic aid.

All this should be explained in a memorandum by the Secretariat, which knows the problem well—by our Director, who attended and actively participated in these meetings of the Executive Board in Geneva. Such a memorandum, in the hands of our governments, would inform our national authorities of the facts. I would not be satisfied unless I stated here honestly and in all sincerity that, unfortunately, our high State officials at times remain somewhat aloof from these specialized technical agencies. And our Ministries of Foreign Affairs, our Ministries of Finance, thwart and almost overrun the Minister of Public Health, who finds no recourse. The Minister of Foreign Affairs gives priority to the political matters and the Ministry of Finance, to internal financial matters, while the poor public health expert has no one to support him—neither the Minister of Foreign Affairs nor the Minister of Finance. On the one hand, we insist that he take us off a starvation diet, yet his larder is empty; on the other hand, we ask him to help represent us abroad, yet he has no representative authority. Meanwhile, our governments—and in that term we include both the Chief of State, who at times is the last recourse and who makes the final decisions, and the Ministers of For-

eign Affairs and of Finance—should be told the painful facts, so that they can then tell our representatives what they are to do at the United Nations. The problem does not lie here but at the United Nations and, within the UN, with our representative on the ECOSOC. This is the classical channel.

PRESIDENT: The Chair undertakes to interrupt the delegate of Cuba, who is saying what is in all our hearts and what we agree upon and what we know so well, since I believe he has suggested that, as is said in the text of the draft document before us, the job is up to all of us back home, working with our own governments.

I believe he also suggests that that is the proper recourse, and that the proposal that this Conference undertake to communicate directly with ECOSOC would not be effective.

Is there disagreement with that suggestion? Then we will consider that it has the assent of the Conference, that we do receive this document, and that the Secretariat of the Bureau is requested to keep the Member Countries informed of what is coming up in ECOSOC, to the end that we may do all we can to bring about an improvement in this situation. The delegate of Chile is recognized.

Dr. HORWITZ (Chile):* This is a delicate and complex subject. One has only to look at the chart that accompanies the working document to see that the problem is a maze from any viewpoint and will be most difficult to solve.

This delegation would like to hear the opinion of the Director as to what could be a practical, effective solution to the present situation.

PRESIDENT: The Director of the Pan American Sanitary Bureau is recognized.

Dr. SOPER (Director, PASB):* Our purpose in presenting the document on this subject was to indicate the confusion that exists, and the fact that we have no clear idea as to how the problem can be solved.

We should recall the problem of subsistence allowances, which came up about two years ago. At that time, by authorization of the governmental authorities, the Pan American Sanitary Bureau communicated with the representatives of the different governments, especially those that were then members of ECOSOC. After receiving several replies from the governments in support of our request, ECOSOC, on meeting here in Santiago, unanimously approved the very proposal we had been opposing.

Frankly, I am somewhat pessimistic as to the outcome, because the decision taken by ECOSOC in July of this year has removed the possibility of negotiating Technical Assistance programs directly with the public health authorities of the countries, and it establishes political programs for each country instead of technical programs of the specialized agencies. Not only was this program, this objective, approved unanimously; it was proposed and seconded by representatives of the American countries.

This action leaves the Director of the Pan American Sanitary Bureau with hands tied, and we have presented this maze of a chart because we believed it

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was the only document that could truly reflect the present situation. Attached to the document is a table showing the contributions made to the various organizations during the last seven years. All this demonstrates that, in the final analysis, the funds of the Pan American Sanitary Organization and of the World Health Organization come from those same governments that provide all other funds.

It is hardly worth while for us to regret this situation. Very few can understand it; the politicians themselves, the ones who have contributed to this maze, do not understand its ramifications.

I believe that only through action taken by the public health authorities within each country, working together with the political organization, can the situation be improved.

Perhaps the only fact that offers some hope for the future is that the Congress of the United States is now making an analysis of the status of international contributions to Technical Assistance and to the specialized agencies; we do not know what will come out of this study, but it does show that our statements last year were well founded when we said that the present situation could not continue much longer.

If anything can be done by this Conference, I am in agreement that it should be done through the action of our own governments, who should unanimously support and uphold our program in ECOSOC.

PRESIDENT: Is there further discussion? The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* I think that the remarks made here concerning this document are of the utmost importance. These remarks have not yet taken the form of a concrete proposal as to what we should do to obtain the approval of the Economic and Social Council.

I have followed the entire discussion with great interest, and it seems to me that there is only one way we can change that decision, which is so harmful to the work of such specialized organizations as ours. We could recommend to our governments, through this Conference as well as through our countries' public health organizations, that they instruct their representatives to the United Nations and to the agencies taking part in the Economic and Social Council, to support a revision of this decision and to show the need for this contribution to Technical Assistance to be maintained through the specialized agencies.

I wish to propose that a resolution of the Conference be drawn up to that effect. And it is not only a question of a resolution of the Pan American Sanitary Conference, for within the Conference's sphere of action we frequently discuss technical problems that involve international public health policy and that can be resolved, one way or another, through the influence or the decisions of our governments' political agencies, our offices of foreign affairs. We could, therefore, also approach our governments and our offices of foreign affairs through specific channels, which, in some places, would be the Public Health Ministries. We can go to our governments and request them to instruct their political repre-

* The asterisk denotes that the person spoke in a language other than English.

sentatives to the international agencies to support a modification of the ECOSOC decision so as to ensure unity of action in these specialized organizations.

Therefore, a formal proposal could be made and a draft resolution drawn up for presentation to the next plenary session of the Conference for consideration and possible approval.

PRESIDENT: The Chair believes that the sense of the Conference discussion, and of the report, is in accordance with what Dr. Montalván has so ably expressed, except that he proposes a resolution to reinforce, should we say strengthen, the hands of the health representatives in dealing with their own governments. Is that your proposal, Dr. Montalván? Is that the wish of the delegate of Ecuador? We understand that a resolution has been requested. Is there any discussion of this proposal? Is there any objection? The delegate of the United States is recognized.

Dr. BRADY (United States): Mr. Chairman, it is felt that the discussion here concerns a very delicate situation, and I am sure other delegates will agree with me that, if there is a resolution to be considered, it should be given to us in writing so that we may have the opportunity of reading it and studying it carefully.

As regards the present situation concerning this resolution, it is our understanding that the resolution passed by ECOSOC is now before the General Assembly. The resolution, as now written, would become effective as of 1 January 1956. It is conceivable that the General Assembly might further delay the implementation of the ECOSOC resolution when it comes before the Assembly in a matter, I suppose, of a few weeks. The delegates might wish to take that information home.

PRESIDENT: The Chair understands that the proposal of the delegate of Ecuador calls for the preparation of a resolution, in writing, to be submitted for a later plenary. The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* To adopt a resolution of this nature would represent quite a commitment for the delegates with respect to their own governments.

Perhaps it would be more practical for this Conference to recommend that, at the next meeting of the Executive Committee, a study be made of the matter and possible action proposed. This would give us more time to consider the matter and to consult our own governments and learn their opinions. Our governments might consider that we are overstepping our authority by contemplating the presentation of notes to political agencies and to the Member Governments.

Perhaps it would be better to report verbally to our authorities what was discussed here, and to ask the next Executive Committee meeting to endeavor to find a solution, since that body will have the time to devote to solving a problem of this nature.

PRESIDENT: The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* The delegation of Cuba agrees that this Conference should study a proposed recommendation to the Member Governments of the

* The asterisk denotes that the person spoke in a language other than English.

Organization, for which a text will have to be prepared, because there can be no doubt but that provision number 222 of ECOSOC is in complete opposition to the interests of specialized agencies such as ours and, most especially, ours.

Therefore, it is our duty to inform our governments (there is no disrespect, no overstepping of authority, no invasion of the field of politics; this is a duty of our Conference). Furthermore, our public health authorities will find in this recommendation a basis on which to support their reasons for making this request to their governments. The government will take whatever action it should or wishes to take, but we should call the matter to their attention.

The delegation of Cuba firmly supports the preparation of a proposed recommendation of the Conference.

PRESIDENT: Is there further discussion? The delegate of Chile is recognized.

Dr. HORWITZ (Chile):* We agree with the delegation of the United States that no recommendation should be adopted until the proposed resolution is put into writing.

PRESIDENT: Is there objection to the preparation of a draft resolution that we may at least consider, whether it be adopted or not? The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* My proposal is that this draft resolution be prepared in writing. We are familiar with and, I believe, thoroughly informed on the problem, and I believe it is not only our right but our duty to express the wishes of this Conference to our governments, to let them know what this meeting of sanitarians thinks of this situation, how alarmed we feel at the possible harm it may cause to future work.

We have been sent by our governments to deliberate, to convey to them the feelings of this Conference, to report its impression of the status of international health policy in the Americas. It is we who should tell them how much the progress of the Pan American Sanitary Organization could be furthered if the resolution adopted by the Economic and Social Council were revised, and recommend to them that their representatives to the United Nations be instructed to find out how this resolution could be revised. Naturally, we should not attempt to improvise on the basis of what has been said here; rather, two or three persons should deliberate at length and then draft a resolution for our consideration tomorrow.

PRESIDENT: The delegate of Paraguay is recognized.

Dr. ZACARÍAS ARZA (Paraguay):* The delegation of Paraguay agrees that a written draft should be studied. Perhaps a committee of three delegates could be appointed to study the matter and draft the resolution for consideration at tomorrow's plenary session.

PRESIDENT: The Chair would like to close the discussion on this matter, because there seems to be agreement, at least, that we should be willing to consider a draft resolution.

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* The asterisk denotes that the person spoke in a language other than English.

Does someone wish to suggest who should form part of the group of three to work on this question? If not, the Chair would appoint, subject to the approval of the Conference, the delegate of Ecuador, the delegate of Cuba, and the delegate of Argentina, to prepare a draft. The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* I prefer to decline, Mr. President.

PRESIDENT: May we then have the delegate of Uruguay? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* I am willing to do whatever I can to assist this committee with the draft resolution. However, I would request the Chair that this working committee be strengthened by the presence of a delegate of the United States, for two reasons: first, language, because there will be an English and a Spanish text; and second, because of the important role that delegation may play at the time the problem is solved.

PRESIDENT: The Chair thanks the delegation of Cuba for this suggestion and would ask the delegation of the United States to be represented. The Chair also thought, however, that in view of the study that has been made of this matter by the delegate of Cuba, his advice would be most valuable.

Then we will have the delegate of Ecuador, the delegate of Cuba, the delegate of Uruguay, and the delegate of the United States.

Agreed.

Topic 35: Technical Assistance Program for 1955

PRESIDENT: The hour is late. We have a closely related topic, number 35, which also deals with Technical Assistance. Possibly this, too, could be covered, and perhaps we could simply ask the working party to take account of it.

If it is agreeable to the Conference, we shall simply ask the working party to draft a resolution considering also this document on the Technical Assistance Program for 1955,[1] in which the Director, at the request of the Director-General of WHO, presents for the attention of the Conference resolution 41 approved by the Seventh World Health Assembly. Is there objection to this procedure? We would consider, then, that we have concluded with item 6 of the order of business.

It was so agreed.

Continuation of the Session

In view of the hour and the time it will take to consider another topic, the Chair would propose that the meeting be adjourned, after announcements by the Secretary. The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* It is now 6:55 p.m. If we adjourn the session

[1] Working Document CSP14/21, unpublished.

* The asterisk denotes that the person spoke in a language other than English.

at this time, we shall have to hold a night session. I believe it is preferable to work from seven to eight thirty and to complete the order of business, since there are no social or other events scheduled for tonight.

PRESIDENT: The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* We support the proposal of the delegate of Argentina.

PRESIDENT: It is agreeable, then, that the Conference stay in session. We shall consider the next item of business. The Secretary has the floor.

Topic 26: Selection of Topics for Technical Discussions during the VIII Meeting of the Directing Council, VII Meeting of the Regional Committee of the World Health Organization (1955)

SECRETARY:* The document that I shall present is relatively short. I shall omit the background information and merely recall that the Director-General of WHO apprised the Bureau Director of the Seventh World Health Assembly resolution that selected the following topic for technical discussions at the Ninth Assembly (to be held in Geneva in 1956): "Nurses: Their Education and Their Role in Health Programs."

It should be pointed out that the Executive Committee, at its 22nd Meeting, when it chose the three topics for the technical discussions at the Conference, left pending two topics: one, on problems relating to the selection of students for medical education, and the other, on the training of sanitary inspectors.

Resolution 19 of the WHO Executive Board (Fourteenth Session) requested the Director-General to undertake the study on whether Regional meetings should deal with the same subject as that selected for technical discussions by the World Health Assembly.

In view of the timeliness of the topic chosen and its importance to the Region of the Americas, the Director of the Bureau believes that the topic might fittingly be selected for the technical discussions at the VIII Meeting of the Directing Council in 1955.

The first operative clause of the proposed resolution contains blank lines for insertion of the topic selected, the recommendations being given in the remaining clauses, as follows:

(2) To recommend that the Director of the Pan American Sanitary Bureau inform the public health ministries of the Member Governments of the Organization, of the topic selected for the technical discussions.

(3) To authorize the Director to designate an expert to present an introductory statement on the topic selected. (If the topic approved by the WHA is selected, the following paragraph could be added.)

(4) To apprise the Director-General of the World Health Organization that the Directing Council of the Pan American Sanitary Organization (or Pan American Sanitary Conference), Regional Committee of WHO, favors holding technical discussions at the Regional meetings on the same subject selected for the World Health Assembly.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT: What is the selection of the Conference? The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* As we understand it, it is suggested that the topic, "Nurses: Their Education and Their Role in Health Programs," be selected for discussion in 1955; that there be only one topic. This procedure would differ from that customarily followed at our meetings, where a number of topics have been selected.

This recommendation of the World Health Organization seems a bit too mandatory insofar as the Member Countries of the Pan American Sanitary Organization are concerned. This resolution might well be taken into account, but we can select what we like and wish within our Organization.

I would not agree that we should accept as a permanent pattern this guide given us by the WHO. We may agree with WHO on a topic, or not. The topic might be very good for WHO, but not as good for our Region.

For some time now we have been foregoing topics, without being able to take up those of interest to us. For this XIV Meeting of the Pan American Sanitary Conference, we are limiting ourselves to taking up those topics derived from the reports of the Member Governments. With this I mean to say that it has been a long time since we have been able to select anything that is the choice for our Organization.

Perhaps I would admit that a topic suggested by the World Health Organization could be taken up, as a matter of deference to and of collaboration with that body, but I cannot see why we should be limited to a single topic in our technical discussions.

On the other hand, the topic, "Nurses: Their Education and Their Role in Health Programs," is a permanent "theme song" of the World Health Organization. In 1950, I heard a discussion that lasted for several days on the value of the nurse, and we are always in the midst of nurses. And a nurse can do no more than that which a nurse can do, no matter how much we study her and how we may place her in our health work.

Therefore, I believe we could adopt the topic, if it is so desired, but other topics coming within the scope of our Organization must be taken into consideration.

PRESIDENT: The Chair did not interpret the request either as being a limitation or as being in any sense mandatory. The English text says the WHO Executive Board simply asks the Regional Committees to consider whether or not they wish to take the same topic. So that it is, as the delegate of Argentina has said, completely within the province of this Conference to decide whether to take up this topic, or what other topic it wishes to take up in addition. We are in no sense limited. Have you any other comments, Mr. Secretary?

SECRETARY:* I would like to quote from Resolution XXXI adopted by the Directing Council at its V Meeting held in Washington in October 1951, which might possibly aid in this discussion:

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* The asterisk denotes that the person spoke in a language other than English.

The Directing Council, acting as the Regional Committee for the Americas of the World Health Organization,

Resolves: (1) To request the Executive Committee to select the subject or subjects for technical discussions at the V Meeting of the Regional Committee, to be held at Washington, D. C., in 1953, so that: (a) the subjects selected will be sufficiently restrictive in character so that the discussions will be capable of producing immediate and practical results; (b) the subjects chosen will be such as will come directly within the scope of action of public health administrators, in order to avoid the expense to Member States of including additional experts in their delegations to the meetings of the Regional Committee. (2) To request the Regional Director to make the necessary preparation for the technical discussions to take place at the V Meeting of the Regional Committee and to prepare the budget estimates for the publication of the technical papers presented.

The terms of this resolution of the Directing Council were taken into account when this document was drafted. I mention this simply for purposes of information.

PRESIDENT: We have before us the question of the delegate of Argentina as to whether or not it is possible to take up the topic on nurses. Are there any other suggestions? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* The delegation of Cuba has some reservations and certain comments to make concerning the topic "Technical Discussions."

In the first place, the delegation of Cuba believes the real value of these so-called technical discussions should carefully be considered and appraised. I say "so-called technical discussions" because in their present form these discussions cover a very small percentage of what is really technical.

We are of the opinion that both the technical aspect and the bases for them should be taken into account; that is, the scientific bases that explain and support the technical measures to be applied in the health field.

With this in view, we feel it is advisable that the meetings of the Organization—I refer to those of the Directing Council, which are held annually—consider topics of this nature. This means not the Council alone, but also the Conference, whose meetings come at longer intervals.

I wish to remind the delegates and the Chair, and especially the Secretariat, that the delegation of Cuba introduced, through official channels, a proposal concerning the "Inter-American Congress of Public Health," which is closely related to this topic.

I do not see how it is possible that, within the narrow limits of the so-called technical discussions at this Conference, it can be considered that these discussions fulfill the intent and scope of a scientific congress. We have just held our technical discussions—I shall not go into details but my remarks are addressed to the experts who might be listening to me—and I have asked myself how is it possible from a technical point of view and at a scientific meeting to deal with such matters as bacteriology, hepatohemia, and infant diarrheas, and, when the specific problem of salmonellosis and hence that of the *Salmonellae* comes up, to find no mention whatever in the document of the importance of classifying

* The asterisk denotes that the person spoke in a language other than English.

them bacteriologically or of identifying their type. Thus we have completely ignored the existence of the Salmonellosis Center in the United States, an international center operated under the direction of Dr. Sanders.

I am aware that, during the discussions, explanations were given by the delegation of Venezuela, especially by Professor Oropeza, and by the delegation of Chile, particularly by Professors Scroggie and Ariztía. But this report—do not be alarmed, gentlemen, I shall be brief—is so angular and the author is so sectional that the study covers no more than 23%, if that much, of the entire field, so that all case histories are based essentially on observations made in the State of Florida and in other North American cities where, fortunately, such problems do not occur. The author's paper does not mention Hormaeche, of Montevideo, who established the principle that superceded Kiel's principle, which is the basis for the knowledge of salmonellosis today. The paper does not say a word about the method of classification, and when speaking of Kauffmann's method it is of the utmost importance to know the type of *Salmonella* present. We have, then, a great document grandiloquently acclaimed by those who, scientifically speaking, are not experts on the subject. The paper is very good, in a general sense, but it is quite deficient with respect to Latin American bibliography, which is precisely the territory where more studies have been made and the greatest amount of data obtained. For this reason, gentlemen—and this is just an example—the problem was not scientifically approached, and a topic such as this could not have been so carelessly treated at a scientific congress. The author would have had to cover, particularly in the field of bacteriology, the identification of the germ, which is not done in his paper. To sum up, therefore, I feel that basic science cannot be neglected, that sanitarians can apply it to scientific subjects; but it is most advisable that periodic meetings be held by men of science, from laboratories and clinics, to give a scientific report in which such heresies, from a scientific viewpoint, as the type produced at these meetings, do not occur.

For at these meetings we have at times omissions and scientifically unacceptable statements that a congress would fully and categorically reject, but that we have accepted here simply because these are easy technical discussions held at a Sanitary Conference. In the scientific field such discussions would be quite inadequate. Cuba therefore recommends and reiterates that this Organization needs a 100% scientific forum other than the Conference itself, to be held in conjunction with it, sponsored and supported by it, but apart from it, and attended by specialized experts, men of science, masters on the subject, as was done at the First Inter-American Congress of Public Health in Havana. I find it very strange that a meeting such as that, which was attended by eminent malariologists, parasitologists, clinicians, and epidemiologists, all well known in American bibliography, should not have been repeated at another inter-American health meeting. Instead it has been left to stand alone. What this Organization requires is that, when we so wish—I suggest every four years, since in that time sufficient material is gathered for scientific review and there are new contributions, new discoveries in bacteriology and biology, which is too much material for small technical groups to handle at annual meetings—we select a practical topic. But, scientifically speaking, this topic will not be dealt with adequately unless a scientific congress,

such as that suggested by Cuba, is held simultaneously with the Conference, as an instrument of the Conference and sponsored by it; in other words, an Inter-American Congress of Public Health to succeed the one first held in Havana in 1952.

PRESIDENT: The Chair would remind the delegate of Cuba, in regard to this proposal and to his various comments, that the topic under discussion is not the technical discussions at the next Conference, but the subject for the technical discussions at the next meeting of the Council. Dr. Hurtado, of Cuba.

Dr. HURTADO (Cuba):* Notwithstanding your remarks, Mr. President, my observations were of a general nature, and specifically I am opposed to holding at Council meetings the broad technical discussions that I spoke of. If it is a question of being specific, a Council meeting is not the place to hold technical sessions.

PRESIDENT: The delegate of Chile is recognized.

Dr. HORWITZ (Chile):* I wish to apologize to the assembly because I feel that the statements of the delegate of Cuba alluded directly to me. This morning I had the audacity to state, as Rapporteur of Committee I, that in my opinion all meetings of the technical groups had a common denominator; that I felt that denominator to be an outstanding feature of our Pan American Sanitary Conferences, in view of the quality of technical meetings that have been held, the evident interest of the participants, and, especially, the importance of the recommendations submitted to the plenary for approval. I am somewhat surprised at Dr. Hurtado's statements in singling out one of the topics discussed: the control of infant diarrheas. I would take the liberty of stating that the members of that Working Party are among those who are frequently cited in the Latin American bibliography on the subject. It is probable that Dr. Hardy's paper—which I personally consider to be excellent—has some omissions with respect to etiology, but the delegate of Cuba should not forget that the basic purpose of the topic was the control of infant diarrheas, control to be understood as those practical measures that can be applied anywhere in our Continent. Everyday experience shows that, because of the severity of the problem, its solution cannot be presented in the complex terms of laboratory procedures or detailed identification of microbial species. There is also the singular fact that, with the exception of the report of a single delegation, it was shown that in all the countries it is the *Shigellae* that are most frequently found, and their identification perhaps does not require such complex laboratory procedures as in the case of the *Salmonellae*.

I do not wish to enter into discussions of this kind, but I do believe that it would be unfitting to leave on the record an appraisal which—as I gather from Dr. Hurtado's statements—is derogatory, as opposed to the unanimous opinion of a group of respected experts. I think that the same criterion could be applied in the case of the other working parties that have presented or will present their reports. We should not forget that our concern here is not with theoretical considerations but with practical measures that can be applied by our national health services under present working conditions. On the other hand, I agree with the

* The asterisk denotes that the person spoke in a language other than English.

delegate of Cuba that it would be profitable to continue the initiative taken by the government of his country, by holding such congresses concurrently with the meetings of the Conference.

PRESIDENT: The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* Mr. President, if you will pardon me, I will take only two minutes, for I was directly alluded to by the delegate of Chile, although I had not alluded to him and I do not wish my statements to be interpreted in any other way than I had intended.

Dr. Horwitz, my position as Professor of Pediatrics of the University of Havana compels me to insist that, from the viewpoint of the science of pediatrics, the paper on infant diarrheas is highly insufficient. I place before you, Sir, the conclusions of the VII International Congress of Pediatrics, held recently in Havana, which, by reason of its constitution, is the most authoritative forum in such matters.

I cannot agree that practical measures should be spoken of so anonymously. What does practice refer to? Practice, which is application, has to be supported by scientific concepts; and the practical measures of the times have to be applied. Up-to-date practice cannot be applied in matters concerning infant diarrheas without a detailed bacteriological study of the agent that produces this disorder, inasmuch as the latter may be related, for example, to a group of viral diseases.

Neither can I agree—and I shall not go into the matter at this time—that there is a predominance of *Shigella* over *Salmonella* in the Continent, as was stated by Dr. Horwitz, because this is a problem closely related to the age of the child and to the diarrheal syndrome present. I can demonstrate all facts to the contrary. The pediatricians of the Americas are of one mind; we work in close relationship and keep detailed statistics on the etiopathology of infant diarrheas in the Continent.

I wish to remind you that Professor Oropeza, the brilliant Venezuelan pediatrician, and Professors Ariztía and Scroggie, both eminent figures in American pediatrics, presented in the Working Party the arguments that I have lightly touched upon here. It was they who in the Working Party immediately noticed the shortcomings of that study.

I am not making a personal criticism of the author of the paper, whom I consider competent in the general field. However, in reading his statement I find that it is not up to date. Neither salmonellosis nor infectious infant diarrheas can be mentioned without referring to the etiologic agent and its classification. The medical profession cannot be told to continue the blind therapeutics of the past century. This Organization should tell them that bacteriological studies must be made; they should be taught to do bacteriological work; they should be given research laboratories; they must be taught to investigate etiologic agents which, in effect, are very easy to study. In this work, we also have available the services of the international cooperative centers, as material can now be sent immediately to the laboratories by airmail, however distant they may be, and the shipments are received within a very short time.

* The asterisk denotes that the person spoke in a language other than English.

We cannot continue to resort to hits and misses. Whenever possible, the etiopathological diagnosis must be made, and our present facilities permit this. This was my position.

PRESIDENT: The Chair considers that there should be no further discussion on this subject. We are not here to amend or to revise the technical discussions that have already taken place at this Conference. We have before us the subject of selection of topics for technical discussions at the Directing Council meeting. As yet, there has been no topic suggested and the Chair would ask: Does the Conference wish to suggest a topic or does it wish that there be no technical discussions? The delegate of the United States has the floor.

Dr. BRADY (United States): Mr. Chairman, I have a suggestion to present to the Conference for consideration, a topic that I would entitle "Methods of Improving Public Health Education." I think that a topic of this kind might be quite timely. I am certain it would, to some extent, fit in with the topic chosen by the WHO, because part of health education concerns nurses.

I do have several other points to make. We heard this morning Dr. Allwood Paredes' suggestion that the technical discussions should occur early in the meeting. I am quite in agreement with that, Mr. Chairman. I do think they should occur early. The other point is that I would like to see the Conference put a limitation on the number of suggestions that could be entertained at a single meeting. At this session we have had five technical discussions and that, Mr. Chairman I submit, is the reason for our being delayed in our program, in our getting the work done, and for our having to hold night sessions. I do not feel that technical discussions are not good; they are excellent. But I insist that they are too numerous. Specifically, of these five subjects, one was the result of the decision of the Conference itself; one was a request from a Member Government; and three were put before us by the Executive Committee.

I would suggest that the Conference continue to put a limitation on the number of subjects that can be considered at a single meeting.

PRESIDENT: The Chair would ask the delegate of the United States to clarify what he means by "Public Health Education," inasmuch as we have just had a technical discussion on health education. Does the delegate mean education of professional personnel in public health: public health physicians, public health nurses, engineers, etc.?

Dr. BRADY (United States): That is just what I have in mind, Mr. Chairman. I mean formal instruction, such as that given in the School of Public Health here in Santiago, for public health personnel.

PRESIDENT: The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* For two or three years we have been proposing a topic on dental public health, education of public health dentists, dental schools, and methods of apprenticeship. We mentioned this fact in our four-year report to this Conference, because we felt that the importance of odontology makes its inclusion in the public health programs of our ministries essential. Experience

* The asterisk denotes that the person spoke in a language other than English.

has taught us that buccodental processes exert a great influence over individual and community health.

As early as 22 August 1952, Dr. Candau, then Assistant Director of the Pan American Sanitary Bureau, informed us, in an exchange of notes, that dental hygiene was being taken into account in programs of environmental sanitation, potable water supply, nutrition, health education, and, most especially, maternal and child health and school hygiene, within the public health programs.

At the Seventh World Health Assembly, held in May, the delegations of Denmark, Norway, Sweden, Finland, and Iceland jointly proposed a dental health program affirming that dental health plays an increasingly important role in the general health of man and that the problems related thereto should be studied by the World Health Organization, which should collaborate by providing funds to carry out an ample long-range program.

This fact shows to what extent the problem is increasing in importance. Our country recognizes its seriousness, as described in our four-year report.

We propose therefore the topic "Dental Public Health, Education of Public Health Dentists, Dental Schools, and Methods of Apprenticeship," for discussion at the next meeting.

PRESIDENT: The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* The delegation of Costa Rica feels that the topic suggested by the delegate of the United States could very well include the training of nurses as well as of dentists and other auxiliary personnel, training being understood to mean the preparation of personnel for the part they are to play in public health programs.

If the plenary agrees to adopt the topic suggested by the delegation of the United States, both the proposal concerning nursing and the proposal of the delegate of Argentina would be covered.

PRESIDENT: The delegate of Chile is recognized.

Dr. HORWITZ (Chile):* The delegation of Chile proposes as a topic the problem of medical care in rural areas. In our country, as we have stated before, medical care has become a major problem. Because of the difficulties encountered in our rural areas—and we might even go so far as to say in all rural areas throughout the Americas—we think it reasonable that whenever the workers of our national services reach the rural areas, they could give separately both preventive and curative care. We therefore feel that this would make a most interesting topic on general public health administration, in its over-all sense, through a discussion of ways and means of improving medical care services in our rural areas.

PRESIDENT: The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* We support the proposal of the delegate of the United States with respect to the topic, "Training of Public Health Personnel," which differs somewhat from the proposal of the delegate of Costa Rica, because we believe that what is most essential is the training of physicians.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT: Is there further discussion? We have had at least two and, depending upon interpretation, possibly three topics. The Chair would suggest that we consider that we have two topics, in view of the comment of the delegate of Costa Rica on the delegate of Argentina's suggestion, which we understand to be the training and apprenticeship of dentists and dental personnel.

Therefore, the suggestion of the United States that the education of public health personnel (medical, nursing, dental, and any other) would be one topic, and we have the suggestion from Chile on methods of improving medical care in rural areas.

Is there further discussion? Is there any objection to accepting these two topics as worded by the Chair. Then it is so ordered.

Approved.[1]

We shall proceed to the next item of business. The Secretary will introduce this topic.

Topic 36: Environmental Sanitation

SECRETARY:* This topic is presented to the Conference as the result of a communication received from the Director-General of the World Health Organization, and the background documents include a resolution of the Seventh World Health Assembly and another of the Fifteenth Session of the WHO Executive Board.

The Secretary then read the document presented by the Director on this topic.[2]

PRESIDENT: You have heard the introduction of this subject by the Secretary. The Chair is in doubt as to what action is expected or is necessary by the Conference, other than simply receiving these documents at the present time. Is there any discussion? Without objection, then, the Conference will proceed to take note of this action by the World Health Organization, its Assembly, and its Executive Board.

It was so agreed.[3]

PRESIDENT: The Director of the Pan American Sanitary Bureau is recognized.

Theme of World Health Day

Dr. SOPER (Director, PASB):* I wish merely to call the attention of the delegates to the theme chosen for World Health Day in 1955, which is "Pure Water for Health," a choice that indicates the interest taken by the World Health Organization in the problems of environmental sanitation.

PRESIDENT: We shall proceed to the last item of business for today. Will the Secretary introduce this subject?

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[1] See Resolution XXXV, Final Act, p. 640.

[2] Working Document CSP14/22, unpublished.

[3] See Resolution XXXVII, Final Act, p. 641.

* The asterisk denotes that the person spoke in a language other than English.

Topic 38: Inter-American Congress of Public Health
(Topic proposed by the Government of Cuba)

SECRETARY:* The document is divided into two parts: first, the introduction and, second, the proposal. The introduction reads as follows:

In accordance with the request of the Chief of the delegation of Cuba, Ambassador in charge of International Health Affairs, Dr. Félix Hurtado, the Director of the Pan American Sanitary Bureau transmitted to the Member Governments of the Organization, with letter SGC-CL-56-54 of 22 September 1954, the attached proposal of the Government of Cuba, presented to the XIV Pan American Sanitary Conference for consideration.

Pursuant to Article 24-C of the Proposed Rules of Procedure, this proposal was included as a topic of the draft agenda of the XIV Pan American Sanitary Conference.

The proposal of Cuba reads as follows:

Considering that it is advantageous to keep abreast of developments in medical science in general and in auxiliary sciences and related fields insofar as they relate to public health practice, it is fitting to establish a scientific forum to be held regularly under the name "Inter-American Congress of Public Health" as a continuation of the Congress of that name first held in Havana in October 1952.

The Conference *resolves:* (1) that at the time the Pan American Conference of Public Health takes place the Inter-American Congress of Public Health will hold an official meeting, which will be organized by the Pan American Office of Public Health; (2) that when budgetary allotments are assigned for the Conference, the necessary funds will be provided for the holding of the Inter-American Congress of Public Health.

PRESIDENT: The report on the recommendation of the delegation of Cuba is open for discussion. The delegate of Ecuador has the floor.

Dr. MONTALVÁN (Ecuador):* I think it is important that the proposal of the delegate of Cuba be considered, because it expresses the very laudable desire to encourage an exchange of scientific data among those interested in the various aspects of public health and allied sciences. I think the holding of such congresses is essential, but I am not in complete accord that they should be held at the same time as the Pan American Sanitary Conference, and even less that they be organized simultaneously by the Bureau, because serious complications would certainly occur with respect to the functioning of two bodies such as a conference and a congress. There could be material difficulties in conducting them. We have seen here, for example, that in spite of all the facilities so ably planned by the Organizing Committee and the Bureau Secretariat staff, the functioning of the various working parties has been limited by material difficulties, and these should not be added to. We have to recognize the limitations as regards the facilities that can be provided for two bodies functioning simultaneously. There is also the problem faced by the governments in the designation of their delegations. They would have to send sanitarians or public health workers, that is, those of us who participate in one way or another in the public health administrations of our countries and are selected to attend these meetings of the Pan

* The asterisk denotes that the person spoke in a language other than English.

American Sanitary Conference; and, on the other hand, they would have to designate scientists, especially those engaged in fields closely related to public health. In the first case, the representatives come with the primary purpose of discussing public health administration matters and of studying the problems from that viewpoint.

And since I am a member of the Technical Committee, I take this opportunity of replying to that part of Dr. Hurtado's statement in which he referred to the "scientific heresy" committed by the Technical Committee members when they considered the problem of infant diarrheas. We examined that problem essentially from the viewpoint of public health administration and, on that basis, we made an over-all reference to the etiological problem. As the document shows, we recommend etiological investigations and we spoke of regional and sectional laboratories, of culture media, of standard methods for bacteriological investigation, precisely in order to gain a clearer picture and broader knowledge of the etiology of infant diarrheas everywhere. As is natural to suppose, all this was done without going into detail or analyzing basic bacteriological techniques and procedures, because we were not concerned with any special bacteriological aspect of enteric diseases. Therefore, we did not mention Kauffmann's system or any of the other matters with which some of us are more or less familiar. Indeed, others in the group were renowned scientists of the highest rank, such as Dr. Garcés, of the Chilean Bacteriological Institute, who participated in the deliberations.

The governments might have sent to the Pan American Sanitary Conference bacteriologists, parasitologists, pathologists, and other specialists who might not have been the persons best informed on the public health problems that it is our function to discuss at the Conference. I believe that our Conferences have this one objective: to take up the scientific or technical study of certain problems of public health administration, the science of public health administration being considered a technical matter in which we work with the data derived from our basic sciences, from bacteriology, parasitology, histology, epidemiology, and others, which form the basis for the over-all application of the science and art of public health administration. This art and science is what we must endeavor here to develop and to extend on a continent-wide scale, so as to obtain the most advantageous results for health in the Hemisphere.

Thus, there are two separate functions, and to undertake them simultaneously could interfere with the effectiveness of the results. For this reason, and without minimizing the importance or in any way opposing the holding of public health congresses in the Americas, I simply do not agree that such congresses should be related to the functions and activities of the Pan American Sanitary Conference, or much less that they be organized simultaneously as a scientific forum. We shall continue to take up over-all public health administration problems in a technical section of this Conference, from the scientific point of view of public health administration; and other bodies will study, at other congresses, at other meetings—I trust at American health congresses—the other scientific problems.

Therefore, I cannot agree with the text of the resolution, unless it were to state that American health congresses should be organized in a different manner, in a way that will ensure best results.

PRESIDENT: The delegate of Costa Rica has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica):* Since the hour is late, perhaps we could, as the British say, arrive at a happy medium in this situation.

Recently, Mexico has been encouraging the organization of a Pan American Federation of Public Health comprising the public health societies of each country. If this objective is achieved, those countries that do not have such societies could organize them and the Federation would function effectively.

I believe that this would provide the best opportunity for Dr. Hurtado, or rather, the delegation of Cuba, to put on a solid basis Cuba's idea of continuing those technical meetings; and the Federation, functioning outside the Bureau (a fact that would also please Dr. Montalván), could satisfy both points of view.

PRESIDENT: The delegate of the United States is recognized.

Dr. BRADY (United States): Mr. Chairman, following what has been said by Dr. Montalván and by Dr. Vargas, I would suggest that we defer this item until the Directing Council meeting in 1957, when we shall be preparing the schedule for the Conference of 1958, because the two Organizations will be developing over these three years, and it might be premature at this time to take action. So, Mr. Chairman, I suggest that we defer action.

PRESIDENT: You have heard the proposal of the delegate of the United States, who suggests that action on this subject be deferred at this time and that the Conference request that it be considered by the Directing Council at its meeting in 1957.

Is there objection to that proposal? The Chair hears none.

Agreed.[1]

This is the last item on the agenda. The Chair will call on the Secretary for announcements.

SECRETARY:* I should remind the assembly that a list of delegates has been prepared for inclusion in the Final Act. If the delegates wish any changes made in the list, they are requested to notify the Secretariat by noon tomorrow.

PRESIDENT: Is there any further business? The meeting stands adjourned.

The session was adjourned at 7:55 p.m.

TENTH PLENARY SESSION

Wednesday, 20 October 1954, at 11:00 a.m.

President: Dr. Sergio Altamirano P. (Chile)
Later
Dr. Oscar Vargas Méndez (Costa Rica)

PRESIDENT:* The meeting is called to order. The Secretary has certain information for the assembly.

[1] See Resolution XXXVI, Final Act, p. 641.

* The asterisk denotes that the person spoke in a language other than English.

Cables from the Dominican Republic and Cuba

SECRETARY:* Mr. President, gentlemen, we have received the following communications:

A cable from Ciudad Trujillo, which reads: "Please convey to Members of Fourteenth Conference my appreciation of appointment as Honorary Vice-President. My wishes for success. Dr. Martínez Larré, Secretary of Public Health, Dominican Republic."

And a cable from Cuba, as follows: "Thank you for appointment as Honorary Vice-President of Fourteenth Pan American Sanitary Conference. My greetings. Dr. Carlos Salas Humara, Minister of Public Health and Welfare."

I should also like to inform the delegates that, if the plenary session completes its work today, either in the morning or the afternoon, there will be a series of visits tomorrow to the School of Public Health and to other places. At 12:30 p.m. tomorrow there will be a showing of films, one on foot-and-mouth disease and another on the Conference. It is estimated that the showing, which will be held in this room, will take about thirty minutes. There are both English and Spanish versions of the Conference film, but only the Spanish version will be shown here.

Communication from the Delegation of Chile

SECRETARY:* The following communication has been addressed to the President of the Conference by the delegation of Chile:

The delegation of Chile has the honor to request that you submit to a plenary session of the Conference, for consideration, the two attached draft resolutions on the following topics: (1) measures to facilitate analysis of budgets, and (2) measures designed to strengthen national public health administrations.

It is requested that Document CSP14/77, dated 16 October 1954, be circulated with the present letter and draft resolutions. Very truly yours, Dr. Abraham Horwitz B., for the delegation of Chile.

I shall read the two proposals, the texts of which will not be ready for distribution for another half hour or so, as the communication has just been received and is now being reproduced.

The proposals of the delegation of Chile are the following:

Measures to Facilitate Analysis of Budgets

Considering: that the budgets of the Pan American Sanitary Bureau should reflect the general policy of the Pan American Sanitary Organization and of the World Health Organization, of which the Bureau is Regional Office for the Americas; and that it is incumbent upon the Bureau to present the programs and budgets in such a form as to facilitate their analysis by the Member States,

Resolves: (1) to instruct the Director to present to the Executive Committee information with respect to the proportional distribution of funds administered by the Bureau for the various technical and administrative activities that it carries out;

* The asterisk denotes that the person spoke in a language other than English.

(2) that this analysis should show, comparatively, the expenditures of the last four years and the proposed expenditures for future programs.

Measures Designed to Strengthen National Public Health Administrations

Considering: that it is a fundamental policy of the Pan American Sanitary Organization and the World Health Organization to collaborate with the Member States with a view to improving national public health administrations; that this objective calls for a knowledge of the nature and scope of the problems of individual and collective health in each country; that in view of the fact that the funds available to the countries generally fall short of their health needs, effort should be concentrated on those activities of greatest influence on the economic development of the various regions in each country; and that a sound organization and development of public health programs is based on the ability of the professional and auxiliary staff carrying out such programs,

Resolves: To instruct the Director: (a) To expand, in future programs of the Organization, activities designed to strengthen national public health administrations; (b) To collaborate with the Member States, on request, in studies on the nature and scope of health problems and the means of dealing with them, in accordance with their relative importance in local and national economic development; and (c) To contribute toward the organization of the training programs for professional and auxiliary personnel shown by the above-mentioned studies to be necessary for the solution of the problems of each country.

PRESIDENT:* We shall proceed to the first item of business.

Third Report of Committee II [1]

PRESIDENT:* The Secretary of Committee II will present the third report of that Committee.

Topic 29: Place and Date of the XV Pan American Sanitary Conference

Mr. Hinderer (Chief, Division of Administration, PASB) began reading of the English text of the report and read the first draft resolution.

PRESIDENT:* The first draft resolution of Committee II is up for discussion. Does anyone wish to speak? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* Mr. President, I understood the resolution to state that the next Conference will be held in San Juan, Puerto Rico. Is it so stated in the text?

PRESIDENT:* The resolution states: in the Commonwealth of Puerto Rico.

Dr HURTADO (Cuba):* The text that was approved stated that the meeting will take place in the city of San Juan, Commonwealth of Puerto Rico. Is the text so worded?

PRESIDENT:* It is.

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[1] See p. 565.

* The asterisk denotes that the person spoke in a language other than English.

Dr. HURTADO (Cuba):* Then I am in accord. Thank you very much, Mr. President. My apologies.

PRESIDENT:* The delegate of Mexico has the floor.

Dr. ZOZAYA (Mexico):* I should like only to know whether it is constitutional to accept an invitation from a State that is not a Member of the Organization, as I do not understand whether, in attending the Conference in Puerto Rico, we are to be guests of the United States or of Puerto Rico. Would someone please clarify this point for me, since I find it a little confusing.

PRESIDENT:* Any comments? The delegate of the United States has the floor.

Dr. PONS (United States):* Mr. President, I believe the resolution clearly states that the invitation comes from the United States and, accordingly, the Government of the United States would be host to the Conference.

PRESIDENT:* Any further comment? The delegate of Mexico is recognized.

Dr. ZOZAYA (Mexico):* I would like to inquire about the present status of Puerto Rico. I do not understand this point. Is it a commonwealth, as is stated in the resolution, or is it a dependency of the United States?

PRESIDENT:* Does anyone wish to speak? The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* I would request that the Chair not give support to a debate on political matters at this Conference. We should limit ourselves to considering the draft resolutions, without going into the international political status of Puerto Rico, and should accept the invitation of the United States, a Member State that has extended the invitation and has clearly indicated that the seat of the Conference will be the city of San Juan, capital of the Commonwealth of Puerto Rico, certainly a most acceptable site for the meeting. It is not that I have any doubt as to the status of Puerto Rico; rather I do not believe it fitting to enter into such matters at this plenary session.

PRESIDENT:* The Chair thanks Dr. Hurtado for his suggestion. I wish to add that the draft resolution of the Committee is up for discussion. The delegates may have the floor to comment as they wish on that resolution. The Chair cannot determine beforehand what opinions the delegates will voice.

The floor is available for comments on the draft resolution of Committee II, which proposes the acceptance of an invitation of the United States to hold the XV Pan American Sanitary Conference in the city of San Juan, capital of the Commonwealth of Puerto Rico. The delegate of the Dominican Republic has the floor.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* The delegation of the Dominican Republic supports the Cuban delegate's proposal that no discussion on the political status of the Commonwealth of Puerto Rico take place here, and that this plenary limit its discussion to the text of the resolution.

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* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The Chair repeats that only the proposal is under discussion, and not the question of the political status of any country participating in the Conference.

The draft resolution of Committee II is up for discussion. The delegate of Costa Rica is recognized.

I would request your indulgence, Dr. Hurtado, as I must first make the floor available to the various delegations that wish to participate in the discussion.

Dr. HURTADO (Cuba):* I am not at all impatient, Mr. President.

Dr. VARGAS MÉNDEZ (Costa Rica):* As I stated in Committee II when this topic was discussed, Costa Rica had come to this Conference with the desire to offer San José, Costa Rica, as the seat of the next Conference. However, on learning that another delegation had offered to be host to the meeting, and as the Government and people of Costa Rica and the Government and people of Puerto Rico are united by close ties of friendship, Costa Rica did not make this offer. It agreed in the Committee, as it wholeheartedly does now, that San Juan, capital of the Commonwealth of Puerto Rico, should be chosen as the seat.

PRESIDENT:* The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* I wish only to propose that, as an expression of general pleasure, we unanimously accept the proposal of the United States of America that the XV Conference be held in the city of San Juan, capital of the Commonwealth of Puerto Rico.

PRESIDENT:* Are there any further comments? The delegate of the Dominican Republic is recognized.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* The delegation of the Dominican Republic is pleased to support the proposal of the delegate of Cuba.

PRESIDENT:* If the plenary so agrees, we shall consider approved the proposal of Committee II and accept the invitation of the Government of the United States of America to have the XV Pan American Sanitary Conference held in the city of San Juan, capital of the Commonwealth of Puerto Rico. If there is no opposition . . . The delegate of Mexico has the floor.

Dr. ZOZAYA (Mexico):* We do not agree that the approval be unanimous.

PRESIDENT:* It would be approved, then, with the opposing vote of the delegation of Mexico.

Dr. ZOZAYA (Mexico):* I abstain.

PRESIDENT:* With the abstention of the delegate of Mexico, it is agreed that the city of San Juan, capital of the Commonwealth of Puerto Rico, will be the seat of the XV Pan American Sanitary Conference.

Approved.[1]

The Chair thanks the Government of the United States of America for its

[1] See Resolution XXXVIII, Final Act, p. 642.

* The asterisk denotes that the person spoke in a language other than English.

invitation, and the city of San Juan, capital of the Commonwealth of Puerto Rico, for its hospitality.

Policy on Accepting Amendments to the Constitution of the Pan American Sanitary Organization

PRESIDENT:* In order to facilitate the debate, the Secretary of Committee II will read next the third proposed resolution, which relates to a procedure that is pertinent to draft resolution 2.

Mr. Hinderer (Chief, Division of Administration, PASB) read the English text of the third draft resolution.

PRESIDENT:* The Secretary will read the Spanish text so as to facilitate the understanding of this draft resolution. The resolution will then be discussed.

The Secretary read the Spanish text.

PRESIDENT:* You have heard the new draft resolution that has been submitted to this plenary for consideration. The draft resolution is before you for discussion. The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* My statement will have to start with a question. I would ask that either the Rapporteur or the Chairman of the Committee clarify the following point. The delegation of Costa Rica was under the impression that, when the Working Party was appointed, it was assigned to study the document that had been distributed among the Member Governments as the report of the Permanent Committee which, working at the Bureau Headquarters, was charged with studying the revision of the Constitution. The Costa Rican delegation is surprised to note that this mission, which I believe was the purpose for which that Committee was appointed, has not been carried out; instead, a new Constitution has been presented to us. When this question is clarified, I should like to proceed with my comments, with the permission of the Chair.

PRESIDENT:* The Secretary will reply to the question.

SECRETARY:* The Chairman of Committee II could outline in detail the work of the Committee, since he is familiar with the matter.

PRESIDENT:* The Chairman of Committee II is recognized.

Dr. HURTADO (Cuba):* I believe that the delegate of Costa Rica has an erroneous impression of the activities of Committee II and of its Working Party.

The topic on revision of the Constitution was assigned to Committee II for study and decision, in accordance with the rules governing our traditional system of work. Committee II received the topic entitled "Revision of the Constitution" from the General Committee. It received the report of the special committee that worked on the revision of the Constitution. Does the delegate of Cocta Rica find that there are any grounds for not following the traditional system of work used at the Conference? This report is simply a working document that Committee II has the right and the duty to accept as the opinion of the Constitution Committee and then to present to the full Conference. Both

* The asterisk denotes that the person spoke in a language other than English.

Committee II and Committee I serve as organs of the Conference for the discussion and study of proposals in greater detail. If there is a proposal, it is studied and may be found acceptable in its entirety or only in part; it may be referred to the plenary with a favorable recommendation. If it is felt that a proposal should be amended, it is amended and then passed on to the plenary with a report on the amendment. Such is the function of Committee II, and, in effect, the Committee has fulfilled this function correctly. It organized a Working Party and placed in its hands a basic document for analysis and discussion. It received an opinion from its Working Party and later discussed that opinion in plenary meeting, where parts of it were accepted and others modified. The document is now placed before the delegates for their information and decision. It is the basic document around which the discussion will revolve, subject to any comment or specific question. It represents the opinion of the Rapporteur of Committee II concerning the documents that have been studied. There has been no turning aside, no deviation from the traditional procedure followed at the Conference. Committee II has fulfilled its duties and now completes its work by placing before the Conference a report that sets forth its opinion on the revision of the Constitution. We have acted in complete conformity with the established rules.

PRESIDENT:* The delegate of Costa Rica has the floor.

Dr. VARGAS MÉNDEZ (Costa Rica):* I have never sought to disregard the procedure established for the work of the committees. I wished merely to clear up the doubt as to whether the Working Party had been appointed to draft a new Constitution or whether its action had in some way been limited. I accept and appreciate the explanation given by the Chairman of Committee II. I wish to remind the delegates that this matter of the Constitution has been hanging fire for a number of years. There have been committees, discussions, paper and more paper, and a great amount of work for the Secretariat. A conservative estimate of the amount of our funds invested in this topic would show that some $25,000 have been expended in paper work, Secretariat services, and time and effort of the numerous committees.

I am not sure just how much a right we have to—I shall not say misspend—but spend lightly our own funds. This is one of the points to be considered. On the other hand, I wonder whether the delegates have had time to compare the document now before us with the original Constitution of the Organization. The delegation of Costa Rica may be mistaken in its interpretation, but it believes that when the delegates make such a comparison they will note that no world-shaking change is embodied in this new document. It is so similar to the original document that I wonder whether it is worth while for this Conference to attempt to alter the text by adding a comma here or a period there. Perhaps it would be much more economical to keep the present Constitution, which has served us so well for four years . . . pardon, for eight years.

Dr. HURTADO (Cuba):* Mr. President, a point of order.

Dr. VARGAS MÉNDEZ (Costa Rica):* If you will allow me, Mr. Delegate, I am about through.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. HURTADO (Cuba):* I wish to bring up a point of order that has priority and requires immediate attention, according to the Rules of Procedure.

PRESIDENT:* According to the Rules, the request of the delegate of Cuba should be granted. The delegate has the floor.

Dr. HURTADO (Cuba):* The point of order is the following: The statements of the delegate of Costa Rica refer to the discussion of the substance of the constitutional revision and not to the third draft resolution, which is before the plenary. We are considering the third draft resolution, which asks that a two-thirds vote be required to decide questions pertaining to amendments to the Constitution. That is the point of order, Mr. President.

PRESIDENT:* The delegate of Costa Rica may finish his statement.

Dr. VARGAS MÉNDEZ (Costa Rica):* Thank you, Mr. President.

Dr. HURTADO (Cuba):* What has the Chair ruled with respect to the point of order?

Dr. VARGAS MÉNDEZ (Costa Rica):* Mr. Delegate of Cuba, I shall refer to the document . . .

Dr. HURTADO (Cuba):* I am addressing the Chair. What has the Chair ruled with respect to the point of order?

PRESIDENT:* In effect, the delegate of Costa Rica is referring to a problem other than the specific one up for discussion. He should refer to the proposal of Committee II, so I would request that the delegate simply give his opinion on what has been proposed.

Dr. VARGAS MÉNDEZ (Costa Rica):* Very well, Mr. President. I respectfully accept your decision, and wish only to explain that what I said previously was by way of an introduction to the objections I wish to raise to the document that has been presented. I shall therefore refer to that document, omitting, at the request of the delegate of Cuba, any really superfluous comments—and superfluous they should be, after eight years of dealing with this subject.

The delegation of Costa Rica proposes that this document be distributed among the Member Governments before it is discussed and voted upon, since our delegation, at least, has not come here with full powers to take any legal stand in the voting on this matter.

PRESIDENT:* The Secretary has the floor.

SECRETARY:* I wish to point out that this draft resolution does not yet touch on the problem of the revision of the Constitution. Article 25 of the present Constitution provides that the Conference or the Directing Council may approve and put into force, in accordance with policies which they may determine, amendments to the present Constitution. However, the Conference has established no policies to govern the approval of the amendments. In order that such policies may be determined, the draft resolution is presented now. Otherwise, there would be no established policy for the Conference to follow in the matter.

* The asterisk denotes that the person spoke in a language other than English.

The draft resolution under discussion is a ruling derived from Article 25 and is limited to this Conference. Nothing more. Should this draft resolution be approved as a regulating principle, the next step would be to consider the proposed amendments. In other words, the Conference would not enter into the discussion of the Constitution without first deciding how the amendments are to be approved.

PRESIDENT:* You have heard the explanation given by the Secretary. The draft resolution proposed by Committee II is again up for discussion. The delegate of Mexico is recognized.

Dr. ZOZAYA (Mexico):* The delegation of Mexico proposes that the resolution be accepted.

PRESIDENT:* The delegate of the Dominican Republic.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* The delegation of the Dominican Republic is in favor of the draft resolution, since the text does not refer to the substance of the proposed revision, but simply carries out the terms of Article 25 of the present Constitution, according to which the Conference, before considering the substance of the revision, must decide what system to follow in approving or rejecting that revision.

PRESIDENT:* Are there any comments? The discussion is closed. If there is no objection, the resolution will stand approved.

Approved.[1]

We shall now take up the proposed revision of the Constitution of the Pan American Sanitary Organization. The Secretary of Committee II has the floor.

Topic 15: Revision of the Constitution of the Pan American Sanitary Organization

Mr. Hinderer (Chief, Division of Administration, PASB) read the English text of the second draft resolution.

Dr. GRUNAUER (Ecuador):* Mr. President, what document is being read?

SECRETARY:* The document being read is the second draft resolution appearing in the third report of Committee II.

PRESIDENT:* The Committee Secretary may proceed.

Mr. Hinderer completed the reading of the resolution.

PRESIDENT:* The text will be read in Spanish.

The Secretary read the Spanish text of the second draft resolution.

PRESIDENT:* We should now decide whether the plenary does or does not accept the first part of this resolution, which states: "To amend the Constitution of the Pan American Sanitary Organization, approved in October 1947, at Buenos Aires, the text of which hereinafter shall be the following." That is, the Conference will decide, first, whether to approve or to reject the revision of the Constitu-

[1] See Resolution XXXIX, Final Act, p. 642.

* The asterisk denotes that the person spoke in a language other than English.

tion, as some of the delegates feel that it would not be worth while to amend that document and that the present Constitution could be retained.

If there is no objection, we shall examine the first part. If it is decided to amend the Constitution, we shall then proceed to study the Revised Draft. The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* I should like to suggest a simple procedure, for consideration by this plenary. I would recommend a discussion of the Revised Draft Constitution in its entirety, so as to afford those delegates who have not previously expressed themselves an opportunity to comment generally on the advisability of revising or of not revising the Constitution. When the complete Revised Draft has been considered and a decision reached by the plenary, in favor or against a total or partial revision, the detailed discussion could then start. To facilitate a debate and to save time, since the subject is quite well known, in spite of what has been said, I would also recommend—if it is agreeable to the plenary—that in this preliminary and general discussion aimed at weighing the advantages or disadvantages of the revision, generally or specifically, two or three delegates be permitted to speak alternately for and against the entire draft. All are familiar with the document, and the background is well known; with this method we can save time and reach a decision. If the Chair considers this method advisable and the plenary accepts it, much time could be saved by submitting the entire draft to a preliminary, orderly debate by two or, at the most, three delegates speaking alternately for and against the revision.

PRESIDENT:* The proposal of the Chair and that made by Dr. Hurtado coincide, at least in part. I therefore believe that the first point to consider is whether or not we agree to revise the Constitution. Is the present Constitution to be kept in force, and, to repeat an opinion expressed here, do we agree to a general discussion or not? Once this point is decided, we would then go on to discuss the amendments to the Constitution. In any event, the delegates could register in advance for participation in the debate. If the plenary so agrees . . . The delegate of Ecuador has the floor.

Dr. MONTALVÁN (Ecuador):* I do not believe we can embark on this discussion by considering, as a staring point, whether or not the Constitution is to be amended, because from the very start of this Conference, and for a long time before, we have had at hand several draft revised texts of the Constitution. When we began our study at this Conference, we already had before us a draft revision of the Constitution, the conclusions of a special committee appointed for the purpose, and a report. All of this has cost us much in time and money, and reflects the concern, the intent, the interest and purpose of the governing bodies of the Organization—the Executive Committee, the Directing Council, and the Conference—as regards the need for studying the Constitution and deciding what parts of it should be changed. If this were not the case, a Committee on Revision of the Constitution never would have been appointed.

So seriously did we consider the problem of the revision that, at the start of this Conference, here in plenary session, we made plans for a special Working

* The asterisk denotes that the person spoke in a language other than English.

Party to study the draft text that was submitted. Hence, the intent of the Conference was to become acquainted with and to discuss this draft revision after receiving the report of the Working Party of Committee II. It might well be that, on considering here the report of the Committee, the plenary will resolve not to accept any modification and, consequently, there would be no revision. On the other hand, the plenary might agree with some of the Committee's views, because certainly we have not worked for so long in vain. Or, after examining all the articles, it might decide that no amendments are to be made, in which case none would be made. But if there is to be any revision, we shall have to adopt specific amendments, whether in detail or not. Were we to begin by discussing whether the Constitution is to be amended or not, a negative decision might be reached, and this might signify that we consider all the work done by the committees at this Conference to have been absolutely worthless and without reason or effect. Perhaps this point should have been considered at the very beginning, in adopting the agenda, when we should have decided whether or not to take up the study of the revision. At this point, I believe any decision on the matter should be adopted only after discussion of the Committee report. After such a discussion, and depending on what conclusions are reached, we could decide to amend the Constitution, one way or another, or simply not to amend it at all. This is my opinion, Mr. President.

PRESIDENT:* The delegate of Paraguay is recognized.

Dr. ZACARÍAS ARZA (Paraguay):* The delegation of Paraguay is in complete agreement with the delegate of Ecuador. Theoretically, the draft revision is well known only to those who have participated in Committee II. In our opinion, it is essential that the other participants at this plenary become acquainted with the Revised Draft, so as to be in a position to decide whether the Constitution should or should not be amended.

I do not see how it would be possible for us to decide in favor of or against a revision of the Constitution without first seeing the Revised Draft. We therefore fully support the statements of the delegate of Ecuador. The draft should be seen. If we consider it necessary to revise the Constitution, it will be revised; if not, the present Constitution will be retained.

PRESIDENT:* The Chair has heard the proposals of the delegates of Ecuador and of Paraguay, and if the plenary so agrees, we shall hear the report of the Secretary of Committee II on the proposed amendments. Any amendments to the Constitution that are deemed acceptable and advisable to the Conference will be approved; those amendments to which the plenary does not agree will be rejected. We shall then go on to discuss the other points included in the report of Committee II. The Secretary of Committee II has the floor.

Mr. Hinderer (Chief, Division of Administration, PASB) read the English text of the changes made by Committee II in the Revised Draft Constitution prepared by Working Party 1, as they appear in the Committee's third report.[1]

[1] See p. 567.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* You have heard the report read by the Secretary of Committee II. To return to our starting point, the Conference should decide on the draft as a whole, that is, on the question of revising the Constitution. We are now more or less familiar with the scope of the proposed amendments, and if it is decided to revise the Constitution we can proceed to discuss each of these amendments separately. The delegate of the United States is recognized.

Mr. BELTON (United States): In order to clarify a point, so that everyone may understand it perfectly well, it should be noted that the document just read by the Secretary indicates that a large number of articles were approved without change.

It should be understood that the articles approved without change were, in many cases, articles that had been proposed by the Working Party of Committee II. They are not articles that were originally presented by the Permanent Committee.

The delegation of the United States pleads that it is safe to say, in that regard, that the large majority of the changes made by the Working Party in the documents submitted by the Permanent Committee were changes that tended to bring the proposed revision back into line with the Constitution now in effect.

PRESIDENT:* The delegate of Cuba has the floor.

Dr. HURTADO (Cuba):* The report read by the Committee Secretary was, of course, greatly summarized, and the numbered references probably are not sufficient to give the delegates an exact idea of what revisions were made and what possibilities of change exist.

I should like to make some general comments on the revision that might assist the delegates in reaching a decision. First, we are dealing with a Revised Draft Constitution that has been under preparation for a long time, four years to be exact, since the revision was first undertaken at the Ciudad Trujillo Conference in 1950. At that time the Conference took no decision but turned the matter over to the Executive Committee, which organized a Permanent Committee for the purpose. This Permanent Committee, with headquarters first in Ciudad Trujillo and later in Washington, worked on the revision during this entire period and delivered to the governments the original, completely Revised Draft Constitution, together with the opinion of the Organization of American States, which had been consulted, and the personal view of the Director, who had presented his own proposed revision at Ciudad Trujillo.

This is what the delegate of Costa Rica must have had in mind when he mentioned the amount of paper used. I do not know whether the paper received in Costa Rica was of the satin-finish type. We received just the ordinary kind. However, I have not kept up with the prices of paper recently.

The Permanent Committee on Revision of Constitution completed its study with a report, and this report is now before us. However, gentlemen, the important thing to consider is what that Draft Revision amounted to. It eliminated the Directing Council—an essential, a most essential change. In eliminating the Directing Council it distributed the functions of that body between the Conference

* The asterisk denotes that the person spoke in a language other than English.

and the Executive Committee. As a second change, it was recommended that the Conference be convened every two years instead of every four. Thirdly, the Executive Committee, which usually meets at least every six months, was to meet only once a year, according to the Draft Revision. There were a few other very slight changes. Now—and I wish to respond to my excellent friend, the delegate of Costa Rica with this statement—all of this great project of revision collapsed the moment the Working Party did not accept the proposed text that eliminated the Directing Council but rather decided to retain that body. In other words, the Working Party, first, and then Committee II are telling the Conference: Do not amend the Constitution by permitting the Directing Council to be eliminated; retain the Directing Council. And so the Directing Council is now being retained. As to the Executive Committee, neither the Working Party nor Committee II agreed to have the Executive Committee meet only once a year, but rather wished that it continue to meet twice a year. Thus, another recommended change was rejected.

Also with respect to the Executive Committee, certain other countries recommended some important changes, such as an increase in the number of members on the Committee from seven to nine, for example. This plan also was rejected by the Working Party and by Committee II. And so the recommendation of Committee II to the plenary session is: Do not accept the amendment concerning the change in the membership of the Executive Committee. Thus another amendment was voted down.

One country recommended a substantial change to the effect that the members on the Executive Committee should reside in Washington during a part of their term of office, so as to gain a firsthand knowledge of the activities of the Pan American Sanitary Bureau. This recommendation also was rejected by the Working Party and Committee II, and so another important amendment was turned down.

One modification that might or might not have been of great importance was the elimination from the text of the Constitution of the posts of Assistant Director and Secretary General of the Bureau. Both posts appear in the text of the present Constitution; in the Draft Revision it was proposed that both be eliminated. What did the Working Party and Committee II do? They did not accept the Draft Revision; in the text they recommended, the two posts of Assistant Director and Secretary General are retained. Neither of these posts is new, as both are already established in the present Constitution.

At first glance, then, these were the outstanding changes that were considered, and I have already mentioned how they were dealt with. Then came the form or style changes, syntax corrections required in the English or Spanish text. On this point I fully agree with the delegate of Costa Rica, not because of the money spent, as it was well spent, but because the truth is that if we study the proposed revision, as now presented, we find that practically no essential amendment has been made.

I am leaving for the last what might well be the most controversial point in the revision, one on which three countries have repeatedly made specific and emphatic recommendations, namely, that the status of the Members of the Organiza-

tion be clarified. The present Constitution provides that the Organization is composed of the twenty-one American republics, which are the States Members of the Organization of American States; it then goes on to grant powers to the Conference to determine in what method and manner, and to what extent, the non-self-governing territories that are possessions of extracontinental nations may participate in the Organization.

This is the most controversial point, because in the new text this possibility has been somewhat broadened. One country even recommended that Members be classified as Full Members and Associate or Adhering Members, so that some title could be given to the territories, a recommendation that was not approved. But there were three countries that made specific and categorical reservations. Not in this text, that text, or in any other text, they said, should the possibility arise of considering the territories as Members on an equal basis, by granting them voice and participation equal to that of the States that are authentically Members of the OAS.

This was the categorical affirmation placed on the record by certain countries—three of them, as I recall. In the draft to which the Secretary of Committee II referred, the text presented by the Permanent Committee was accepted. It is an open, flexible text that assures and maintains our relations with those territories. Of course, this, in practice, is the status now: The territories, without hindrance, participate and work in coordination with the Organization, even though they have no absolute and complete political standing, that equality of rights possessed by the full Members, the republics belonging to the Organization of American States.

The Government of Cuba, which has studied the revision since 1950, transmitted numerous reports to the Pan American Sanitary Bureau, commenting on all these documents. It has proposed as many as ten amendments to the text of the Constitution, many of which, in fact the majority, were not accepted. And to speak generally, practically no other amendments have been accepted. For all of these reasons, gentlemen, my Government wishes to state today that the proposed text does not differ basically from the one already in force. However, my Government does not agree fully with the view of the delegate of Costa Rica. Since we have been presented with a finished job, one that contains improvements in wording, in style, and even in the definition of certain basic principles of the inter-American doctrine, there is no reason, either, to throw the entire draft to the winds. Definitely, those who are orthodox constitutionalists and wish to keep to the present regime can rest assured that the proposed draft retains completely the doctrine of the present Constitution, and that the modifications introduced are merely slight changes that improve the wording, and, in some instances, even slightly improve our own doctrine.

Therefore, Mr. President, the delegation of Cuba would, in a general preliminary voting, be in favor of accepting what is proposed in the Committee II report, which sets forth these amendments. But in so doing it would declare with much regret that the concept of a broad, deep, and profound revision, to which Cuba held on other occasions, for the reasons it described at the time, is not reflected in the present Draft Revision. This is the opinion of the delegation of Cuba.

PRESIDENT:* The Director of the Pan American Sanitary Bureau will present some information.

Dr. SOPER (Director, PASB):* I wish to call attention to the fact that in the report of Committee II, in the second resolution, now under discussion, there is an omission that makes it difficult to handle this document. Reference is made to the Revised Draft prepared by the Permanent Committee, and then to the Revised Draft presented by Committee II, with no mention of the intermediary document of the Working Party. Hence, when I wished to relate the discussion and the report of the Rapporteur to the document of the Permanent Committee, which is referred to here, I was unable to see the connection.

Thus, this document should be considered jointly with that presented by Working Party 1 and not with that of the Permanent Committee.

PRESIDENT:* If the delegate of Costa Rica does not insist on his proposal not to amend the Constitution, the general idea to amend it can stand approved and we can proceed to discuss the problem item by item. If the plenary so agrees, we shall approve this procedure and then go on to discuss each of the proposed amendments, one at a time.

We shall now proceed with the discussion of each of the proposed amendments, but, first, I shall recognize the delegate of the United States.

Mr. BELTON (United States): The United States delegation would appreciate a clarification of the situation.

It was our understanding that the proposal of the delegate of Costa Rica was to decide, first of all, whether we should amend the Constitution or not amend the Constitution. If that is the situation, do we understand correctly, then, that we are discussing the general proposal: do we amend the Constitution or do we not; not individual items. Is our understanding correct?

PRESIDENT:* Yes, this was the first point proposed, and this situation was the result of a previous proposal of Costa Rica to the effect that the Constitution not be amended because the proposed amendments were not substantive. This was the point that I again placed before the delegates. If the plenary does not accept the proposal of Costa Rica, the idea of amending the Constitution, in general, will stand approved. Once this is approved, we will enter into the discussion on the individual amendments. As no one supported Costa Rica in this matter, it is understood that the plenary accepts the idea of amending the Constitution as a whole; and so we again . . . The delegate of Costa Rica is recognized.

Dr. VARGAS MÉNDEZ (Costa Rica):* Before this point is discussed, the delegation of Costa Rica would request that a decision be taken, as was proposed at the first session at the beginning of this Conference, on whether the Constitution is to be revised or not. I am not sure whether the delegates understood the proposal. Naturally, if a majority considers that the Constitution should be revised, I have no objection to make, aside from voting against it. However, I understand that, as soon as the Chair mentioned the subject, even my own general proposal was out of order, as was ruled by the Chair, since the statements I made in an

* The asterisk denotes that the person spoke in a language other than English.

attempt to throw light on the matter were made before presentation of the document, as was correctly pointed out by the delegate of Cuba.

I would ask that the Chair again consult the plenary on the specific point: Do we want a revision of the Constitution or not? Rather, I should say: Is a revision necessary or not, since it is not a question of "wanting" a revision of the Constitution, for the document is before us?

PRESIDENT:* You have heard the proposal of Costa Rica, but the Chair itself has reiterated this point to guide the debate. This first point was put up for discussion: Should we or should we not take action, and would the discussion be general or not. A number of opinions have been heard, and I believe the correct procedure now is to vote, since it has been insisted upon, and to follow the established rule that requires a two-thirds majority for adoption of an amendment. The delegate of the United States is recognized.

Mr. BELTON (United States): The delegation of the United States would appreciate an opportunity to put forth its viewpoint on the question raised by the delegate of Costa Rica.

As was mentioned early in the sessions of this Conference, the United States delegation came with the belief that it could not live satisfactorily either under the old Constitution or under the new Constitution as proposed by the Permanent Working Group. However, it was the feeling of our delegation at that time that the new Constitution, as proposed by the Permanent Subcommittee, did not include within it sufficient change to justify a new Constitution or a new constitutional revision. It was for that reason that we expressed our preference, not a strong belief, but a preference, for remaining with the old Constitution.

The activities of the Conference since that time have confirmed us in the belief that the old Constitution is preferable. In fact, almost all the work of the Working Party of Committee II and the work of Committee II itself has been devoted to making further changes in the proposal of the Permanent Subcommittee that tend to make the proposed Constitution even more identical with the present Constitution. For that reason, we feel that constitutional amendment is now unnecessary, because there is no fundamental change. All the changes, as we see them, and as was ably expressed by the delegate of Cuba, are changes merely of headings, commas, and periods, and are not fundamental at all.

It is our belief, furthermore, that a constitution is a very basic document that should not, under any circumstances, be changed lightly or accepted lightly. The changes that have been made in the proposal of the Permanent Subcommittee during the past week are changes that appear on the surface to be satisfactory, and our delegation pleads that if that Constitution, as proposed, were accepted we could also live under it perfectly satisfactorily. However, we are aware, and we are perhaps more so after yesterday in Committee II, that in this process of constitutional revision, technical errors are able to creep in and may creep in, and it is our belief at the present time that there may be, we know of none, but we believe that there may possibly be technical errors in the proposed Constitution,

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and that it would be for that reason dangerous to accept it at the present time as the Constitution of the Organization.

On the other hand, we would be reluctant to see that proposal sent to the governments for study. We think that if a proposal of that nature is sent to a government for study, it should have within it some basic fundamental changes that make it worth while for the government to undertake such a study. It would appear to us to be almost a frivolous act to submit to the governments now a document of this nature, which contains of benefit nothing more than editorial changes, for the present.

Under those circumstances, it is our belief that the Conference should go on record as preferring to remain under the present Constitution; in the future, until it is perfectly evident that there is a broad need and the desire on the part of a number of governments for some positive, fundamental changes.

PRESIDENT:* The Chair will recognize first the delegate of Paraguay, then the delegates of Mexico, Ecuador, and Uruguay.

Dr. ZACARÍAS ARZA (Paraguay):* In my opinion, the point raised by the delegate of Costa Rica is not the real issue. We cannot ask: Does the Conference want a revision or does it not want a revision? Possibly the Conference wants a revision. In point of fact, the governments have transmitted proposed amendments. As I understand it, the question should be whether this Draft Revision that has been proposed is of sufficient importance to replace the old Constitution. I am not sure I have made myself clear, but this should be the issue. Since the amendments are minor and in no way change the substance of the Constitution, since the changes are of little importance, it might be worth while to retain the old Constitution, which has governed our institution for so long and so well.

In this, I fully agree with the delegate of the United States; the proposed amendments are minor, they are not important. On the other hand, they may not have been studied deeply enough, for in matters of legislation, form also is most important and a comma can completely change the meaning of an article.

Therefore, the delegation of Paraguay, believing that the proposed amendments are of little importance and may not have been studied deeply enough, is in favor of retaining the old Constitution until such time as basic amendments are presented that oblige us to revise it.

PRESIDENT:* The delegate of Mexico is recognized.

Dr. ZOZAYA (Mexico):* The statements of the delegation of the United States and of other delegations undoubtedly are based on the facts. In my opinion, where the failure occurred was not in the desire to modify the Constitution, as was originally planned; such a failure none of us here present could accept, after having insisted on the revision at four meetings of the Directing Council and after having appointed a Permanent Committee. For, as they say, everyone can hardly be wrong all of the time.

What I believe has happened is that we have not faced the real facts and defects of our Constitution. These we left as they were. They continue to be the same. The same persons who at Ciudad Trujillo requested the revision of the Con-

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stitution would today have exactly the same reasons for requesting it again. What I wish to say is that nothing that was requested has been done.

The basic problem that has burdened us in this Constitution is in Article 3 (participation of the territories). It remains as it was. This means that the Conference and the Council are the ones that decide this question. We wanted the Constitution to define once and for all the political and technical status within the Organization. And, I repeat, we are leaving the matter as it was. This does not mean there are no defects in the Constitution. It has many, but we have not tackled them. We have left them unchanged.

Therefore, I insist that what occurred was not that we were mistaken, and I shall continue to insist on that point.

There are many other unsolved problems as well, for the solution of which it was planned to introduce some amendments. But the same defects remain. In no constitution is the appointment of persons such as an Assistant Director and a Secretary made obligatory; such a provision need apply only to the Director, because the other posts are included in staff rules such as all institutions have. Why need the Constitution be changed when a Director wishes to make an administrative change in his office? This is one of the defects in the Constitution; it is there today just as it was in Ciudad Trujillo.

Then it is not that the Constitution is without defects and that we have therefore left it unchanged. It is that we have not faced the problems. The question of the territories remains the same. We have always held that the Directing Council can rule on what a territory can do. This is a mistake. Such action was taken in times of emergency. Today there is an opportunity of changing this situation. Why is the matter not clarified? Even supposing that the territories were given the vote (the delegation of Mexico is not in favor of granting it to them), then at least something would have been established in the Constitution. At present, the Constitution continues to provide that territories or groups of territories will act as the Conference determines, etc., etc.

I therefore insist that it is we who are at fault. The Constitution is full of defects and we do not dare to mention the defects or to correct them.

PRESIDENT:* The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* In my previous statement I was asking for just this: That we not begin by voting on whether to amend the Constitution, but first become acquainted with the Committee's report and the suggestions given therein, so that, on the basis of that report and those suggestions, we might decide whether or not to amend the Constitution. I listened to the report when it was read but, frankly, was unable to follow it step by step, because in the first paragraph, especially, there is something a little confusing that I have been unable to understand clearly. But I also heard the additional explanations given by Dr. Hurtado, delegate of Cuba, and through them, though I differ completely with the tenor of his statement, I have learned that none of the modifications proposed to Committee II were fundamental. There were points that did seem to call for a fundamental revi-

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sion of the Constitution, but the various points were not so appraised by the Committee, and, consequently, its report was unfavorable.

I agree with Dr. Zozaya that there are defects in the Constitution and that they simply have not been touched upon. Perhaps his evaluation is correct on many points, but the fact is that there is neither opportunity nor time to study these defects in plenary session. We turned the matter over to a committee, to be studied by a working party. It was studied in detail; some members laid stress on certain modifications but, in the end, the body of representatives in Committee II did not think these changes could be adopted. Thus we would have to reopen the debate in plenary session. Generally speaking, then, we would have to conclude that at this Conference it will not be possible for us to revise the Constitution. This would be the case, speaking in general terms. But there is a special point concerning which I believe it would be worth while to ascertain the opinion of the Conference. It is a problem of special importance that has been discussed and studied closely for a long time, and the manner in which the problem is to be resolved is a matter of concern to several of the governments. I refer to the text of Article 3 of the Constitution concerning the participation, or rather the degree of participation, that the non-self-governing territories in the Americas can or should have in the Pan American Sanitary Organization. In my opinion, and as the delegate of Mexico has stated so well, this Conference should rule on at least this one point, for this matter has been the real disturbing element in all our discussions and in all our concern about the Constitution.

In order to settle this matter, either it is necessary to modify the Constitution or it is not. It may or may not be necessary. Since a constitution is the basic document of any organization, a document that should signify endurance through the years, my inclination is always to respect it to the fullest possible extent as the foundation on which the structure of an institution or any other body rests. Thus, my personal preference is to respect the text of our Constitution as far as possible, or so long as requirements do not make it necessary to change it. I would propose, as a preliminary measure, that the tenor of Article 3, of the provisions of that article, be discussed in order to determine whether the Conference feels that a revision should be introduced in the Constitution simply by means of a resolution, at the time these points are considered.

Getting to the root of the matter, we all know that the concern hinges on the degree of participation of the territories. All of us—perhaps I should not say all, but I believe many of us—are convinced of the advisability of having the territories or the governments that represent them participate in our deliberations, in our American health policy, and not only in general terms, for the Conference is part of the World Health Organization, as is our Organization. The Pan American Sanitary Conference and the Directing Council are on a level with the Regional Committee of the World Health Organization, a body in which the governments representing the non-self-governing territories of the Americas have full entitlement to participate. Therefore, I believe there is no question on this point, on the advisability of their participating in our deliberations and enjoying the rights to which they are entitled in certain types of deliberations. The question that arose and continues to arise concerns the degree of participation these territories may have in

matters incumbent on the Pan American Sanitary Organization as a specialized Pan American agency, as a specialized organization of the Organization of American States. As regards this latter capacity, it is logical that only those autonomous Member American States, the autonomous American republics, should have representation and status. It is here, then, that the problem lies.

There are certain resolutions of the Directing Council that have governed our relations with the territories. Through these resolutions they are granted full rights to participate in the deliberations at our meetings, together with the right to vote on Bureau matters only in the event such matters concern the budget of the Bureau, and provided they make a contribution, as they do, to the budget. Thus, only on matters concerning the budget are they given the right to vote.

Perhaps if all, or at least the majority, were agreed that the situation should remain as it stands, the Conference could adopt a preliminary resolution. For example, if it is not wished to revise the Constitution, perhaps the Pan American Sanitary Organization's relations with the territories, or the position of the territories within the Pan American Sanitary Organization, could continue to be governed by the Directing Council resolution of such and such date—I do not recall the date at the moment, but the delegates know the resolution—which could continue in force, supplemented by any additional clarification it is desired to make.

For my part, in accordance with the position I have taken at this Conference, the only clarification I would like to add is in the final part of paragraph 1 of that resolution, which refers to "other questions relating to the Pan American Sanitary Organization," and where it should be understood that the designation of members of the Executive Committee is a matter that strictly concerns the Pan American Sanitary Organization.

I believe that, if a resolution were adopted by the Conference to definitively clarify this matter, this would be the only revision worth introducing in the Constitution at the present time; all other points could be left as they are. A second paragraph could be added to Article 3 to state: The relations of these States shall be governed by the provisions of such and such a resolution of the Directing Council, with the affirmation that the Executive Committee is strictly one of the bodies of the Pan American Sanitary Organization. This is my opinion.

PRESIDENT:* The delegate of Uruguay is recognized.

Dr. CAPPELETTI (Uruguay):* We wish merely to inform the Conference that the delegation of Uruguay will not vote on any modification in the present text of the Constitution.

PRESIDENT:* I believe the problem we are facing could be resolved at this time by a decision of the Conference on the point raised by the Chair in the first place. The proposed resolution stated: "To amend the Constitution of the Pan American Sanitary Organization . . ." On this subject we have the Constitution, the Proposed Draft of the Permanent Committee, and the present proposal of Committee II. The contents of all of them are more or less known.

I believe the Conference should decide specifically on whether it accepts or does not accept a revision of the Constitution. If it does not agree to revise it, it

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is understood that the old Constitution will continue in effect; if it decides to amend it, we should discuss the amendments proposed by Committee II. The Conference would then be in a position to accept, reject, modify, or add whatever it wishes.

I believe we have discussed this problem quite thoroughly. I think what we should do is simply to express an opinion on this first preliminary point: Whether the Conference agrees to amend this Constitution or not. We should simply vote on whether the Conference agrees to amend it or not. The delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* Mr. President, I have a proposal to make: That the phrase "to amend or not to amend" should be used. The plenary has before it the Committee's report on constitutional amendments. The delegates have been informed of the import of these amendments and of the origin and development of the revision. In our opinion, it has been proved that the Revised Draft we have before us contains none of the essential modifications that we, the delegates of many of the Member Governments, had expected.

For these reasons, the delegation of Cuba proposes that the Revised Draft presented be rejected in its entirety.

PRESIDENT:* If the proposed Revised Draft is rejected, the same problem will remain pending.

Dr. HURTADO (Cuba):* Nothing will remain pending. There is a Revised Draft. If it is totally rejected, the Constitution will remain in effect. No one has touched it.

PRESIDENT:* If the Revised Draft is rejected, it will be understood that the Conference agrees that the Constitution will remain as it now stands.

Dr. HURTADO (Cuba):* Such a statement need not be made. When the revision is declared rejected, the Constitution will continue in force automatically. The Constitution has not for one minute ceased to be. At this very minute the Constitution is in force.

PRESIDENT:* Allow me, Dr. Hurtado. The scope of the decisions to be taken must be made perfectly clear, particularly since we still have before us the proposal of the delegate of Mexico, who suggests that the Committee's Draft Revision be rejected but insists on the need to revise the Constitution.

Dr. HURTADO (Cuba):* That is a personal opinion.

PRESIDENT:* But it is one more, and we should consider all the opinions. It is our duty to do so.

Dr. HURTADO (Cuba):* Mr. President, you have on your table a Revised Draft with which the plenary is familiar. If the plenary rejects all the proposed amendments, the matter is closed. The opportunity to make a revision, if desired, still remains, because there is always an opportunity to do so. But this stage of the revision is completed. It is now in order to express ourselves on the document, to accept it or not to accept it.

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PRESIDENT:* The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* Since the Committee report has been read, I believe that we should first decide on whether the Conference accepts or does not accept the report; whether it accepts it, accepts it in part, or does not accept it. I would suggest we not use the word "reject," which seems to me to be too categorical, but simply state that the Conference does not accept, does not approve the report. That is all. After a decision not to approve the report, the second point would remain: Not having approved the report, hence having no document on the table, the Conference would resolve to amend or not to amend the Constitution. Then the Conference would state: Not having a proposal up for discussion, it is resolved not to amend the Constitution at this time, to abstain from making amendments. In my opinion, these are two different steps.

PRESIDENT:* The delegate of the Dominican Republic is recognized.

Dr. SÁNCHEZ BÁEZ (Dominican Republic):* The Government of the Dominican Republic has at no time expressed an opinion on the Revised Draft, the reason being that it was precisely a representative of our Government who, at Ciudad Trujillo, submitted to the Executive Committee a proposal for the revision of that document. However, we have been sent here to express a definitive opinion on the matter. If the amendments are not put up for discussion, we understand that we need not take a stand.

And so, with regard to the point under discussion, my understanding is that it is not a question of agreeing to amend or not to amend, because the XIII Pan American Sanitary Conference agreed, or rather appointed a committee to prepare a draft revision. What should be discussed here is whether we accept the amendments presented. The resolution and the attached Revised Draft have been read. If the Draft is not discussed, we cannot know in advance whether we are in accord with the texts presented. Therefore, it is necessary to fulfill the mandate of the XIII Pan American Sanitary Conference, which authorized the amendments. These amendments should be discussed here, so that they may be either accepted or turned down.

PRESIDENT:* It is proposed that the amendments submitted by Committee II be either accepted or rejected. I believe the matter should be put to a vote. The voting will be secret or by roll call, as the Conference decides.

Dr. HURTADO (Cuba):* I request the voting be by roll call, that is, a call of the countries by order.

PRESIDENT:* Is there any objection? We shall proceed to vote on whether or not to accept the Revised Draft presented by Committee II. The vote will be taken.

Dr. ZOZAYA (Mexico):* Mr. President, I wish to be recognized.

PRESIDENT:* A vote is being taken.

Dr. ZOZAYA (Mexico):* Quite so, Sir. But the only question left pending in this discussion is whether the possibility of discussing individual articles of the Constitution will be excluded.

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Dr. SÁNCHEZ BÁEZ (Dominican Republic):* Precisely. The delegate of Mexico has just brought out what I had in mind when I said that the attachment to the draft resolution and the texts of the amendments should be read. Quite possibly some of the delegates in plenary session may wish to make some modifications in the text, if not in the Constitution as a whole, then in the manner suggested by the delegate of Mexico, so as to enable the delegates to introduce amendments in the individual articles.

PRESIDENT:* We should make clear beforehand the meaning of the vote: first, whether this body of amendments is to be accepted or not. Then, will the fact these amendments are not accepted mean that discussion on the revision of the Constitution is closed? Or will their rejection mean that we reject the idea of revising the Constitution at this Conference. This is a matter that the Conference should decide. The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* Mr. President, I believe there are two different steps that require two different resolutions. First, we should decide whether to accept or not to accept the report. I agree with the Chair's decision to vote on this point. The second point (assuming the report is rejected) is that the Conference should take a decision on certain clear, concrete suggestions, apart from the report, concerning revision of the Constitution. These are two different decisions, it seems to me.

PRESIDENT:* The proposal is acknowledged. The delegate of Argentina has the floor.

Dr. SEGURA (Argentina):* If the report in general is approved, this will not mean that details of the report are approved or that no amendments could be made later.

PRESIDENT:* Then, we shall vote on the first point. First, the delegate of Cuba is recognized.

Dr. HURTADO (Cuba):* I wish to clarify one question. No matter which course is marked out for this plenary, nothing more is being done than to vote on the entire Revised Draft presented. And we who are here and are used to parliamentary procedure should know very well what it means to vote on a complete proposed draft. When a draft is voted on in its entirety and is approved, its articles are then discussed in detail. When draft is rejected in its entirety, it is legally dead and thereafter it is a question of taking up new proposals.

That is the usual parliamentary procedure and the one we are following at this time. If the full Conference rejects the document containing various draft amendments, the meaning of which is known (because we cannot be mistaken; we know exactly what they say)—if it rejects these, then the proposed revision of the Constitution is, for the time being, a closed issue. But the way is open for any delegate to introduce a partial revision on any topic. Naturally, the way will be a narrow one because of the traditional regulatory provisions, for any such partial revision would have to be presented anew, then would have to go to the Committee and be referred to the proper working party, etc., etc. In that case, it would be

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easier to submit it to the next meeting of the Directing Council, a deliberating body that will meet again within a few months.

I wish to clarify this question once and for all. The purpose of this vote is as follows: A group of draft amendments are to be voted on as a whole; if all the amendments are rejected, the matter will be closed here this morning.

PRESIDENT:* The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* Gentlemen, we are faced with a most important problem. Something in the decision we are about to take deeply concerns our political organizations in the Americas.

We have been waiting for four years—in our plans, in each of our governmental services—to hear this expression of opinion on what constitutes the very core of unity among our American nations. After that long wait, the moment has now arrived to clarify these concepts, to show how much sincerity and truth there is in our American ideals. And if we—partly to take the easier way out and partly because we are subjugating other interests to strictly technical issues—adopt a stand such as the one we are about to take and refuse to allow an opportunity for clarifying those issues or for exchanging suggestions on certain matters that should be settled, then I do not believe our action is commendable, however firm a resolution we may adopt. We must not lose sight of the fact that, when the countries adopt a position, they do so out of deep conviction and after the most careful study. I do not believe we should reject the amendments as a whole in a way that will cut off all further possibility of discussion.

Our delegation believes that the very least we can do for those who so conscientiously and for so long have studied this matter, is to give them a last opportunity of hearing the opinions of the countries and of learning what their different arguments might be. Possibly some countries that have not as yet definitely made up their minds may take a firmer stand on hearing this exchange of views.

For these reasons, our delegation urges that we give ourselves the opportunity of hearing the arguments of the case. Certainly we are not wrong in admitting that we face a problem that concerns public health only in part, and that in its essence is political. Hence, it is not by covering our ears and shunning the problem that we can best serve the interests of America.

If, after hearing the discussions we still hold to a contrary view, then well and good. But let us grant those who want to be heard an opportunity to speak.

Our delegation firmly believes that we cannot slam the door on an issue as important as this, for we would be leaving behind a turmoil that would speak of our concern, our insecurity, and our disappointment with regard to an American ideal that is made so evident at every meeting and that, in practice, may prove so ineffective.

Our delegation earnestly, conscientiously, and respectfully requests that, before that door is closed, we give to those of us who believe that the Constitution should be revised, an opportunity to speak.

PRESIDENT:* Voting is in order, and I wish to make it clear that the vote will be taken on the Revised Draft proposed by Committee II.

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If the Draft is approved, it will be approved as a whole, the individual items being taken up thereafter. Here lies every possibility of amending the Constitution. If the revision is rejected as a whole and there are other proposals, then the course suggested by the delegate of Cuba would have to be followed.

The Conference, naturally, is free to decide on the manner in which the second case could be dealt with.

Dr. SEGURA (Argentina):* This second case, would it be left until after the meeting? Would it be taken up at another meeting or at this one?

PRESIDENT:* The Conference will decide. If a new proposed revision is presented, it will be proposed to the General Committee of this Conference, and that Committee will decide how it is to be dealt with.

Dr. SEGURA (Argentina):* Mr. President, I would prefer that the motion be more specific. If there should be a majority decision not to accept the amendments and no further discussion of individual articles of the Constitution could be held immediately thereafter, probably we would have no further opportunity of discussing this topic at the XIV Conference and would have to postpone it until a future meeting of the Council.

This is not the wish of Argentina. Argentina believes that the individual articles of the Constitution should be considered, some because of their special importance, and that we should not fall into an error of interpretation, of procedure, and definitely shut out all possibility of discussion. When facing a serious situation, Argentina prefers to speak its mind clearly and it believes that, of all the articles of the Constitution, Article 3 should be considered.

It therefore wishes to know, definitely and specifically, whether it will or will not have the opportunity of speaking on this topic at this meeting.

PRESIDENT:* According to the established procedure for discussion of all draft proposals, approval of a proposal in general does not mean approval of all its details in the form they were presented; it means that the idea of taking the proposed action is approved. If the proposal now before us is approved, the second step will be to discuss any specific point therein that the Conference may wish to consider.

Thus, the proposal of Argentina would be simply that the Revised Draft of the Committee and the Working Party, if approved, should be approved as a whole, so that whatever point is of concern to Argentina could then be taken up.

If the Conference does not accept the proposal as a whole, then we shall have to follow another procedure.

In taking a decision at this time, we state quite clearly: If the proposal is approved as a whole, we shall then consider all the details of the proposal. If it is not approved, any other proposed amendments will have to be dealt with according to the regulatory procedure mentioned previously here.

At this moment it is the Conference that should decide, freely, what course to follow. We should clearly understand the meaning of the vote to be taken and the consequences of that vote. If the proposal of Argentina is to undertake a dis-

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cussion, in my opinion it should vote for approval of the proposal of the General Committee. I believe that is the simplest way to settle the matter and reach a decision. It would be worth while simply to vote on one of the two courses of action. The delegate of Mexico is recognized, before closure of the debate.

Dr. ZOZAYA (Mexico):* I wish only to express the concern of the delegation of Mexico over this proposal for voting. I feel that the delegate of Cuba clarified this point, and I agree that if the document is voted on as a whole and is not approved, it will be very difficult for the Conference to return to any of the points contained in the Revised Draft. I cannot see how this could be done as was stated by the Chair.

PRESIDENT:* I may not have explained the point clearly. I should repeat that, if the document is approved as a whole, the proposals contained in the document will then be discussed, and the Conference can take a decision on any point therein.

Dr. ZOZAYA (Mexico):* That is to say, there will be a discussion.

PRESIDENT:* If the document is approved as a whole, the proposals contained therein will be discussed. If it is rejected, any new proposal will have to be dealt with in a different manner; it will have to go to the General Committee and that Committee will decide how it is to be handled.

Dr. ZOZAYA (Mexico):* Since that would take quite a while and we are pressed for time, I propose that the matter be considered, for there are only a few points to be discussed. If we select for discussion two or three points of the Constitution that should be clarified according to the view of the delegation of Argentina, with which Mexico agrees in full, all of those steps could be avoided. Rather than reject the proposal as a whole and then go through all the necessary steps to return to two or three points, possibly we could take up these points and settle them without delay.

PRESIDENT:* I wish to say again to the delegate of Mexico that, if his delegation votes in favor of accepting the Committee's proposal as a whole, then it may present whatever topic it prefers and propose whatever modifications it deems advisable.

That is the simplest way to settle the matter. It is the usual parliamentary procedure. The proposal is first approved as a whole; then modifications are introduced and any points of interest are taken up. Or, if the proposal is rejected as a whole, it will be a closed issue, and new proposals will have to be presented.

It is up to the Conference to decide now what it wishes to do. I believe the simplest procedure would be to put the matter to a vote. Thus, we shall proceed with the vote. The voting will be by roll call, unless a secret ballot is preferred. There seems to be general agreement that the vote will be by roll call.

It was so agreed.

SECRETARY:* Mr. President, pursuant to the resolution that was approved, a two-thirds majority of those present is required for approval. Under the terms of Articles 15 and 18 of the Rules of Procedure, the delegates of the territories are

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not entitled to vote, inasmuch as this is a constitutional matter. Twenty countries remain. Two-thirds of that number is fourteen. The vote will be taken.

Dr. HURTADO (Cuba):* I would ask the Secretary to explain why this is a two-thirds vote.

PRESIDENT:* The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* We would suggest that, because of the importance of the matter, this plenary be brought to a close without a vote being taken and that, because of the late hour, the session be recessed until the early afternoon, when the study of this topic could be continued, I believe that there could be . . .

PRESIDENT:* Are you requesting that the vote be postponed?

Dr. SEGURA (Argentina):* That it be left for the afternoon and that we take up at the where we left off.

PRESIDENT:* Voting is under way. The Republic of Argentina has proposed that the voting be postponed until early afternoon. I would request unanimous agreement for acceptance of the proposal. Are there any objections?

First, we shall bring the meeting to better order. The Secretary will reply to the question about the two-thirds vote. Then we shall decide whether to postpone the voting.

SECRETARY:* The vote relates to amendments to the Constitution of the Pan American Sanitary Organization. The procedure to be followed was established in the resolution approved just a moment ago.

PRESIDENT:* Now, we had requested a vote be taken. But the delegate of Argentina requests the voting be postponed until early afternoon. I ask the consent of the assembly. Is there any objection?

Dr. HURTADO (Cuba):* The delegation of Cuba does not accept the postponement.

PRESIDENT:* There is an objection. Consequently, we shall proceed with the voting.

The Secretary has explained the procedure. We shall now vote. A vote of "yes" means that the Revised Draft proposed by Committee II is accepted; a vote of "no" means that the Draft is rejected as a whole and another method must be sought.

> *The Secretary took the vote. Affimative votes: Colombia, the Dominican Republic, El Salvador, Ecuador, Mexico, and Guatemala.*
> *Negative votes: Costa Rica, the United States, Venezuela, the Republic of Argentina, Uruguay, Panama, Chile, Cuba, Peru, Bolivia, Brazil, and Paraguay. Eighteen countries voted. The Secretary reported that two thirds of this number, that is, exactly twelve countries, had cast negative votes. No votes were cast by Haiti and Nicaragua, whose delegations were absent.*

SECRETARY:* The Draft is rejected, or is not approved.

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* The asterisk denotes that the person spoke in a language other than English.

Dr. MONTALVÁN (Ecuador):* Are not two thirds required to take this decision?

Dr. HURTADO (Cuba):* It did not reach two thirds.

SECRETARY:* It is two thirds of those present at the time of voting. Pardon, the affirmative votes must be two thirds. I was counting the negative votes. The affirmative votes are six: Colombia, the Dominican Republic, El Salvador, Ecuador, Mexico, and Guatemala. So it was not approved.

The Revised Draft proposed by Committee II was rejected.[1]

PRESIDENT:* Now, any constitutional proposal can be presented to the General Committee for a decision on the procedure to be followed. The delegate of Argentina has the floor.

Dr. SEGURA (Argentina):* We are now faced with the situation I foresaw before the voting. It was because of this that I asked the Chair to tell me whether, after rejection of the document as a whole, a specific point could be taken up immediately. This was the explanation I requested; the Chair gave us no answer in this regard and we stated that certain points of the Constitution should be discussed; the Chair agreed that any of these points could be taken up. As a result of the clarification made by the delegate of Cuba, the doubts expressed by the delegate of Mexico arose. And it appeared that the Chair had admitted the possibility that, *a posteriori*, we could take up some topics to which no objection was raised by the delegates.

PRESIDENT:* The delegate misunderstood. I said that if the draft resolution were rejected as a whole, there would be no further discussion and the subject would be closed once and for all, insofar as this Conference is concerned. I added that such was the established parliamentary procedure. I explained that if the draft proposal were approved as a whole, any point in the proposal could be taken up immediately, in whatever manner it was desired. In that case, we would be free to take up such points. However, in the event the draft were rejected, as has just occurred, any modification would have to be proposed first to the General Committee, which would determine how the proposal would be dealt with. I believed the other delegates understood the Chair's position.

I regret that Dr. Segura did not understand it that way, but my purpose was to explain it in that manner. And I understood, interpreting the position of Argentina, that its vote was going to be in favor of approval, precisely so that it would be able to discuss the matter. The delegate of Argentina.

Dr. SEGURA (Argentina).* Does this mean that this vote closes the subject of revision of the Constitution, insofar as consideration of such a revision in a plenary session of this Conference is concerned?

Dr. HURTADO (Cuba):* Yes.

PRESIDENT:* There remains the possibility that the General Committee may, as it has the power to do, determine a procedure for continuing this study on

[1] See Resolution XL, Final Act, p. 642.

* The asterisk denotes that the person spoke in a language other than English.

the basis of proposals made by the delegates present. But I am not in a position to venture an opinion on a future decision of the General Committee. The delegate of Argentina.

Dr. SEGURA (Argentina):* The delegation of Argentina proposes that the General Committee consider the possibility of taking up for discussion Article 3 of the Constitution of the Pan American Sanitary Organization.

PRESIDENT:* The Chair would request that Dr. Segura transmit that proposal to the General Committee, in writing, for consideration at its next meeting. There are no further matters to discuss.

Continuation of the Session

Dr. VARGAS MÉNDEZ (Costa Rica):* Mr. President, will you allow me?

Would it be possible to complete the order of business by considering the report of the Working Party on treponematoses, which is very short, and the report on malaria, so as to facilitate the work of the General Committee, which has to approve the draft of the Final Act, and that of the Secretariat, which has to copy and distribute the Act? I believe we could complete the study of those topics in ten minutes.

PRESIDENT:* The Conference will decide.

A proposal has been made to continue studying the items on the order of business. If there is no objection, it will be so agreed.

So agreed.

I shall request Dr. Vargas Méndez to take over the Chair.

Dr. Altamirano left the Chair, which was assumed by Dr. Vargas Méndez (Costa Rica).

Second Report of Committee I

Tropic 24: Treponematoses (Working Party E)

PRESIDENT:* We shall now take up the next item on the agenda, the draft resolution on Topic 24, "Treponematoses." The Secretary will read the document.

The Secretary read the draft resolution on treponematoses appearing in the report of Working Party E.[1]

PRESIDENT:* The draft resolution on treponematoses, just read by the Secretary, is before you for consideration. Are there any comments? If not, the resolution will stand approved.

Approved[2]

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[1] See p. 455.

[2] See Resolution XLI, Final Act, p. 643.

* The asterisk denotes that the person spoke in a language other than English.

Topic 32: Eradication of Malaria in the Americas (Working Party D)

PRESIDENT:* We shall proceed to the next topic on the agenda. The Secretary will read the document.

The Secretary read the draft resolution entitled "Eradication of Malaria in the Americas," appearing in the report of Working Party D.[1]

PRESIDENT:* Are there any comments?

As the delegates will recall, there is a separate resolution covering the utilization of funds for the malaria programs. The Secretary will read that resolution.

The Secretary read the draft resolution entitled "Utilization of Funds for the Intensification of Antimalaria Activities," appearing in the report of Working Party D.[2]

PRESIDENT:* You have heard the reading of both documents. Discussion is in order. The delegate of Argentina is recognized.

Dr. SEGURA (Argentina):* Our delegation is in accord with the draft resolution on eradication of malaria in the Americas.

As to the use of funds for the intensification of antimalaria activities, there are two paragraphs in the resolution: one authorizes the Director to obligate $100,000 of the surplus funds for the campaign; the other provides for an increase of $100,000 in the budgetary level for 1954, entailing a use of funds with respect to which we are not authorized to give an opinion. We wish it placed on the record that this delegation will take no decision, but will refer the problem to the competent authorities, who will study the matter and issue a formal reply later.

PRESIDENT:* Thank you, Dr. Segura. Since there has been an objection or reservation concerning the document on funds for malaria eradication, the Chair believes we should vote separately on the first and the second documents.

Does the plenary accept the draft resolution on eradication of malaria in the Americas? If there are no objections, the resolution will stand approved.

Approved[3]

We shall now take up the draft resolution on funds. Are there any objections? The delegate of Cuba.

Dr. HURTADO (Cuba):* Mr. President, I have no objection. Quite the contrary. However, since there have been objections, I urge that this plenary take careful note of the significance of the request made in this resolution. The delegation of Cuba is in favor of the proposal and recommends that the other delegations cast their votes in favor of the funds requested for malaria eradication.

PRESIDENT:* Does any other delegate wish to speak? The opposing opinion of the delegate of Argentina will be recorded. The delegate of Argentina is recognized.

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[1] See p. 454.

[2] See p. 454.

[3] Resolution XLII, Final Act, p. 643.

* The asterisk denotes that the person spoke in a language other than English.

Dr. SEGURA (Argentina):* The delegation of Argentina did not state opposition. It stated that this resolution would be referred to its Government for consideration and that the Government would make the reply on behalf of the Republic, because I am not sufficiently authorized to assume responsibility for the decision, however much I might favor the proposal.

PRESIDENT:* The Chair apologizes. The term will be changed to "reservations" to the document. Does anyone else wish to speak? If there are no further comments, the document providing a financial basis for the malaria eradication program in the Americas will stand approved.

Approved.[1]

The Secretary will inform us whether there are any other matters to be considered before the session is adjourned.

Topic 25: Unification of Action in Public Health Programs in the Region of the Americas, and Topic 35: Technical Assistance Program for 1955 *(Continuation)*

SECRETARY:* The resolution adopted by the working party on the Technical Assistance program is still pending, but mimeographed copies of the text are not yet available for distribution.

PRESIDENT:* The Chair suggests that the text of the resolution be read for the information of the delegates, so that they may either accept or reject the proposal. If the delegates agree, the Secretary will read the document, which has not yet been mimeographed and distributed.

SECRETARY:* I shall read the document slowly. This topic was fully discussed yesterday, starting with the study of Topic 25 (document presented by the Director of the Bureau on unification of action in public health programs in the Americas) and ending with the document on Topic 35, "Technical Assistance Program."

The draft resolution (Document CSP14/90) states:

The XIV Pan American Sanitary Conference, considering Resolution WHA7.41 of the Seventh World Health Assembly, May 1954, which states that the fluctuations from year to year in the amount of Technical Assistance funds made available to the WHO disrupt planned programs under all resources of the Organization, are inimical to the steady planning and implementation of individual projects, and retard the approved general program of work for a specific period; considering the difficult situation that present programs of the Organization financed with funds from Technical Assistance are facing, owing to the rules established by resolutions of ECOSOC; and bearing in mind the observations made by representatives of several countries and the information supplied by the Director of the PASB in this matter,

Resolves: To take note of all the information concerning resolutions on the United Nations Expanded Program of Technical Assistance, and to instruct the Director of the Pan American Sanitary Bureau to notify the Member Governments of this situa-

[1] See Resolution XLIII, Final Act, p. 644.

* The asterisk denotes that the person spoke in a language other than English.

tion, on behalf of the Conference, with the recommendation that they give their most careful consideration to the matter, obtaining the most complete information provided by their technical health departments, so that they may suitably instruct their representatives at the United Nations, in order to promote an adequate revision of the ECOSOC resolutions on the Expanded Program of Technical Assistance.

PRESIDENT:* The delegates are invited to express their opinions on the resolution just read. The delegate of the United States is recognized.

Dr. BRADY (United States): When this topic was discussed last evening, it was decided that a working party would draft the resolution. There was no decision as to whether we should adopt the resolution; rather, one was presented for the information of the Conference.

The United States was happy to participate in the drafting of this resolution.

As was pointed out last night, this subject is now under debate at the United Nations General Assembly, and we never doubted, Mr. Chairman, as to whether it would be appropriate at this time to circulate such a resolution. Because of that, Mr. Chairman, I am afraid the United States will have to abstain on a vote on this resolution, if it does come to a vote. I, personally, feel that the discussion of last night and the reading of this resolution today have already served the purpose for which the resolution was drafted.

PRESIDENT:* You have heard the views of the delegation of the United States. Are there any further comments? Then it is a question of deciding if, instead of adopting the resolution, we will merely take note of it and place it on the record. The plenary will decide.

As the delegate of the United States has pointed out, this matter is now under discussion at the United Nations Assembly, and it might therefore be untimely to present a document at this moment.

The Chair corrects his statement that the resolution will be placed on the record; it will appear in the Proceedings of the Conference. Only proposals that have been approved can appear in the Final Act itself. The delegate of Ecuador is recognized.

Dr. MONTALVÁN (Ecuador):* The delegation of Ecuador suggested last night that this proposal be presented, that is, a draft resolution of the Conference. It did so because a major problem had been brought up at the Conference as regards the development of Technical Assistance programs, which are of such importance to us in public health. In view of these facts and the explanations given here, it was felt that we, the representatives of the American nations, should report fully to our governments the concern we feel over the ECOSOC resolution, insofar as public health activities are concerned. We should inform them why we believe this resolution could hinder the development of international public health policy, of international health work. We should let our governments know of our concern and, just as we ask other things of them, we should request that they attempt to determine, through their representatives to the United Nations, whether it would be possible to bring before that body the resolution previously adopted by one of the UN specialized agencies.

* The asterisk denotes that the person spoke in a language other than English.

Just as we request our governments to increase their budgets for health, there should be no reason why we could not ask this or that thing of them, bringing to their attention a problem that concerns us deeply and that we feel may adversely affect the interests of the Organization and the work in which we all are engaged.

In my opinion, the resolution is drafted in exactly the terms we could present to our governments, making our own suggestion from the technical viewpoint, because the matter concerns our technical programs.

I also suggested that a clause be added to the resolution to state something to the effect that the specialized technical organizations should be assured of participation in the planning of programs. I understand that the members of the committee did not accept that addition, and I therefore shall not insist upon it, so that this resolution may stand as a decision or as an opinion of the Pan American Sanitary Conference.

PRESIDENT:* The delegates have heard the view expressed with regard to the draft resolution. The Chair will ask the assembly to decide whether or not the text is to be approved as a resolution of the Conference. Those in favor of adopting the text as a resolution of the Conference, please raise their hands.

Apparently, it is the wish of a majority that the draft resolution not be adopted at this time and that note merely be taken of the problem so as to bring it to the attention of the governments. Is it so agreed?

Agreed.

All items of business have been completed. The Secretary has some announcements.

Schedule of Sessions

SECRETARY:* The ninth session of the General Committee has been scheduled for three o'clock this afternoon. However, some delegates have stated they would prefer that it be held at 4:00 p.m., and we also would prefer that hour, so as to allow time to complete the documentation discussed here this morning. We therefore propose that the meeting be held at that hour, unless the members of the Committee decide otherwise.

The Final Act will be prepared tomorrow and will include the material to be reviewed today by the General Committee. The closing session will be held on Friday at 10:00 a.m., after the 9:30 showing of a film on foot-and-mouth disease and another on the Conference.

The Chilean Organizing Committee has presented the following message: The delegates are invited to visit the Quinta Normal Health Unit and the San Juan de Dios Health Center on Thursday, 21 October, from 9:00 to 12:00 a.m., and the School of Public Health and the Bacteriological Institute from 3:00 to 5:30 p.m.

PRESIDENT:* The delegate of Peru is recognized.

* The asterisk denotes that the person spoke in a language other than English.

Dr. MONTES DE PERALTA (Peru):* I would like to propose that the session on Friday begin at 9:00 a.m. I understand that some of the delegations, that of Peru among them, will be departing at noon on Friday. If we begin late we might not have time to wait for the signing of the Final Act or stay until the end of the closing session. We could begin at 9:00 a.m., rather than 9:30.

PRESIDENT:* The Chair sees no reason why we could not meet on Friday at 9:00 a.m., first for the film showing and then for the plenary session.

Gentlemen, we have arrived at the close of our working sessions. I wish to express my appreciation to the delegates for the cooperation they have given the Chair during all the deliberations, and to mention especially the cordial and friendly spirit that has prevailed throughout the meeting. I thank you.

Acknowledgements to the Authorities of Chile

Dr. MONTALVÁN (Ecuador):* Before this session closes, I should like to express the special appreciation of all the participants to the authorities of the Republic of Chile; to His Excellency the President of the Republic, to the Minister of Public Health and the public health officers, to the members of the Organizing Committee, to the public health societies of Chile, and to the members of the medical profession, all of whom have shown us so generous and cordial hospitality and have created so favorable an atmosphere for the activities of this Conference. We should like all of this recorded as an expression of the deep appreciation of all members of the Conference. I know that these votes of thanks which I have expressed represent the spontaneous feeling of all the participants.

I should also like to record a special vote of thanks to the Committee of Chilean Women, which has so hospitably received the ladies of our delegations.

Prolonged applause.

PRESIDENT:* The enthusiastic applause with which the proposal of the delegate of Ecuador has been received makes it unnecessary to speak of its approval. The General Committee will record the votes of thanks in the Final Act.[1] Dr. Horwitz is recognized.

Dr. HORWITZ (Chile):* In acknowledging the kind statements of the delegate of Ecuador and the applause of the plenary, I wish to thank you and to repeat what we had the honor to state at the opening session of the Conference. The Government of Chile and the distinguished members who have participated in this Conference have done nothing more than live up to the tradition. We have endeavored to do the same as the countries that have previously served as hosts to Pan American Sanitary Conferences. And we know that, in the future, the countries serving as hosts to these meetings will make the same effort to create the atmosphere of friendliness and cordiality so important to the success of our deliberations. Thank you very much, Mr. President.

Prolonged applause.

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[1] See Resolution XLIV, Final Act, p. 645.

* The asterisk denotes that the person spoke in a language other than English.

PRESIDENT:* The Chair thanks the delegate of Chile for his statement and joins in the applause of the plenary. The session is adjourned.

The session was adjourned at 11:55 a.m.

CLOSING SESSION

Friday, 22 October 1954, at 10:00 a.m.

President: Dr. SERGIO ALTAMIRANO P. (Chile)

PRESIDENT:* The meeting is called to order. At this last session of the Conference we have only one topic to take up: the reading, approval, and signing of the Final Act. The Secretary will read the Final Act, with which you are already familiar. He will read the main parts of the preamble, some titles, and the basic decisions. Should the delegates at any time wish to have the entire text of the resolution read, the Secretary will do so upon request. Otherwise, the Secretary will summarize for the assembly the contents of the Final Act, since all have a copy of the document at hand. The chiefs of delegations will then proceed to sign the Final Act. The Secretary has the floor.

Reading, Approval, and Signing of the Final Act

SECRETARY:* The Final Act of the XIV Pan American Sanitary Conference, VI Meeting of the Regional Committee of the World Health Organization for the Americas, is Document CSP14/102, dated 22 October 1954. The original is in both Spanish and English, both texts being equally authentic. Since the delegates have an exact copy of the document that will be signed and then placed in the archives, we could, as the President stated, read only the essential parts at this official closing of the Conference. If any of the delegates wish to have a part or all of the resolutions in the Final Act read, it shall be done.

The Secretary proceeded to read the Final Act of the XIV Pan American Sanitary Conference, VI Meeting of the Regional Committee of the World Health Organization for the Americas.[1]

PRESIDENT:* You have heard the reading of the Final Act by the Secretary. Are there any comments? The delegate of the Netherlands has the floor.

Dr. SWELLENGREBEL (Netherlands): I wish to comment briefly. In the section on Four-Year Reports of the Member States, before the word "Netherlands," I would request that the word "Surinam" be added.

PRESIDENT:* The Secretary will read the regulations covering the request made by the delegate of the Netherlands.

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[1] See p. 617.

* The asterisk denotes that the person spoke in a language other than English.

SECRETARY:* The list of the reports of individual Member States was made to cover the entire territory of the Americas, including each of the reporting governments. For that reason, none of the territories was included specifically, since the same would have applied to France, the United Kingdom, and the United States, in whose case no mention is made of any state in particular. On the other hand, the reports were distributed and, undoubtedly, it has been recorded in the minutes of the session that the report was specifically for Surinam. For this reason, partial reports were not mentioned when they formed part of an over-all report.

PRESIDENT:* The delegate of the Netherlands has the floor.

Dr. SWELLENGREBEL (Netherlands): I understand the Secretary's explanation perfectly. It is all right as it stands.

PRESIDENT:* If there is no other objection, the Final Act of the XIV Pan American Sanitary Conference, VI Meeting of the Regional Committee of the World Health Organization for the Americas will stand approved.

Approved.

The Secretary will now call the names of the chief delegates, by order of precedence, so that they may come forward to affix their signatures to the official documents.

The chief delegates then signed the Final Act, in the following order: Colombia, Costa Rica, United States of America, Dominican Republic, Venezuela, Argentina, Uruguay, El Salvador, Ecuador, Mexico, the Netherlands, France, Panama, Chile, Cuba, Guatemala, Peru, Bolivia, Brazil, the United Kingdom, Paraguay, and, finally, Dr. Soper, Director of the Pan American Sanitary Bureau, and Dr. Bustameante, Secretary of the Conference.

Cable from Guatemala

PRESIDENTS* The Secretary will now read a cable just received.

SECRETARY:* The following cable has been received from Guatemala:

To the President of the XIV Pan American Sanitary Conference: I appreciate the high honor conferred upon me on behalf of Guatemala. My best wishes for the success of the Conference. Minister of Public Health.

PRESIDENT:* We have completed the order of the day with the reading, approval, and signing of the Final Act.

Closing Address

PRESIDENT:* Delegates, Director of the Pan American Sanitary Bureau, gentlemen, we have concluded the work of the XIV Conference of the Pan American Sanitary Organization. As President of this Conference, I can attest

* The asterisk denotes that the person spoke in a language other than English.

to the scientific approach, the conscientiousness, and the public spirit that have prevailed at all your meetings. We have examined all our present problems, and our resolutions have been carefully directed toward making a better future.

We have reviewed our policies in planning the future period of activities and, in doing so, we have discarded some and reaffirmed others. Our technical discussions were based on principles that are accepted by all of us without debate, on a united approach that has been the fruit of fourteen Conferences.

We have accepted as our starting points:

That progress in the health of the people is inevitably contingent upon their economic progress.

That unacceptable conditions exist in the Americas that should not endure.

That retarded health conditions in one region nullify the efforts made in neighboring areas.

That, in the planning of health programs, no geographic or political boundary should be permitted to interfere with the efforts to improve health conditions in affected regions.

That a complete knowledge of our problems is the only reliable and scientific basis on which to plan our public health activities, and that this knowledge should be translated in terms of timely and accurate statistical data.

That no public health endeavor of any extent can be evolved without the active collaboration of the people who are to be benefited.

That the training and specialization of personnel of the public health services merit preferential attention in all international health programs.

That such preventable diseases as smallpox and malaria continue to take a toll of thousands of lives, because the advances of science and civilization have not yet reached vast regions of our Continent.

It is because we speak this common language that we have been able to adopt resolutions such as those we have today signed on behalf of our governments.

The two committees of our Conference that undertook the study of the technical topics and of the administrative, financial, and legal matters on our agenda have accomplished their task and reached conclusions inspired by the search for common good.

We wish also to thank the Secretariat for its efficient and devoted work, which has assured us of the timely receipt of the documents required, and to express our appreciation to the technical and auxiliary personnel who have made it possible for us to communicate our views and record our work.

We are fortunate to have had at this Conference the presence of the Director-General of the World Health Organization, Dr. Marcolino G. Candau, and of Dr. Fred L. Soper, the Director of the Pan American Sanitary Bureau, who assisted us in all our sessions. We are fortunate also that the governments of the American countries, recognizing the importance of this international meeting, appointed as their representatives the most responsible of the public health officials of their respective countries.

It has been an honor for Chile to serve as host to the meeting of all these eminent personalities, an honor that was acknowledged by our chief executive in his welcoming address. Today, in bidding you farewell and wishing you a

happy return to your own countries, I wish again to state, on behalf of my Government, what an honor it has been for Chile to serve as the seat of this important Conference, and to acknowledge the distinction you have thus given us. You have been transient guests in our country, but, in our thoughts of American brotherhood, you will always remain our guests.

We have become richer in ideas and have been strengthened through the stimulus provided to us here. We are better aware of the problems in our fatherland, Chile, and also prouder of our great heritage: America.

Applause.

Delegates, the XIV Pan American Sanitary Conference is declared closed.

The meeting was adjourned at 10:50 a.m.

PART THREE

PRECIS MINUTES
OF THE GENERAL COMMITTEE AND
OF THE MAIN COMMITTEES

PRECIS MINUTES
OF THE
GENERAL COMMITTEE AND OF THE MAIN COMMITTEES [1]

GENERAL COMMITTEE

FIRST SESSION

Friday, 8 October 1954, at 5:15 p.m.

Chairman: Dr. SERGIO ALTAMIRANO P. (Chile), President of the Conference

The CHAIRMAN called the meeting to order and gave the floor to the Secretary, who explained the functions of the General Committee as set forth in the Rules of Procedure.

Assignment of Agenda Topics

The CHAIRMAN said that the Committee would proceed to assign the topics on the agenda to Committees I and II.

Dr. VARGAS MÉNDEZ (Costa Rica) expressed the view that some of the topics should be examined by Committees I and II jointly.

The SECRETARY read the list of agenda topics as approved in plenary session.

The CHAIRMAN, after consultation with the Committee, proposed that Topics 10, 11-A, 27, and 28 be referred directly to the Conference in plenary session; that Topics 11-B, 24, 25, 26, 32, 35, 36, and 38 be assigned to Committee I; that Topics 13, 14, 15, 16, 17, 18, 20, 21, 23, 29, 30, 31, 33, 34, 37, 39, and 40 be assigned to Committee II; and that Topics 12, 19, and 22 be studied by Committees I and II jointly.

It was so agreed.

Establishment of Committee II

Dr. HURTADO (Cuba) proposed that Committee II be set up the next day, so that it could begin the study of Topic 15 (Revision of the Constitution).

Dr. MONTALVÁN (Ecuador) supported the proposal of the delegate of Cuba.

[1] The original text of the précis minutes is in Spanish.

Dr. ZOZAYA (Mexico) stated that it would be advisable to set up Committee II immediately after the reports of the Director of the Pan American Sanitary Bureau had been studied in plenary session.

It was so agreed.

Four-Year Reports of the Governments

Dr. HURTADO (Cuba) expressed the view that the four-year reports need not be read in plenary session, as these were by their nature more fitting material for study by the representatives. He felt that the Bureau was to be congratulated on having obtained the governments' replies to the questionnaire it had sent them, and also on having prepared the excellent summary of all the reports of the governments.

Dr. VARGAS MÉNDEZ (Costa Rica) drew attention to the fact that the reports submitted by the governments were statistical and that an explanation of them at a plenary session was desirable.

Dr. MONTALVÁN (Ecuador) agreed with the delegate of Costa Rica, but felt that a time limit should be set for the explanations by representatives at plenary sessions.

The CHAIRMAN asked the members of the Committee if, in their opinion, it would not also be appropriate to request those representatives who wished to summarize the reports of their governments at a plenary session to inform the Secretariat of the Conference in advance.

Dr. ZOZAYA (Mexico) supported the proposal of the Chair that the representatives be given an opportunity to explain the reports of their respective countries, but with a time limit on their explanations in plenary session.

The CHAIRMAN proposed that at plenary sessions the representatives give oral reports on the health conditions and progress achieved during the period between the XIII and XIV Pan American Sanitary Conferences; that these reports be limited to ten minutes; and that representatives wishing to make such reports inform the Secretary of the Conference in advance.

It was so agreed.

The session was adjourned at 6:05 p.m.

SECOND SESSION

Saturday, 9 October 1954, at 5:30 p.m.

Chairman: Dr. W. PALMER DEARING (United States), Vice-President of the Conference

Order of Business for the Next Plenary Session

The SECRETARY stated that, pursuant to the Rules of Procedure, the Committee would establish the order in which topics would be dealt with in the

plenary session on Monday, the 11th. The countries that had expressed the wish to present their four-year reports were: Panama, Chile, Cuba, Guatemala, the Netherlands, Peru, Bolivia, the United Kingdom, Paraguay, and the United States.

The CHAIRMAN, after hearing the views of the Committee, proposed that the presentation of the four-year reports on public health conditions take place on Monday, the 11th, until 11:00 a.m.; that the discussion on the report of the Director of the Pan American Sanitary Bureau follow thereafter; and that those countries that were unable to present their reports on Monday do so in the plenary session on Thursday, the 14th.

It was so agreed.

Coordination of Sessions

Dr. HURTADO (Cuba) announced that the working party of Committee II had met to study the revision of the Constitution and had agreed to meet daily, beginning Monday, at 9:00 a.m. and 3:00 p.m.

Dr. SEGURA (Argentina) and Dr. ZOZAYA (Mexico) agreed with this arrangement.

Dr. VARGAS MÉNDEZ (Costa Rica) said it was important to know the time of the meetings and the topics to be discussed, so that the General Committee might coordinate the work of all organs of the Conference.

Dr. MONTALVÁN (Ecuador) pointed out that the dates and time of plenary sessions should be taken into account.

The CHAIRMAN summed up the opinions expressed: The committees were to establish the order of business and the schedules for their own sessions and for those of their working parties, but the announcement of meetings and of topics to be discussed was to appear in the order of the day, so that delegates might be kept informed.

It was so agreed.

Topics Assigned to Commiteee II

The SECRETARY asked the Committee to establish the order of the day for Committee II, which was to meet on Monday, the 11th.

Dr. HURTADO (Cuba) felt that it would be sufficient to transmit to Committee II the list of topics assigned to it by the General Committee.

It was agreed that the order of the day would list the numbers of the topics to be discussed.

The session was adjourned at 6:30 p.m.

THIRD SESSION

Monday, 11 October 1954, at 1:15 p.m.

Chairman: Dr. SERGIO ALTAMIRANO P. (Chile), President of the Conference

Proposal of the Delegation of Nicaragua

The SECRETARY read a communication from the delegate of Nicaragua, Dr. Sánchez Vigil, in which he requested, upon instructions from the chief of his delegation, Dr. Leonardo Somarriba, that the discussion of Topics 27 and 28, concerning elections, take place Monday, 18 October.

The CHAIRMAN explained that this request probably had been made because of the departure date of the delegation of Nicaragua.

It was unanimously agreed that Topics 27 and 28 would be placed on the order of business of the seventh plenary session on 18 October 1954.

Joint Session of Committees I and II

The SECRETARY suggested that it would be advisable to set the date for the joint meeting of Committees I and II, which would study Topics 12, 19, and 22.

It was agreed that the joint meeting of Committees I and II would be held on Thursday morning, 14 October, after the plenary session.

The session was adjourned at 1:25 p.m.

FOURTH SESSION

Wednesday, 13 October 1954, at 12:45 p.m.

Chairman: Dr. SERGIO ALTAMIRANO P. (Chile), President of the Conference

Order of Business and Chairmanship of the Sixth Plenary Session

The SECRETARY stated that the Chairmen of Committees I and II were due to report on the work of their respective committees. He then went on to explain that the order of business for the sixth plenary session included the following topics: (1) second report of the Committee on Credentials; (2) report of the General Committee; and (3) Topic 11-A (four-year reports of the Member States), for which Paraguay, the United States, Cuba, and Nicaragua had registered. He thought that if speakers limited themselves to the ten minutes agreed upon, the session might be over by 10:45 a.m. and the joint session of Committees I and II for the study of Topics 12, 19, and 22 could begin at 11:00 a.m.

The order of business for the sixth plenary session to be held on Thursday, 14 October, *was approved* as given above.

The CHAIRMAN stated that he would not be able to preside at the plenary session the following day and asked the delegate of Costa Rica to take the Chair at that time.

Activities of the Two Main Committees

Dr. MONTALVÁN (Ecuador) reported that the working parties of Committee I were making normal progress and that Committee I probably would be in a position to submit its report at the plenary session on the 15th, if one were held.

Dr. HURTADO (Cuba) explained that Committee II had considered seven of the topics assigned to it and that Working Party No. 1 was proceeding with its study of the revision of the Constitution.

Working Party for the Study of Topic 32 (Malaria Eradication)

Dr. VARGAS MÉNDEZ (Costa Rica) felt it desirable to take advantage of the presence of Drs. Gabaldón, Alvarado, and Pampana, and other specialists, in setting up a working party to study the topic on eradication of malaria.

Dr. SOPER (Director, PASB) explained that the specialists mentioned were already in touch with one another and that Dr. González was collaborating with them. He said that he personally would do everything possible to take part in the work.

The SECRETARY proposed, in accordance with the program of sessions, that Topic 32, "Eradication of Malaria in the Americas," be included on the order of business of the seventh plenary session on Monday, the 18th.

Dr. SOPER (Director, PASB) thought that this date might be moved forward, in view of the many factors to be considered in this problem.

Dr. MONTALVÁN (Ecuador) said that Committee I had discussed the desirability of forming a working party to review this topic. In view of the fact that the working document had not been distributed and no meeting room was available, no decision had been taken, but the working party could be set up the following day and use the room assigned to Working Party C, which was to finish its work that day.

Dr. VARGAS MÉNDEZ (Costa Rica) agreed with the Director of the Pan American Sanitary Bureau.

Dr. SOPER (Director, PASB) suggested that it would be sufficient to recommend that Committee I study Topic 32 as soon as possible. Once Committee I was ready, the General Committee could fix the date for the discussion in plenary session.

The CHAIRMAN, summarizing the views expressed, proposed: (1) that a

working party be set up for the study of Topic 32; (2) that Committee I meet on Thursday, 14 October, before the joint session, to install the said working party; and (3) that this working party meet in the same room as Working Party C, at 4:00 p.m.

It was so agreed.

The session was adjourned at 1:05 p.m.

FIFTH SESSION

Thursday, 14 October 1954, at 1:15 p.m.

Chairman: Dr. SERGIO ALTAMIRANO P. (Chile), President of the Conference

Order of Business

The SECRETARY proposed, in accordance with the program of sessions, the following order of business for Friday, 15 October: (1) Committee I would hold its third session from 9:00 to 11:00 a.m. to study the reports of its three working parties; (2) Committee II would hold its fourth session from 9:00 to 11:00 a.m. to continue studying the topics assigned to it; (3) at 11:00 a.m. Committees I and II would hold a second joint session to consider Topics 19 and 22; and (4) at 12:30 p.m. the General Committee would hold its sixth session. Committee I and Committee II would meet, separately, in the afternoon, at 2:30 p.m., and then in joint session at 4:30 p.m. The working party charged with studying the revision of the Constitution would meet at 5:00 p.m.

Dr. SEGURA (Argentina) wished to know if Committee II could meet that afternoon at 5:00 p.m.

The SECRETARY replied that there was no objection, since meeting rooms would be available at that hour.

Dr. ZOZAYA (Mexico) asked whether the document on revision of the Constitution could be distributed the following day if the working party of Committee II charged with the study of Topic 15 should complete its work that afternoon.

The SECRETARY explained that the Secretariat needed at least two days to translate, reproduce, and distribute that extensive document.

The CHAIRMAN proposed that the order of business be approved as presented by the Secretary.

It was so agreed.

The session was adjourned at 1:30 p.m.

SIXTH SESSION

Friday, 15 October 1954, at 1:10 p.m.

Chairman: Dr. OSCAR VARGAS MÉNDEZ (Costa Rica), Vice-President of the Conference

Order of Business

The SECRETARY read the order of business for that afternoon and pointed out that it would be advisable for Working Party D, on eradication of malaria, to meet at 3:00 p.m.

It was so agreed.

The SECRETARY said that the following reports might be included in the order of business of the plenary session on Monday morning: the first report of Committee I, the first report of Committee II, and the first report of the Joint Committee. He said that Topics 27 and 28 could then be taken up, and informed the Committee of the terms of Article 40 of the Rules of Procedure. Committees I and II could continue their work on Monday afternoon.

Dr. HURTADO (Cuba) believed that, if they were to take up Topic 22 in plenary session, Committee II could devote its Monday afternoon meeting to an examination of the report of the working party on revision of the Constitution.

The SECRETARY reported that Committee I had Topics 24, 25, 26, 35, 36, and 38 pending.

Dr. SOPER (Director, PASB) thought that, once Committee II finished its work, the topics pending in Committee I might also be taken up directly in plenary session.

The SECRETARY explained that, if the General Committee approved, plenary sessions could be held on Tuesday and that on Wednesday, the 21st, the General Committee could meet at 3:00 p.m. to study the Final Act.

Dr. ZOZAYA (Mexico) said that the only questionable topic was No. 15 (Revision of the Constitution), the discussion of which might be very prolonged.

The CHAIRMAN summarized the opinions expressed and proposed that Topics 24, 25, 26, 35, 36, and 38 be taken up in plenary session; that the order of business for Monday, the 18th, be approved as suggested by the Secretary; and that the next meeting of the General Committee be held on Monday, the 18th, at 9:00 a.m.

It was so agreed.

The session was adjourned at 1:20 p.m.

SEVENTH SESSION

Monday, 18 October 1954, at 9:15 a.m.

Chairman: Dr. W. PALMER DEARING (United States), Vice-President of the Conference

Report of Committee I [1]

The SECRETARY read the order of business for the plenary session that day and stated that the General Committee might study the reports of Committees I and II and the report of the Joint Session, in conformity with Article 40 of the Rules of Procedure of the Conference.

He then read the principal points of the report of Committee I (Document CSP14/79).

Dr. MONTALVÁN (Ecuador) thought that the draft resolution on "Control of Infant Diarrheas in the Light of Recent Scientific Progress" [2] clearly summarized the recommendations to be submitted by the Committee to the Conference, but that the following phrase should be added at the end of paragraph 1: "as modified by Committee I."

Dr. SOPER (Director, PASB) said that, as he understood it, Committee I believed that the Pan American Sanitary Bureau can carry out measures relative to the control of infant diarrheas, which, in reality, are the responsibility of the governments themselves.

Dr. HURTADO (Cuba) stated that the draft resolution should be much longer and should include the pertinent technical recommendations. He then referred to the paper presented by Dr. Hardy, saying that the draft resolution should not be based solely on that paper. Dr. Hardy had summarized only the experience of the United States in the field of infant diarrheas. He had made no reference to the Uruguayan school of bacteriology, which was of special significance, for, without bacteriological diagnosis of salmonellosis and shigellosis, there could be no control of diarrheas.

Dr. MONTALVÁN (Ecuador) suggested, as an addition to his previous proposal, that a third point referring to "health education" be introduced. With respect to point 10 of the report of Committee I, he explained that it was intended that during the year the Director make inquiries and obtain data from the Member Governments on the problem of diarrheas and report to the Directing Council on the results. He said that no mention had been made of bacteriology in the control of infant diarrheas, because the draft resolution was limited to recommendations for the control of diarrheas. He felt that the draft resolution could be changed in plenary session but that the General Committee should not embark on a discussion of technical points.

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[1] See p. 438.

[2] See third session of Committee I for text of original resolution, p. 344.

Dr. HURTADO (Cuba) felt that an entirely new draft resolution should be drawn up and insisted that paragraph I should refer to technical resolutions, including recommendations on bacteriological control of diarrheas, and that the recommendations to the Director should be more specific.

Dr. SOPER (Director, PASB), in referring to paragraph 2 of the draft resolution, explained that the Director presented annually a report to the Directing Council on all the services and programs of the Bureau.

Dr. MONTALVÁN (Ecuador) said that the General Committee had the responsibility of seeing that the draft resolution summarized the report of the technical committee, without discussing the resolutions themselves. It was his understanding that detailed discussion of the draft resolution should take place in plenary session.

The CHAIRMAN summarized the opinions expressed and proposed that Committee I be asked to present a new and more extensive draft resolution, with fuller reference to the technical questions discussed, and that the recommendations be addressed to all the Member Governments and not to the Pan American Sanitary Bureau in particular.

It was so agreed.

First Report of Committee II [1]

The SECRETARY read the principal points of the first report of Committee II.

The report was unanimously approved.

Report of the Joint Committee [2]

The SECRETARY read the report of the joint meeting of Committees I and II.

The report was unanimously approved.

Order of Business in Plenary Session

Dr. VARGAS MÉNDEZ (Costa Rica) pointed out the advisability of changing the order of business of the plenary session, in order to allow Committee I time to draw up a new draft resolution.

Dr. SEGURA (Argentina) proposed that item 1 of the order of business of the plenary session that day appear as the final item.

It was so agreed.

The session was adjourned at 10:00 a.m.

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[1] See p. 519.

[2] See p. 596.

EIGHTH SESSION

Tuesday, 19 October 1954, at 1:20 p.m.

Chairman: Dr. OSCAR VARGAS MÉNDEZ (Costa Rica), Vice-President of the Conference

Schedule of Plenary Sessions

The CHAIRMAN announced the topics pending consideration by the Conference. He then proposed that a plenary session be held that afternoon at 4:30 p.m.

It was so agreed.

Dr. SEGURA (Argentina) proposed that a plenary session be announced immediately for 9:00 a.m. the following day.

It was so agreed.

Dr. SOPER (Director, PASB) pointed out the advisability of setting a definite date and hour for the closing session.

The CHAIRMAN suggested that the approval and signing of the Final Act might take place on Friday, the 22nd, at 10:00 a.m.

It was so agreed.

The session was adjourned at 1:40 p.m.

NINTH SESSION

Wednesday, 20 October 1954, at 3:00 p.m.

Chairman: Dr. SERGIO ALTAMIRANO P. (Chile), President of the Conference

Proposals of the Chilean Delegation

The CHAIRMAN called the meeting to order and put up for discussion the two proposals of Chile on (1) measures to facilitate the analysis of budgets, and (2) measures to strengthen national public health administrations, which the Conference had transmitted to the General Committee.[1]

Dr. HURTADO (Cuba) stated that consideration of these proposals would prolong the work of the Conference, which was now complete. He felt that, with respect to the first proposal, the data requested could be found in the budget. As to the second, the Bureau was already following the policy called for in the proposal. He moved that the proposed resolutions in question not be sent to plenary session.

Dr. VARGAS MÉNDEZ (Costa Rica) thought the proposals of Chile to be of great interest but that they could not be discussed in view of the fact that the

[1] See tenth plenary session, pp. 282-283.

Conference had now completed its work, there remaining only the formality of signing the Final Act.

Dr. DEARING (United States) asked what measures could be taken with respect to the proposals of Chile. In his opinion, the best thing to do would be to refer them to the next meeting of the Executive Committee.

Dr. HORWITZ (Chile) said he was not opposed to having the proposals of his delegation transmitted to the next Executive Committee meeting.

It was agreed to transmit to the next meeting of the Executive Committee the two proposed resolutions presented by the delegation of Chile.

Letter from the Delegation of Mexico

The SECRETARY read a letter from the delegation of Mexico requesting the examination of Articles 3 and 8 of the Revised Draft Constitution appearing in Annex I of Document CSP14/78.[1]

Dr. VARGAS MÉNDEZ (Costa Rica) stated that under the rules it was not possible to grant the request of the delegation of Mexico, since the document in question, already rejected by the full Conference, was no longer of value.

Dr. ZOZAYA (Mexico) said that, according to the rules, the delegation of Costa Rica might be correct in his statement. However, in plenary session, in reply to a question he had raised and to a similar question put by the delegate of Argentina, the Chair had indicated that this was the procedure to follow so as to be able to discuss the articles in question.

Dr. HURTADO (Cuba) pointed out that, pursuant to the rules, it was not incumbent upon the General Committee to examine the question put forth by the delegate of Mexico, which called for the introduction of a new motion. Moreover, the Conference had now gone through the entire agenda. He proposed that the motion be rejected, in the same way that it had been decided not to pass on the proposals of Chile for discussion in plenary session.

Dr. ZOZAYA (Mexico) said he did not agree with the delegate of Cuba, and that in plenary session he had been informed that the transmittal of a letter to the General Committee was sufficient for opening the debate.

The CHAIRMAN stated that the position taken by the Chair in plenary session was very clear and he wished to maintain it. The statutory objections were not applicable, since the delegate of Mexico had been informed that the General Committee would study any motion he might wish to present.

Dr. DEARING (United States) agreed with the Chairman's view, but he recalled the terms of Article XIX of the Agreement between the Council of the Organization of American States and the Directing Council of the Pan American Sanitary Organization, which provided: "Whenever a project contemplating substantial changes in the structure or financial basis of the Pan American Sanitary Organization is to be submitted to the competent organ of that Organization,

[1] See pp. 578 and 579.

it will first be submitted in due time to the Council of the Organization of American States."

Dr. VARGAS MÉNDEZ (Costa Rica) recalled that his delegation had, in the course of the Conference, declared itself against the revision, but he did not agree with the interpretation given by the delegate of the United States to Article XIX of the Agreement between the Organization of American States and the Pan American Sanitary Organization. Public health aspects at times could not be separated from political aspects; however, it should be borne in mind that it was incumbent upon the Organization of American States to clarify political questions that arose in our Organization.

Dr. ZOZAYA (Mexico) declared that, if the objection of the delegate of the United States were correct, the Conference could not have adopted any resolution, since, according to the interpretation of that delegate, it would have been necessary to consult the Organization of American States. He insisted that not only his proposal but also all that had been done at the Conference would have been handled with unfortunate and regrettable ignorance. The opinions expressed by the delegate of Costa Rica seemed to him to be somewhat confused, since it was not possible to separate the public health from the political aspect. He wished to make it absolutely clear that he had never believed or proposed that the territories should not participate in the public health aspects of the activities of the Organization.

The CHAIRMAN asked that a decision be taken, so as to determine whether or not the proposal presented by the delegation of Mexico was to be transmitted to plenary session, to the Executive Committee, or to the OAS for an opinion, these being the three courses of action mentioned during the debate.

Dr. MONTALVÁN (Ecuador) pointed out that the limited time available made it unfeasible to transmit the proposal of Mexico to plenary session, and he proposed that it be referred to the Directing Council.

Dr. DEARING (United States) wished the Adviser of the United States delegation to clarify the view he had expressed earlier.

Mr. BELTON (United States) agreed with the proposal just made by the delegate of Ecuador, since the Directing Council could consider entirely and completely the proposal of the delegation of Mexico and take a definitive decision. On the other hand, it was necessary to comply with the provisions of Article XIX of the Agreement with the OAS, so that the proposal would be transmitted to the governments and the latter would have the opportunity to express their opinions on the proposed revision.

Dr. HURTADO (Cuba) insisted that the request of the delegate of Mexico could not be accepted from the statutory point of view, since it dealt with a constitutional revision that must follow the course required under the terms of the present Constitution, which was the only one applicable. He proposed that, with all courtesy and respect, the delegation of Mexico be given the reply that there was no possibility of doing what had been requested.

The CHAIRMAN did not agree with the personal view of the delegate of Cuba.

He maintained the position taken at the last plenary session and was prepared to deal with the proposal of Mexico in the manner agreed upon by the General Committee.

Dr. HURTADO (Cuba) disagreed that the Chair had legal capacity to take a decision such as that proposed.

The CHAIRMAN requested the delegate of Cuba to ask for the floor before stating his opinions and insisted on maintaining the position taken in plenary session. He said that this was a problem of concern to various delegations and that he, on behalf of the delegation of Chile, was prepared, if the General Committee so agreed, to accept the discussion of the proposal of Mexico, which would in no way affect the position that would be taken by the delegation of Chile with respect to the substance of the question. He pointed out that problems were not solved by postponement, and said that the delegation of Chile, following an unvarying tradition in its history, did not wish to give up a discussion because the problem was serious, or to take refuge in statutory provisions.

Dr. HURTADO (Cuba) said that he disagreed completely with the opinion of the Chairman, in his dual role as Chairman and delegate of Chile. He did not recognize the capacity of the Chair to maintain the proposed position, since in plenary session the proposed revision of the Constitution had been rejected in its entirety and was, therefore, a dead issue. What was proposed by the delegation of Chile was a new motion that should follow the established procedure. He was surprised by the opinions expressed and failed to understand how it had been decided that the two motions that Chile had presented under the rules in plenary session were not to be discussed owing to lack of time and had been referred to the Executive Committee, whereas it was now proposed that the proposal of Mexico, which had not been presented in accordance with the rules, be discussed, when the same time limitations applied as in the case of the other proposals. With respect to the substance of the question, the delegation of Cuba wished to place on record that its attitude during the Conference had been specifically one of not wishing to give an opportunity for opening a political debate. Cuba had its opinion on the matter and was surprised that Argentina had voted against the revision in plenary session, when it had been maintaining a view to the contrary. Cuba did not consider it proper that political questions be taken up at the Pan American Sanitary Conference. A debate such as the one that the delegation of Mexico proposed to open might mean the failure of this Conference. The delegation of Mexico had had full opportunity to bring up the matter it was now putting forward, but it had not done so. In conclusion, he declared that he maintained his original position and was opposed to transmitting to the Conference the proposal of Mexico and to transmitting it to the Directing Council.

Dr. ZOZAYA (Mexico) again recalled that both the delegation of Argentina and that of Mexico had been told to present the motion to the General Committee, which was to determine how it should be handled. Also, the delegate of Ecuador, who had made a similar reservation, had been given the same reply. The delegation of Cuba had not made reference in plenary session to the procedure now

referred to by Dr. Hurtado. It had been made very clear that the procedure to be followed was that followed by the delegation of Mexico, and that the topic remained open so as to permit consideration of any partial amendment.

The CHAIRMAN maintained the position taken earlier and accepted full responsibility for his decisions. He said that the Chair was not prepared to state anything but what he had stated in plenary session. The Conference had taken a decision and the Conference was sovereign. The delegate of Chile felt that a resolution should be adopted. Possibly, at the time of voting, his view would coincide with that of the delegation of Cuba, but he could not accept the position held by the Cuban representative that the question could not be discussed. He insisted that a clear pronouncement should be made as to whether or not there would be a discussion on the motion presented by the delegation of Mexico to the effect that Articles 3 and 8 of the Revised Draft Constitution be modified. There were two proposals, one of the delegation of Cuba to state that there was no possibility of entering the discussion, and the other of the delegation of Chile, which favored accepting and discussing the motion presented by the delegation of Mexico.

Dr. MONTALVÁN (Ecuador) asked the Secretariat to clarify the procedure to be followed in the constitutional revision, under the terms of the present Constitution.

The SECRETARY read Article 25 of the Constitution, which states: "The Conference or the Directing Council may approve and put into force, in accordance with policies which they may determine, amendments to this Constitution." He then read Article 25 of the Rules of Procedure of the Conference, which states: "Supplementary items may be added to the agenda during any session of the Conference if two thirds of the delegations participating and entitled to vote approve."

Dr. MONTALVÁN (Ecuador) said that, in the texts just read by the Secretary, which were applicable in this case, he did not see the statutory and constitutional restrictions referred to by Dr. Hurtado.

Dr. HURTADO (Cuba) interrupted, saying that there had not been a two-thirds vote in plenary session.

Dr. MONTALVÁN (Ecuador) asked Dr. Hurtado not to interrupt him.

Dr. HURTADO (Cuba) said that he was talking to the mountain.

Dr. MONTALVÁN (Ecuador) insisted that the proposal presented by the delegation of Mexico was in order and should be accepted.

Dr. DEARING (United States) asked for a clarification of the procedure to be followed and wished to know the steps to be taken by the General Committee in this case.

The SECRETARY explained that, if the General Committee decided to accept the motion of the delegation of Mexico, that motion would pass on to plenary session, where, before it was discussed, a decision would be taken by a two-thirds vote to include it as a supplementary topic on the agenda.

Dr. VARGAS MÉNDEZ (Costa Rica) stated that in these discussions the mechanical factors had been overlooked, and these amounted to the fact that the Conference was mechanically unable to discuss the proposal of Mexico. The General Committee, coordinating body of the Conference, could not at this time transmit to plenary session a proposal for a supplementary topic.

The CHAIRMAN declared the debate closed and called for a vote on accepting the motion of the delegation of Mexico, to the effect that it be transmitted to plenary session for discussion, provided that discussion was agreed upon in plenary session by a two-thirds vote.

Dr. SEGURA (Argentina) requested a secret ballot.

Dr. HURTADO (Cuba) again expressed surprise at the position of the delegation of Argentina and requested the Secretary to read the rules relating to secret ballots.

The SECRETARY said that the only text referring to secret ballots was Article 42 of the Rules of Procedure, which provides: "All elections shall be held by secret ballot; in other cases a secret ballot may be taken if the Conference so decides; in both events two tellers selected from among the delegations present shall assist in the counting of votes."

The CHAIRMAN designated the delegates of Ecuador and Costa Rica as tellers.

The vote was taken.

Dr. MONTALVÁN (Ecuador) announced the results, as follows: in favor, 2; against, 3; abstentions, 2.

The CHAIRMAN announced that the transmittal of the motion of Mexico to plenary session had not been accepted. He then invited the Secretary to report on the status of the drafting of the Final Act.

Draft of the Final Act

The SECRETARY reported that the resolutions adopted during the Conference had been distributed, in mimeographed form, to all members of the General Committee. He added that these resolutions were preceded by a brief summary of the principal activities of the Conference, and he read the draft thereof prepared by the Secretariat. He announced that at the next session all members of the Committee would have a copy to examine and to correct or modify as they deemed necessary.

Dr. VARGAS MÉNDEZ (Costa Rica) proposed that Resolution XV, on the election of new Members to the Executive Committee, include the additional phrase: "and to express the appreciation of the Conference to the Governments of Ecuador and Mexico for the services they have rendered to the Organization."

Dr. SEGURA (Argentina) proposed that the words "Policy on Accepting" be added to the title of Resolution XXXIX, so that it would read: "Policy on Accepting Amendments to the Constitution of the Pan American Sanitary Organization."

Dr. HURTADO (Cuba) proposed that a specific resolution on amendments to the Constitution be included.

The SECRETARY explained that this resolution had not been prepared, as it was understood to be unnecessary, since it would be a resolution of a negative character.

Dr. HURTADO (Cuba) insisted on his proposal.

Dr. ZOZAYA (Mexico) stated that his long experience permitted him to think that opinions would change on future occasions when different delegations were present.

The SECRETARY reported that the second paragraph of Resolution XXIX (Program and Budget for 1956) would be clarified by making reference to the second paragraph of Resolution XLIII (Utilization of Funds for Antimalaria Activities).

It was agreed to accept all of the above proposals, and the Secretariat was charged with putting them into effect.

The session was adjourned at 4:45 p.m.

TENTH SESSION

Thursday, 21 October 1954, at 11:45 a.m.

Chairman: Dr. W. PALMER DEARING (United States), Vice-President of the Conference

Draft Text of the Final Act

The CHAIRMAN announced that the Committee would examine the draft text of the Final Act, as prepared by the Secretariat.

The SECRETARY read the draft text of the Final Act, and a few slight changes were made in the style. He stated that the final text would include a new paragraph dealing with the four-year reports presented by the Member States.

Dr. MONTALVÁN (Ecuador) suggested that the double reference to the officers of the Conference appearing in the draft be deleted.

It was so agreed.

Dr. HURTADO (Cuba) proposed that a list of the Secretariat personnel be incorporated into the Final Act as an annex, in recognition of the services rendered by the staff during the Conference.

Dr. MONTALVÁN (Ecuador) pointed out that at the tenth plenary session he had proposed a vote of thanks to the Chilean authorities: His Excellency the President of the Republic, the Minister of Public Health, the public health authorities, the members of the Organizing Committee, the Committee of Women, etc., who had given so much assistance to the delegates. He requested that when the vote of thanks was drafted any omissions should be corrected, and also that the staff of the Secretariat be thanked for their efficient work, which had made it possible for the Conference to perform its work successfully.

Dr. HURTADO (Cuba) proposed that special mention be made of the staff of the interpretation service.

Dr. ZOZAYA (Mexico) agreed that an annex to the Final Act should include a list of the Secretariat personnel and that proper reference to that staff should be made in the vote of thanks.

The SECRETARY explained that the Secretariat had not intended to include mention of its personnel in the text of the vote of thanks.

It was agreed that the vote of thanks would include mention of the Secretariat staff, as suggested by the representative of Ecuador, and that a list of that personnel would appear in the annex to the Final Act.

Dr. ZOZAYA (Mexico) pointed out that in the list of observers there were two from the Organization of American States. He was surprised that on the many occasions offered they had not entered into the discussion to express the views of that Organization on the problems taken up by the Conference.

The SECRETARY stated that the Organization of American States sent observers to all meetings of the Pan American Sanitary Organization.

The draft of the Final Act presented by the Secretariat *was approved*, with the corrections of style noted and the proposed changes accepted during the discussion (Document CSP14/102 and Annex I.)

The SECRETARY stated that the 24th Meeting of the Executive Committee would take place at 8:30 a.m., the 22nd, and the closing plenary session of the Conference, at 9:00 for the signature of the Final Act.

The session was adjourned at 12:45 p.m.

COMMITTEE I (Technical Matters)

FIRST SESSION

Monday, 11 October 1954, at 3:20 p.m.

Chairman: Dr. JUAN MONTALVÁN CORNEJO (Ecuador)

Appointment of Vice-Chairman and Rapporteur

The CHAIRMAN called the session to order and asked for nominations for Vice-Chairman and Rapporteur.

Dr. VARGAS MÉNDEZ (Costa Rica) proposed Dr. Ricardo Cappeletti, representative of Uruguay, as Vice-Chairman, and a member of the Chilean delegation as Rapporteur.

Dr. GRUNAUER (Ecuador) and Dr. MARTONE (Argentina) supported the proposal.

The proposal was unanimously approved.

The CHAIRMAN asked the Chilean delegation to suggest a nominee to be designated as Rapporteur.

Dr. COUTTS (Chile) stated that the delegation of his country wished to propose Dr. Arturo Scroggie.

Dr. SCROGGIE (Chile) declined the nomination for lack of time.

The CHAIRMAN felt that it would be better to postpone naming the person who was to serve as Rapporteur on behalf of the Chilean delegation, until the next meeting of the Committee.

It was so agreed.

Installation of Three Working Parties

The CHAIRMAN announced that the three working parties of Committee I would be established. He then read the names of the delegates who had expressed the wish to participate regularly in the three working parties.

Working Party A (Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs) was made up of the following delegates: Dr. Gonzalo Montes Duque (Colombia), Dr. Oscar Vargas Méndez (Costa Rica), Dr. Roy Anduze (United States), Dr. Darío Curiel (Venezuela), Dr. Richard Nemorin (Haiti), Dr. Miguel Bravo (Mexico), Dr. Bonamour (France), Dr. Hugo

Behm, Dr. Teodoro Zenteno, and Dr. Jerjes Vildósola (Chile), Dr. José Fajardo (Guatemala), Dr. Antonio Menna (Paraguay).

Working Party B (Control of Infant Diarrheas in the Light of Recent Scientific Progress) was composed of the following delegates: Dr. Andrés Rodríguez Gómez and Dr. Marcos L. Villegas (Colombia), Dr. Fernando Escalante, Dr. Jorge Salas Cordero, and Miss Elena Quesada Saborío (Costa Rica), Dr. Juan A. Pons (United States), Dr. Ramón Bergés Santana (Dominican Republic), Dr. Pastor Oropeza and Dr. Arnoldo Gabaldón (Venezuela), Dr. Francisco J. Martone (Argentina), Dr. Juan Allwood Paredes (El Salvador), Dr. Juan Montalván (Ecuador), Dr. Lucien Pierre-Noël (Haiti), Dr. Nicolaas H. Swellengrebel and Dr. G. E. van Beek (Netherlands), Dr. R. G. Hyronimus and Dr. Hervé Floch (France), Dr. Amador Neghme, Dr. Arturo Scroggie, Dr. Adalberto Steeger, Dr. Arturo Baeza, and Dr. Francisco Mardones Restat (Chile), Dr. Félix Hurtado, Dr. Alberto Recio, and Dr. Pedro Nogueira (Cuba), Dr. José Fajardo (Guatemala), Dr. Armando Montes de Peralta (Peru), Dr. J. W. P. Harkness, Dr. L. W. Fitzmaurice, and Dr. A. A. Peat (United Kingdom), Dr. Julio Martínez Quevedo (Paraguay). and Dr. Arturo Vergara (Observer, FAO).

The delegates in Working Party C (Application of Health Education Methods in Rural Areas in Latin America) were the following: Dr. Jorge Jiménez Gandica (Colombia), Miss Graciela Carrillo Castro and Mr. Germán Sojo Arias (Costa Rica), Dr. E. Ross Jenney (United States), Dr. Franz Baehr, Jr. (Dominican Republic), Dr. Daniel Orellana and Dr. Santiago Ruesta (Venezuela), Dr. Ricardo Cappeletti (Uruguay), Dr. Alberto Aguilar Rivas (El Salvador), Dr. Carlos Grunnauer Toledo (Ecuador), Dr. Vásquez (Mexico), Dr. E. Van der Kuyp (Netherlands), Dr. Hervé Floch (France), Dr. Alberto Bissot, Jr. (Panama), Dr. Avogadro Aguilera, Dr. Alfredo Taborga, Dr. Rolando Armijo, Dr. Jorge Bravo Murphy, and Dr. Jorge Román (Chile), Dr. Roberto Villa León (Cuba), Mr. Humberto Olivero, Jr. (Guatemala), Dr. Carlos Lazarte Echegaray (Peru), Dr. Jorge Doria Medina (Bolivia), Dr. J. P. O'Mahony (United Kingdom), and Dr. J. R. Cazal (Paraguay).

The CHAIRMAN declared the three working parties of Committee I thus constituted.

Dr. MARTONE (Argentina) stated that the delegation of his country would attend the meetings of the three working parties, presenting summarized reports and taking part in the discussions.

The CHAIRMAN explained that, although a list had been prepared of delegates who had expressed the desire to participate regularly in the various working parties, any other representatives might take part in them if they wished.

The installation of the working parties *was unanimously approved.*

Topics Assigned to Committee I

The SECRETARY read the list of the topics assigned to Committee I at the first session of the General Committee.[1]

[1] See page 321.

The CHAIRMAN called attention to the fact that not all the documents related to the topics to be dealt with had been distributed. He stated that the next session of the Committee would be held the following Monday and that the working parties scheduled to meet during the next few days should therefore try to have their respective reports ready for study on that date.

Dr. ALLWOOD PAREDES (El Salvador) suggested that the Chairman of Committee I call to the attention of the General Committee the need for scheduling night sessions, as at the present rate of work it would be impossible to discuss all the topics assigned.

Dr. CAPPELETTI (Uruguay) agreed in principle with this suggestion but thought that as the three working parties would not have a great deal of work, they might very well take up the remaining topics.

Dr. ORELLANA (Venezuela) felt that if the remaining topics were assigned to the working parties, they would not be properly distributed. He proposed that Committee I hold another meeting shortly to study the other topics appearing on its agenda.

Dr. LAZARTE (Peru) agreed with the delegate of Venezuela that the remaining topics should be examined in a plenary session of Committee I.

Dr. JIMÉNEZ GANDICA (Colombia) also supported the proposal.

Dr. VARGAS MÉNDEZ (Costa Rica) considered it necessary to ask the working parties to work as rapidly as possible. He added that, if the agenda were not fully covered, night sessions would have to be held.

Dr. ALLWOOD PAREDES (El Salvador) remarked that the proposal of the delegate of Venezuela was fully in accord with his original motion and he supported what Dr. Orellana had said. He stressed the need to keep in mind the importance of the various topics, so that they could be considered in a plenary session of the Conference.

The CHAIRMAN suggested that the session be adjourned to enable the working parties to begin their studies and that, as soon as a report was ready, Committee I be reconvened to continue the examination of the other topics.

It was so agreed.

The session was adjourned at 4:00 p.m.

SECOND SESSION

Thursday, 14 October 1954, at 11:25 a.m.

Chairman: Dr. JUAN MONTALVÁN CORNEJO (Ecuador)

Establishment of Working Party D (Malaria Eradication)

The CHAIRMAN called the session to order and asked the Secretary to call the roll.

The SECRETARY reported that twenty delegations were present.

The CHAIRMAN announced that as there was the quorum required by Article 17 of the Rules of Procedure of the Conference, the Committee would proceed to the formation of a working party to examine Topic 32, "Eradication of Malaria in the Americas," and the appointment of the members thereof.

Dr. GABALDÓN (Venezuela) said that many delegates were anxious to work in a party of this kind, and proposed Dr. Swellengrebel (Netherlands) to serve as Moderator, since he was a malariologist of international renown.

Dr. VARGAS MÉNDEZ (Costa Rica) proposed Dr. Gabaldón as Rapporteur.

The CHAIRMAN remarked that the appointment of the Moderator and the Rapporteur would have to be made by the working party once it was set up. He suggested that the working party would be able to achieve better results if it were not too large and proposed that it be made up of delegates of Colombia, Costa Rica, the United States, Venezuela, Ecuador, Mexico, the Netherlands, France, Panama, and Peru. As advisers he proposed Dr. Carlos L. González, Pan American Sanitary Bureau; Dr. Carlos A. Alvarado, WHO/PASB Regional Consultant on Malaria; and Dr. E. J. Pampana, WHO.

Dr. HORWITZ (Chile) suggested that, if it were possible, Dr. Neghme should join this party as an observer.

The CHAIRMAN replied that there was no objection whatever. He then asked the delegates to vote on his previous proposals.

It was agreed to set up a working party composed of delegates of Colombia, Costa Rica, the United States, Venezuela, Ecuador, Mexico, the Netherlands, France, Panama, and Peru.

The CHAIRMAN announced that the working party would meet at 4:00 p.m. in the room adjoining the Roof Garden.

The session was adjourned at 11:50 a.m.

THIRD SESSION

Friday, 15 October 1954, at 4:30 p.m.

Chairman: Dr. RICARDO CAPPELETTI (Uruguay)

The CHAIRMAN called the meeting to order and invited the Secretary to report on the number of delegations present.

The SECRETARY reported eighteen delegations present at the session.

The CHAIRMAN called for a discussion on the first topic on the order of business, as there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 11-B (iii) Application of Health Education Methods in Rural Areas in Latin America (Report of Working Party C)[1]

Dr. HOROWITZ (Rapporteur, Chile) read the report of Working Party C and the CHAIRMAN called for comments from the floor.

Dr. MONTALVÁN (Ecuador) disagreed with recommendation 2 of the report, which proposed the training of auxiliary personnel in health education when a shortage of professional health educators exists. He felt that it would be most inadvisable if the health services of a country were to leave in the hands of workers without proper training the delicate task of dissseminating the principles of social medicine and assisting communities to solve the urgent problems of raising their living standards and improving their health practices. He thought that, among other measures, certain medical personnel, such as nurses, sanitary inspectors, and social workers, and also teachers, should be given training in the specific field of health education, so that such personnel could serve as auxiliaries under the permanent supervision of professional health educators.

Dr. TABORGA (Chile) stated that the purpose of the recommendation in question was to overcome the shortage of professional health educators through the possible training of auxiliary staff, since the remainder of the paramedical personnel could not be assigned specific functions that were not in their line of work. In any event, the technical activities of the public health services would suffer in no way, as the sphere of action of a health education auxiliary was limited and his activities were supervised at all times by the professional health educator.

Dr. PIERRE-NOËL (Haiti) agreed with the views of Dr. Montalván and stressed the possibility that the auxiliary workers so assigned might be kept on indefinitely, which would prove prejudicial to the purposes of the medical-welfare services. A professional trained inadequately could do more harm than good.

Dr. ORELLANA (Venezuela) supported the statements of the delegate of Ecuador regarding the need for health educators to be highly trained professionals.

Dr. LAZARTE (Peru), Dr. JIMÉNEZ GANDICA (Colombia), and Dr. BISSOT (Panama) supported the recommendation contained in the report. They admitted that it was desirable for all health educators to be professionals, but at the same time recognized the practical difficulties standing in the way of this goal. Not all countries were in an economically privileged position, and thought should thus be given to using auxiliary personnel. Naturally, the auxiliary must remain subject to supervision by the professional health educator, under conditions that would ensure the necessary safeguards.

Dr. PONS (United States) said that his delegation gave its support to the document as originally drafted and felt that the Working Party had done splendid work. He spoke of the organization of health education activities in Puerto Rico, explaining the coordination that existed in the work of health educators in that country.

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[1] See p. 438.

Dr. VARGAS MÉNDEZ (Costa Rica) supported the report of the Working Party. He requested that the words "the Governments" be added in the last paragraph of the recommendations, so that it would read: "That the Governments and the Pan American Sanitary Bureau further increase their efforts . . . "

Dr. MONTALVÁN (Ecuador) proposed that the end of paragraph 2 of the recommendations be worded as follows: " . . . it will be necessary to train qualified and carefully selected personnel to serve as assistants to the professional health educators in these activities." This would avoid all risks as to the qualifications of the auxiliary personnel, since the health educator would naturally select the persons best suited for these activities.

Those taking part in the brief discussion that followed were Dr. JIMÉNEZ GANDICA (Colombia), Dr. HYRONIMUS (France), Dr. PONS (United States), and Dr. ORELLANA (Venezuela), who reiterated the views they had previously expressed.

Dr. COUTTS (Chile) proposed that points 2 and 3 of the recommendations be combined into one paragraph.

Decision: The report of Working Party C was unanimously approved, with points 2 and 3 combined into one paragraph as proposed by the delegate of Chile.

Topic 11-B (ii): Control of Infant Diarrheas in the Light of Recent Scientific Progress (Report of Working Party B)[1]

Dr. STEEGER (Rapporteur, Chile) read the report of Working Party B and the CHAIRMAN called for a discussion.

Dr. SCROGGIE (Chile) proposed that, in the second paragraph under the heading *Clínica* in the Spanish text, the word *hidrosalino* be replaced by *hidroelectrolítico;* and that the word *desnutridos* be changed to *distróficos,* the term more generally used in the American countries. He also proposed that in recommendation 7 under "Control," the words *y ácidas* be inserted after *leches industrializadas.*

Dr. PONS (United States) called attention to paragraph 3 under the heading "Epidemiology," which stated that, in shigellosis, contagion is generally spread directly by the hands of the patient or carrier and indirectly through flies, and he pointed out that both modes of contagion, according to the text, were given equal importance as causal factors. This implication was not in accordance with the facts, as there was a marked predominance of contagion from person to person. According to the information available, some 2% of cases were caused by water and milk, 10% by flies, and about 85% by direct contagion. He wished also to know whether a certain degree of immunity could be produced, and for what length of time.

Dr. HARDY (PASB) replied that there was no accurate information on immunity, although a certain degree of immunization had been observed. However, it could not be considered as a clear indication of immunity, in practice.

[1] See p. 440.

Dr. LAZARTE (Peru) asked whether the recommendations set forth in the document implied a financial commitment for the Bureau and, if so, whether it could be accepted, now that the budgets had been approved.

Dr. WEGMAN (PASB) pointed out that, although the budgets had already been approved, some other funds might be utilized, if the Bureau were so authorized. These were, of course, long-term problems, and there would be time enough to take them into account in preparing future budgets.

Dr. ALLWOOD PAREDES (El Salvador) felt that a resolution should be adopted. Since it was a working document that was now under discussion, he had prepared a draft text of a resolution that the Committee might wish to present to the Conference with the recommendation that it be approved. The draft text read as follows:

The XIV Pan American Sanitary Conference, considering the importance of infant diarrheas as a predominant cause of sickness and death in many countries of the Americas; and bearing in mind the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

Resolves: (1) To request the Director of the Pan American Sanitary Bureau to give wide distribution to the paper prepared by Dr. Albert V. Hardy and to the report of the *ad hoc* Working Party. (2) To request the Director of the Bureau to present to the Directing Council, at its next meeting, a report on the steps taken by the Bureau in support of the campaign against infant diarrheas, in accordance with the above-mentioned recommendations.

After brief statements by Dr. PONS (United States), Dr. JIMÉNEZ GANDICA (Colombia), Dr. ALLWOOD PAREDES (El Salvador), and Dr. OROPEZA (Venezuela), the following decision was taken.

Decision: Unanimous approval was given to the report of Working Party B on the control of infant diarrheas in the light of recent scientific progress, and to the draft text of the resolution proposed by the delegate of El Salvador.

The session was adjourned at 5:45 p.m.

FOURTH SESSION

Monday, 18 October 1954, at 4:00 p.m.

Chairman: Dr. JUAN MONTALVÁN CORNEJO (Ecuador)

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegations present.

The SECRETARY reported that twenty delegations were represented.

The CHAIRMAN submitted for consideration the first item on the order of business, as there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 11-B (i): Methods of Improving the Reliability of Raw Statistical Data Required for Public Health Programs (Report of Working Party A)[1]

The CHAIRMAN announced that the report of Working Party A would be presented by the Rapporteur, Dr. Behm (Chile).

Dr. BEHM (Rapporteur, Chile) read the report. He then explained that, through an error of omission, the delegation of Guatemala had not been listed among the members of the Working Party.

Dr. Behm remarked that, owing to the nature of the Working Party and to the limited time at its disposal, its report could not be so long or so detailed as a report of a committee of experts on this subject. He said that the Working Party had felt that the recommendations made to the Conference should be general. He then read the recommendations proposed by the Working Party.

The CHAIRMAN submitted the report of Working Party A for consideration and called for the reading of the draft resolution that summed up the conclusions reached by this Party.

Dr. BEHM (Rapporteur, Chile) read the draft resolution in question.

Decision: The above draft resolution was unanimously approved without modification.[2]

The CHAIRMAN congratulated Working Party A upon the diligence and skill with which it had resolved such difficult matters.

Topic 11-B (ii): Control of Infant Diarrheas in the Light of Recent Scientific Progress (*continuation*) (Draft Resolution Proposed by Working Party B)

The CHAIRMAN pointed out that the final text of the draft resolution on this topic had been drawn up in accordance with the decision taken at the seventh session of the General Committee.

The SECRETARY read the definitive text of the draft resolution.

Decision: The draft resolution was unanimously approved, without modification, and was incorporated into the report concerned.[3]

Topic 11-B (iii): Application of Health Education Methods in Rural Areas in Latin America (*continuation*) (Draft Resolution Proposed by Working Party C)

The CHAIRMAN stated that Working Party C had summed up its recommendations in a single draft resolution, to which had been added slight changes recommended by the General Committee.

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[1] See p. 444.
[2] See p. 451.
[3] See p. 444.

Decision: The draft resolution was approved unanimously, without modification.[1]

Topic 32: Eradication of Malaria in the Americas (Report of Working Party D)[2]

The CHAIRMAN announced that, for the study of this topic, Working Party D had been appointed, its Rapporteur being Dr. Arnoldo Gabaldón.

Dr. GABALDÓN (Rapporteur, Venezuela) read the report of Working Party D on eradication of malaria in the Americas. He then stated that, subsequently, at a meeting with the members of the Working Party, the following wording had been agreed upon for the last paragraph of this report, in order to make it clearer:

To make use of funds in 1955 up to the sum of $100,000 for the malaria eradication program, over and above the allocations provided for in the resolutions of this Conference, should such funds be available and not already obligated on 1 January 1955, and to ask the Member Governments, in the proposed budget for 1956, for an equal sum specifically for the eradication of malaria.

Dr. SOPER (Director, PASB) explained that the aim of the proposed amendment was to make the sum of $100,000 available annually for the malaria eradication campaign, as from 1955. Since the amount of the 1955 budget had already been fixed, it was proposed to authorize the expenditure of $100,000 out of any surplus available at the end of the year. It was also suggested that the Conference authorize the Director and the Executive Committee to increase the 1956 budget by the sum of $100,000, to be used specifically for the antimalaria campaign. He stressed the fact that the XIV Pan American Sanitary Conference did not have to recommend any increase in the 1956 budget, since this was a function pertaining to the Directing Council that will meet next year.

Dr. ALLWOOD PAREDES (El Salvador) said that it was simply a question of wording, as the present text of the paragraph gave it to be understood that the Director was authorized to use $100,000 from the surplus, and the Conference had not yet approved the budget for the current year. He pointed out that this part of the resolution ought to be amended, so as to avoid reference to the Conference, which had taken no part in the preparation of the 1954 budget.

Dr. BRADY (United States) observed that he also was partly responsible for the new wording read by the Rapporteur. He had been concerned about the wording of the original proposal, which indicated that the Director would be authorized to spend from the surplus of the current budget. He added that, so far as he was aware, there was no certainty that there was such a surplus in the current budget. The Financial Regulations permitted the Director to spend up to the sum of money shown in the budget, which, for 1955, amounted to $2,100,000. He pointed out that, by another resolution of the Conference, the Director was authorized to spend $144,000 specifically for smallpox eradication. The resolution under consideration should clearly indicate that the Director was authorized to

[1] See p. 440.
[2] See p. 452.

spend still another $100,000, always provided that such monies were found in the surplus cash at the end of 1954. A little care must be exercised in the drafting of this resolution in order to comply with the Financial Regulations and give the Director authority to spend beyond what has already been approved by the Conference. It would be appropriate, he said, for one of the financial experts to supply the proper wording for the resolution.

Dr. NEGHME (Chile) said he had observed that, in the report submitted by the Working Party, there was no mention of the proposal made by his delegation, which had recommended that the Pan American Sanitary Bureau encourage scientific and public health institutions of the countries of America to carry out research into the details of the mechanism, both biological and physiological, whereby resistance to modern insecticides was set up. He pointed out how important this matter was to the future of public health programs.

Dr. SOPER (Director, PASB) said that some days previously a delegate had asked when the Working Party would take up the technical discussion. He had informed him that it was not the function of the Working Party to repeat the work already done by the Committee of Experts on Malaria. He felt that the report went into too much detail in its proposals. He thought it would be better if technical details or suggestions thereon to the governments or to the Bureau were not included in the report. Conditions vary considerably in the different countries and, in the execution of programs, certain adjustments were required that should be entrusted to the Bureau experts. He added that, in the case of *Aëdes aegypti* eradication, the program was based on a very concise resolution adopted at the I Meeting of the Directing Council. He then read the said resolution and indicated that the Bureau had to solve different problems and to reach different conclusions in each country. In the case of malaria, it was necessary that the Conference declare this matter to be one of extreme urgency and then decide on the role to be played by the Bureau and on the financing of the program. He did not think it advisable, for the time being, that technical principles should be formulated that might vary from year to year.

The report also stated that the problem could be solved in five years with the collaboration of the countries. He thought that, if a given country had available all the modern equipment required, the problem could then be solved in five years. The major part of the campaign could be carried out within the coming five years, but, he added, there are so many countries that inevitable delays arise. Perhaps the period mentioned should be utilized to start an intensive campaign. He maintained that the report should be more flexible. Also, the Director should be authorized to obtain the necessary funds.

Dr. ALLWOOD PAREDES (El Salvador) said that, because of the nature of the proposed resolution, in which the Director was authorized to incur expenditure, he felt that this matter should be covered in a resolution independent of the technical report on the malaria eradication program.

Dr. GABALDÓN (Rapporteur, Venezuela) stated that the Working Party, in appointing a drafting committee, had felt that the condensation of the different opinions expressed during the Party's sessions would be facilitated. Furthermore,

in drafting the document, the Working Party had thought it fitting to make it as long as it was, in order to explain the technical bases for its recommendation as to the possibility of eradicating malaria in the Hemisphere. It had wished to point out the lines to be followed in achieving this goal, without going beyond the material possibilities of each country. It was also felt necessary to explain how the Bureau could proceed with the financing of the project.

Dr. VARGAS MÉNDEZ (Costa Rica) called attention to the fact that the document had been prepared by internationally renowned experts. He asked what technicians the Bureau had available to carry out the program recommended. He proposed that the report be approved with the suggested modification.

Dr. LAZARTE (Peru) agreed with the remarks of the Director of the Bureau and proposed that a more flexible resolution be drafted and that the solution of the problem be left in the hands of the Bureau and of the governments. He felt that the Conference should confine itself to recognizing the urgent need to solve the problem and that, in order to achieve this final objective, all technical recommendations considered essential should be employed. He added that in a summarized resolution the importance of carrying out the work of eradication could be pointed out and, then, in one of its paragraphs, the Director could be requested to give the widest publicity possible to the report of the Working Party.

The CHAIRMAN felt that the topic had been sufficiently discussed and that the proposals of the delegates of Peru and Costa Rica should be put to a vote. He announced that the proposal of the delegate of Peru would be put to a vote first.

A roll-call vote was taken, and the proposal of the delegate of Peru was not supported.

The CHAIRMAN announced that the proposal of the delegate of Costa Rica would be put to a vote.

The vote was taken, and there were nine votes in favor of the proposal.

The CHAIRMAN announced that, since a majority vote had not been obtained, the debate would be reopened.

Dr. BRADY (United States) inquired whether the Chairman had counted abstentions. He felt sure that, if that had been done, the proposal would have obtained the majority vote of those present and voting.

The CHAIRMAN replied that abstentions had not been counted but that the debate had already been reopened.

Dr. SÁNCHEZ VIGIL (Nicaragua) pointed out that, in eradicating a disease, the elimination of the focus normally came first. In the case of smallpox and yellow fever, eradication was possible. In the case of malaria he felt that scientific eradication in any form was not possible. He pointed out that the mosquito could not be eradicated and that the problem of immunity to malaria, on a national scale, had not yet been solved. He thought they should concentrate on the system that should be adopted to supply material facilities to countries needing them.

Dr. GABALDÓN (Rapporteur, Venezuela) stated the points that had served as a basis for the discussion held by the Working Party. He read Resolution XVIII

of the XIII Pan American Sanitary Conference. He explained that this resolution summarized the objectives of malaria eradication and that, much to the surprise of the Working Party, the report presented by the Bureau's Consultant clearly indicated that, instead of the programs having progressed, in many countries they had regressed. An adequate explanation of the objectives of eradication therefore had to be made in order to convince those in doubt that it was possible to eradicate malaria.

Dr. MARTONE (Argentina) suggested that it would be advisable to leave the last paragraph of the report to be examined at another session, and that the previous part concerning the technical aspects be approved.

Dr. SÁNCHEZ VIGIL (Nicaragua) stated that the reading of Resolution XVIII of the XIII Conference had not satisfied him, as he felt that at that time it had been supposed that DDT was the solution to the malaria problem. He pointed out that, following the work done in Trinidad, doubts had been raised as to the possibility of eradicating malaria. He said that so long as there were means of communication and endemic foci anywhere, it would be impossible to eliminate a disease completely.

Dr. ALLWOOD PAREDES (El Salvador) stated that, since this was a pronouncement with wide scientific repercussions, and in view of the statements made by the delegate of Nicaragua concerning the limitation of the "eradication" concept, he proposed that the wording of the report be changed so as to take into account the remarks made.

Dr. BRAVO (Mexico) pointed out that the report spoke of intradomicile sprayings as the only measure to be taken in the campaign against malaria, other classic measures being disregarded. He had also noted a certain fatalistic attitude regarding resistance to insecticides, for the possibility of initiating research into such resistance was being considered.

Dr. SÁNCHEZ VIGIL (Nicaragua) pointed out that the last paragraph of the report stated that the eradication of malaria had been achieved in some countries. He pointed out that the gametic life of the three types of *Plasmodium* was variable. In the case of the *P. falciparum*, its gametic life was very short, from two to three years. That of the *P. vivax* was from three to five years, and the duration of that of the *P. malariae* was unknown. He wished to know what country, scientifically speaking, could have achieved the eradication of malaria.

Dr. GABALDÓN (Rapporteur, Venezuela) said that the World Health Organization had approved a standard for determining the cessation of endemic malaria that had first been adopted by the National Malaria Society of the United States. This standard required that for three years no primary indigenous cases be found in a territory where there was an adequate organization to search for cases. By "primary indigenous cases" was meant those cases that were contracted in a particular place through mosquitoes infected in that same place. The countries having areas where for three consecutive years no cases had been reported were the following: the United States, throughout its territory; Venezuela, in an area of 180,000 square kilometers; Argentina, in an area of 60,000 square kilometers; and Ecuador, in an area having 200,000 inhabitants. There were cases of malaria

eradication in both temperate and tropical zones. There were, therefore, concrete scientific facts that justified recommending the eradication of the disease.

Dr. SÁNCHEZ VIGIL (Nicaragua) announced that, if the explanation of the "eradication" concept just given by the Rapporteur of Working Party D were added to the proposed resolution, he would consider the report acceptable.

The CHAIRMAN felt that the topic had been sufficiently discussed. He put to a vote the proposal of the delegate of Peru that a summarized resolution be drafted similar to those adopted by the other working parties.

Decision: The proposal of the delegate of Peru was approved, to the effect that a summarized resolution be drafted similar to those presented by the other working parties.

The session was adjourned at 6:00 p.m.

FIFTH SESSION

Tuesday, 19 October 1954, at 3:45 p.m.

Chairman: Dr. JUAN MONTALVÁN CORNEJO (Ecuador)

The CHAIRMAN opened the session and asked the Secretary to report on the number of delegations present.

The SECRETARY reported thirteen delegations represented at the session.

The CHAIRMAN submitted the first item on the order of business for discussion, as there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 24: Treponematoses. General Basis for the Establishment of an Epidemiological Campaign

Dr. COUTTS (Chile) read the introductory paper on this topic.[1]

The CHAIRMAN thanked Dr. Coutts for his statement and called for comments from the floor.

Dr. VARGAS MÉNDEZ (Costa Rica) reported that, in his country, for some time procaine penicillin with 2% aluminum monostearate in oil had been used for all forms of syphilis, and that there was a method of standardized treatment, used not only by the State hospitals but also by private institutions. He added that treatment of venereal diseases was obligatory and free.

Dr. RUESTA (Venezuela) reported that, in Venezuela, the antivenereal campaign was separate from that against yaws. The antivenereal campaign was conducted by a central technical service, whose functions consisted of scientific investigation and training of technical personnel. In the dispensaries situated in

[1] See p. 512.

towns of more than 20,000 inhabitants, there was always a venereologist. In serology, the VDRL method had been established. He stated that all cases discovered by serology were confirmed by means of clinical examination. Since 1950, treatment had been on the basis of penicillin, in the same manner as mentioned by the delegate of Chile. He stated that it was no longer necessary to have hospitalization service for syphilis, owing to the effectiveness of the treatment given. He said that in a port town exposed to contagion, a survey had been made of prostitutes, seamen, dock employees and workmen, with statistical results that he could place at the disposal of the delegates. In the case of yaws, work was being pursued to eradicate the disease in the endemic zones. As an interesting fact, he added that it had been possible to lower the incidence of yaws from 6,409 cases per 100,000 inhabitants in 1942 to 115 cases per 100,000 in 1953. In view of the fact that it would be very expensive to maintain these services, the campaign against yaws had been turned over to the general medical services.

Dr. GRUNAUER TOLEDO (Ecuador) reported that an experiment had been made recently in his country, the results of which should permit effective future action. This experiment had been made with the cooperation of experts of the WHO. In Ecuador, there was a National Antivenereal Department, functioning independently of the other treponematoses services. He stated that the treatment of syphilis was based on procaine penicillin with aluminum monostearate. Yaws had practically been eradicated by the use of penicillin.

Dr. RODRÍGUEZ GÓMEZ (Colombia) reported that, in the River Magdalena section of the Atlantic Region, yaws had practically been eradicated. On the Pacific coast, a campaign against yaws also was progressing. Efforts were now being made to prepare specialized nurses to help in a campaign against the popular belief that treponematoses could be cured by a single injection of penicillin.

Dr. SÁNCHEZ VIGIL (Nicaragua), after describing what had been done in his country in this field of public health, stated that it was essential that the Pan American Sanitary Bureau seek a practical serological reaction that would bring about more exact results.

Dr. SOPER (Director, PASB) said that in 1949 a representative of Haiti, on his own initiative, had gone to the Bureau in Washington to request collaboration in starting a campaign to eradicate yaws. He added that twenty-five years before, a campaign had been waged against this disease and then abandoned. Some time thereafter the epidemic broke out again. The Bureau had obtained the collaboration of UNICEF and of WHO and, of course, the principal contributor was the Government of Haiti itself. During the first year, the campaign had been conducted among individuals gathered at appointed places. Later, a house-to-house campaign had been initiated, treatment being given to all cases and contacts. This virtually meant injections of penicillin for the entire rural population, since as many as 93-95% of the inhabitants had been reached. Up to July 1954, UNICEF had contributed material and equipment to the value of $553,000. In this same period, the Government of Haiti had spent $604,000. There had been smaller outlays by the WHO and the Pan American Sanitary Bureau. The program consisted in giving a single inoculation with penicillin, so as to render existing cases non-

infectious, on the basis of 600,000 units of penicillin for adults and 300,000 for children. During the first period, in which the house-to-house system had not been followed, some 666,000 persons were treated. After the institution of the house-to-house method of treatment, 2,673,876 persons had received treatment. The two figures together totalled some 3,340,000 persons. The detailed investigations carried out in most of the interior of the country showed that the degree of infection was now lower than 0.5%. In the northern district, a figure of only 0.3% for cases susceptible of diagnosis was discovered. He stated that in most of the country there were no health centers that could be entrusted with the responsibility of carrying out the campaign. The island was divided into various geographical regions, a certain number of workers being given responsibility for treating those affected by the disease.

Dr. Soper considered that the program carried out in Haiti was of the highest importance and that it represented the beginning of a yaws eradication campaign in the whole of the Caribbean Area. It was known that a focus of infection existed in Cuba through which Haiti might be reinfected. He suggested that, in any discussion of eradication, it was necessary to consider the possibility of extending the program. He wished to hear the opinions of the delegates as to whether the eradication of the treponemes could be considered epidemiologically feasible.

The CHAIRMAN thought that there had been sufficient discussion on the topic and suggested that the delegates of Costa Rica, Venezuela, Nicaragua, Panama and Chile form the committee entrusted with drafting the proposed resolution on this topic.

Dr. BISSOT (Panama) asked that he be permitted to present his report before the votes were cast.

The CHAIRMAN agreed to this request.

Dr. BISSOT (Panama) stated that in his country there was a social hygiene section that had waged an extensive campaign against yaws. There were also specialized dispensaries concerned not only with the cure but with the prevention of disease. He declared that prostitutes were inoculated weekly with PAM and that in the previous year not a single case of congenital syphilis had been recorded. He added that there had been no cases of allergic reactions to injections of PAM.

Dr. SÁNCHEZ VIGIL (Nicaragua) declined membership on the working party, as he had to leave the country the following day. He expressed his gratitude for the many kindnesses he had received during his stay in Chile.

The CHAIRMAN designated the delegate of Argentina to replace the delegate of Nicaragua on the working party.

Decision: The Committee unanimously approved the appointment of the delegates of Costa Rica, Venezuela, Argentina, Panama and Chile to form the working party that was to draw up a draft resolution determining the general bases for an epidemiological campaign, to be submitted to a plenary session of the Conference for consideration.

The session was adjourned at 4:55 p.m.

SIXTH SESSION

Wednesday, 20 October 1954, at 9:45 a.m.

Chairman: Dr. JUAN MONTALVÁN CORNEJO (Ecuador)

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegates present.

The SECRETARY reported fourteen delegations present.

The CHAIRMAN introduced the first item on the order of business, as there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 24: Treponematoses (*continuation*) (Report of Working Party E)[1]

The CHAIRMAN asked the Rapporteur of Working Party E to read the draft resolution drawn up in accordance with the decision taken at the preceding session.

Dr. BISSOT (Rapporteur, Panama) stated that Working Party E had met that morning, attended by all its members, with Dr. Coutts (Chile) serving as Moderator and Dr. Bissot (Panama) as Rapporteur. He then read the draft resolution appearing in the report of the Working Party.

The CHAIRMAN submitted the draft resolution read by the Rapporteur for consideration. He said that if there were no comments, it would be considered approved.

Decision: The draft resolution prepared by Working Party E was unanimously approved.

Topic 32: Eradication of Malaria in the Americas (*continuation*) (Report of Working Party D)[2]

The CHAIRMAN recognized the Rapporteur of Working Party D, Dr. Arnoldo Gabaldón.

Dr. GABALDÓN (Rapporteur, Venezuela) stated that, after the discussions held two days before on the report of Working Party D, it should be recalled that several criticisms had been made in regard to the excessive length of the report. In large part, this was owing to the fact that the Rapporteur had accepted most of the suggestions presented in the course of the discussions, on account of his own great concern with the problems of the antimalaria campaign in the Hemisphere. In the statistical summary of reports of the Member States,[3] malaria ranked among the first five causes of death in six countries. In one, it was the first cause

[1] See p. 455.

[2] See p. 452.

[3] Published separately as Scientific Publications No. 25

of death; in three, it was the second; in one, it was the third cause of death; and in another, the fourth cause. This disease had been of the utmost importance in almost a third of the countries of the Hemisphere. He pointed out, moreover, the disquieting nature of data contained in the V Report on the Status of the Antimalaria Campaign in the Americas,[1] which indicated that countries not yet having succeeded in eradicating the disease had nevertheless lowered their budgets for malaria control. There were five such countries. This financial problem had also been reflected in the budget of the Organization. In the 1956 Proposed Budget (Document CE23/2),[2] under Functional Summary, Part III, Chapter 1 of Section 2 on Projects, it could be seen that 21.9% of the funds assigned to this Section had been dedicated to malaria and insect control for 1954. The document also indicated that these funds reached a total of 8.3% for 1955. The amounts specified in the resolutions to be read later did not even equal the amount budgeted for 1954. He called attention to this matter because he believed that it was of the utmost importance for those who study and draw up the budget of the Organization to take appropriate action in accordance with the problems that appeared. He stated that diseases susceptible of control played a very important role in the health conditions of the Hemisphere. Activities related to the control of diseases, as well as to environmental sanitation, should have increasing funds at their disposal. He then read the two new resolutions prepared by the Working Party on the basis of the suggestions of the Director of the Bureau and of the various delegations, and appearing at the end of the report of Working Party D, the first entitled "Eradication of Malaria in the Americas" and the second, "Utilization of Funds for the Intensification of Antimalaria Activities." [3]

The CHAIRMAN submitted for consideration the draft resolutions read by the Rapporteur.

Decision: The draft resolutions presented by Working Party D were unanimously approved, without modification.

Dr. FLOCH (France) thought that malariologists would be interested in having the report of Working Party D, a report containing technical points of great importance, included in the records of the Conference, along with the V Report on the Status of the Antimalaria Campaign in the Americas.

Dr. SWELLENGREBEL (Netherlands) supported the proposal of the delegate of France concerning these reports.

Dr. NEGHME (Chile) supported both proposals and requested that the statement of Dr. N. H. Swellengrebel (Document CSP14/82) [4] be added to the reports already mentioned.

Dr. SWELLENGREBEL (Netherlands) wished to make an observation on Document CSP14/82. In the third from the last paragraph, Spanish text, where it reads *busca los casos desconocidos y los médicos,* the word *y* should be replaced

[1] Published separately as Scientific Publications No. 27
[2] Published separately.
[3] See p. 454.
[4] See p. 510.

by *por*, so that the sentence would read: *busca los casos desconocidos por los médicos.*

Decision: The proposal of the delegate of France and the modifications suggested by the delegate of the Netherlands in Document CSP14/82, Spanish text, were unanimously approved.

The session was adjourned at 10:15 a.m.

COMMITTEE II
(Administration, Finance and Legal Matters)

FIRST SESSION

Saturday, 9 October 1954, at 12:15 p.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the meeting to order. He announced that Mr. Hinderer (Chief, Division of Administration, PASB) would act as Secretary of Committee II, saying that his collaboration would be invaluable because of his familiarity with the topics to be taken up by the Committee. He also announced the presence of Dr. Soper, Director of the Bureau, and Dr. Bustamante, Secretary General. He invited the active participation of the delegations in the work of the Committee, because of the importance of the topics to be considered.

Election of Vice-Chairman and Rapporteur

The CHAIRMAN called for nominations for Vice-Chairman and Rapporteur.

Dr. VARGAS MÉNDEZ (Costa Rica) nominated the delegate of Guatemala for Vice-Chairman and the delegate of Mexico for Rapporteur.

Dr. SEGURA (Argentina), Dr. GRUNAUER TOLEDO (Ecuador), and Dr. SÁNCHEZ BÁEZ (Dominican Republic) supported the motion.

Decision: The delegate of Guatemala and the delegate of Mexico were unanimously elected Vice-Chairman and Rapporteur, respectively.

Topic 15: Revision of the Constitution of the Pan American Sanitary Organization

The CHAIRMAN stated that, at the meeeting of the General Committee held the preceding day, it had been recommended that Committee II begin its studies with Topic 15. He added that this was a topic that had been carefully studied by the Permanent Committee on the Revision of the Constitution, which had held thirty sessions and had prepared a draft revised text of the Constitution, appearing in Document CSP14/18.[1] He suggested that, in the consideration of this matter, the opinions and recommendations of the Member Governments transmitted to the Pan American Sanitary Bureau should be borne in mind, that is to say, discussion of the revision should not be limited necessarily to the draft presented

[1] See p. 587.

by the Permanent Committee. He added that, in the meeting of the General Committee, the advisability of establishing a working party of Committee II had been suggested. This working party would be charged with the study of the documentation relating to the topic. He submitted the matter for consideration.

Dr. VARGAS MÉNDEZ (Costa Rica) said that he had carefully studied the report presented by the Permanent Committee. He suggested that perhaps it would be advisable for everyone to consider whether the revision of the Constitution would be desirable and necessary at this time. It was not the constitutions that reflected progress, but rather the men who applied them. This matter had been under consideration for three or four years and, in view of the documentation presented, he suggested that the Committee consider whether it would be advisable to continue the discussion of this topic.

Dr. ZOZAYA (Mexico) believed that the opinions of the delegate of Costa Rica were out of order, since Committee II was expressly charged with the study of the documentation presented by the Permanent Committee. He thought it more advisable to establish the working party proposed by the Chairman; this party, after making a study of all aspects of the problem, could decide on the advisability of proceeding with the revision of the Constitution. The working party could make the pertinent recommendation to Committee II, which, in turn, would come to its own decision and refer the matter to the Conference for its consideration.

Dr. SEGURA (Argentina) agreed with the delegate of Mexico.

Mr. BELTON (United States) declared that, as the Committee was aware, his delegation had participated in the drawing up of the report of the Permanent Committee, which had been presided over by the representative of the United States. He felt that the work done by the Permanent Committee was excellent, and that it had presented a proposed Constitution that contained some definite improvements over the present one. He thought it was a Constitution which, if there were a majority of countries in favor of its adoption, the United States would be happy to work under. At the same time, he declared that his delegation was very much impressed with one of the precepts that the Permanent Committee itself had chosen to guide its work. In its final report (Document CSP14/18), the Permanent Committee listed three precepts, the third of which was to "adhere as closely as possible to the present Constitution in the absence of clear evidence that a change is needed." [1] He believed that many of the ideas under discussion at the time the change was originally proposed (when the Permanent Committee was established) had already proved unnecessary. One of the principal changes was a coordination to be established between the meetings of the World Health Organization and those of the Pan American Sanitary Organization, based on the understanding that the World Health Organization would change its schedule of meetings—a change that had not taken place. Under those circumstances, the United States delegation, in agreement with the delegate of Costa Rica, felt that a careful study should be made to determine whether a change in the Constitution was at all necessary. His delegation felt that constitutional changes

[1] See p. 587.

should not be made lightly, but should be made only to accomplish clear, definite purposes. He thought that such changes were probably unnecessary and that if there were a majority who shared the same opinion, there might be no necessity at all for giving further study to the constitutional revision at this time. If everyone were satisfied with the present Constitution, it seemed appropriate that Committee II merely take note of the report of the Permanent Committee. Since no further change was necessary at the present time, he could see no purpose in the formation of a working party, for should it be decided that a new Constitution was not needed, the working party would have no work to do.

Dr. LAZARTE (Peru) concurred in the view expressed by the delegates of Costa Rica and the United States. He recognized that there might be some gaps in the existing Constitution, but felt that, in general, it was satisfactory. It would not, therefore, be advisable at this point to embark on long discussions relating to its possible revision.

Dr. RODRIGUES VALLE (Brazil) stated that the Government of Brazil was not opposed in principle to a revision of the Constitution, but very much doubted whether it would be desirable to undertake a complete revision. It was precisely the report of the Permanent Committee that gave rise to these doubts, since its members had held thirty sessions and made a minute examination of the text, but the results had been so few that they did not warrant a discussion of the revision at the present time. The only modification that might be accepted was the one concerning whether the meetings of the governing body (Conference) should be biennial or annual, but this question could not be settled until the WHO reached an analogous decision on the matter. To begin the task of revision at present would require more time than was available, as it could not be supposed that the twenty-four delegations would be able to solve in a few days a problem that had taken the members of the Permanent Committee more than three years to study. For this reason, it would be better to maintain the *status quo*.

Dr. SEGURA (Argentina) expressed the view that it was natural for those attending these meetings only on certain occasions to be surprised at the complaints leveled against a Constitution that had served as the basis of satisfactory work, and to think it best to introduce no changes. But, as a matter of fact, more than four years before distinguished Members of the Pan American Sanitary Organization had called attention to the need for introducing changes in the existing Constitution, owing to the uncertainties created by its text with respect to certain fundamental problems. This conviction had already been expressed on more than one occasion. The Permanent Committee had been set up and reports had been prepared, but the solving of the problem had been continually postponed. At the meeting of the Directing Council held in Washington in October 1953, the Permanent Committee had requested the Members to postpone discussion of the matter so that the XIV Pan American Sanitary Conference could consider the existing difficulties and reach a final decision. All the countries had had more than enough time to study the problem and to draw up any suggestions they considered appropriate. It seemed pointless to come to the present meeting without a thorough knowledge of the factors that had been taken into account by those who had kept up to date on this question, and to

declare that there was no need to consider the views of the governments. This would mean flatly rejecting, without proper consideration, the conscientious work of several years. At least a hearing was due the delegations that had worked so conscientiously in the preparation of the report. Dr. Segura was therefore unalterably opposed to any further postponement of the matter.

Mr. BELTON (United States) said that the comments of the delegate of Argentina were perfectly logical and legitimate arguments. All those present had been working very seriously on the revision of the existing Constitution, and there was no delegation that came with any more ideas and suggestions on it than that of the United States. It had given the problems of the Constitution its most serious attention over a number of years, but had finally reached the conclusion that it was not worth while introducing any change. On looking back over the work of the last three years, one could see that the Organization had been operating with great success, and, in the speaker's opinion, to the general satisfaction of all the Members. This success had been made possible by improvements carried out on the basis of the Constitution that had been in effect since 1947, and on the basis of the Rules of Procedure of the Directing Council, which had been in force since 1951. No one had serious grounds for complaint and in no case had there been any great feeling of dissatisfaction in any of the Member Countries or any of those territorial groups that do not have full membership rights in the Organization. There was probably no delegation present that could not suggest changes and improvements in the Constitution or in the Rules of Procedure. Everyone recognized that such changes were possible. But if due weight were given to the overriding disadvantages that might be involved in opening a discussion of this kind, since it might be very difficult to arrive at the text of a Constitution that would meet the wishes and needs of all the Member Countries as effectively as the present Constitution did, the conclusion was inescapable that such a task should not be undertaken at the present meeting.

Dr. ZOZAYA (Mexico) observed that there was a notable difference of opinion about the matter under discussion. He also cited the third of the precepts in the Permanent Committee's report just mentioned by the delegate of the United States, and the section of the document in which the authors mention the principal considerations which, at the time of the XIII Pan American Sanitary Conference, held in Ciudad Trujillo in October 1950, had led to the study of the Constitution with a view to its revision.[1] The fourth of these considerations was "the supposition that revision of the Constitution was necessary." How could it be maintained, after four years of work, that everything accomplished up to now sprang from "the supposition that revision of the Constitution was necessary" or that there was no "clear evidence that a change is needed"? To maintain its own integrity the Committee should study the problem thoroughly by appointing a working party.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) felt that, if all the representatives opposed a study of the matter *a priori*, there would be no way of making such a study. But he agreed with the delegate of Argentina, believing that a thorough

[1] See p. 587.

discussion should be begun, because it had been evident since 1951 that several delegations considered it necessary to introduce partial modifications, in some cases limited to specific articles. What objection could there be to studying the matter thoroughly? What should be done was to carry out that study and, if, as a consequence, the conclusion were reached that there was no reason to introduce any changes, to allow matters to remain as they were, once and for all.

Mr. CALDERWOOD (United States) said that he was speaking as Chairman of the Permanent Committee on Revision of the Constitution to reply to some of Dr. Zozaya's remarks. The speaker believed that the representatives understood perfectly well that the Permanent Committee was a servant of the governments that established it, and what the Committee had done was to try to respond to the wishes expressed by those governments in meetings of the Directing Council and in communications addressed to the Director of the Bureau for transmittal to the Permanent Committee. In the light of these comments and of the observations submitted by the Council of the Organization of American States, the Committee had reviewed, during 1953 and the first half of 1954, the proposed Constitution that it prepared in 1952. The conclusions reached in the course of this review were set forth in the report. It should be kept in mind that the Committee had not said that the Constitution ought not to be revised. That was a decision to be taken by the twenty-one Member Countries. What the Committee had said was that the reasons prompting the request for a revision of the Constitution in 1950 no longer carried the same weight with the governments that they had at that time. Evidence of this was to be found in the communications addressed to the Committee by several governments. It was true that a number of them, including the United States, had submitted proposals for amending the Constitution when the Directing Council met in 1951, but most of the governments, in the observations sent to the Committee, had expressed satisfaction with the present Constitution.

The Committee had proposed a revision which, as the delegates could observe, embodied the concept of biennial instead of annual meetings of the directing body of the Organization in which all Members are represented. Likewise, the abolition of the Directing Council was advocated. This had been done in response to decisions taken by the Directing Council in 1951, and the Committee had not felt that it should disregard those decisions, in spite of the fact that several governments, in communicating their views, had dissented from both measures. Most of the governments that had made observations indicated a preference for retaining both the system of annual meetings and the Directing Council. But, as he had already observed, the Committee had felt bound by the decision taken by the Directing Council in 1951. At the same time, it had felt obliged to call the attention of the governments, as it had done in its report, to the fact that the World Health Organization had not adopted the system of biennial meetings, as had been anticipated in 1950 and 1951. The speaker said that he was making these remarks simply to make clear on what basis the Committee had undertaken its task. The Permanent Committee was not independent of the governments that established it, and for this reason it had tried to act in response to the wishes of these governments.

The CHAIRMAN stated that the preliminary discussion in itself demonstrated the interest taken in the topic. Committee II had a mandate to comply with: to study Document CSP14/18, the final report of the Permanent Committee. The reasons therefor were obvious; they began with the decisions at Ciudad Trujillo, continued with those adopted at Washington, and ended with the text of the report. Whether the Constitution should be revised was something for the Conference to decide. But before reaching that decision, it was necessary to study the problem, and to do that a working party should be formed. If the day's work was to be fruitful, that working party should be appointed without further delay. He proposed that it be made up of Mr. Calderwood (United States), who had been Chairman of the Permanent Committee, the delegates of the Dominican Republic and Chile, also members of the Committee, and the delegates of Argentina and Mexico, who had likewise taken an active part in the matter. It was essential to approach the question calmly and reach effective agreement.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) felt that it might be somewhat awkward for those who were on the Permanent Committee to have to serve as members of the working party.

The CHAIRMAN replied that the presence of the Committee members in the working party was essential because of the assistance they could render the rest in the study of any problems that might arise. Their collaboration was necessary in reaching decisions on all aspects of the case and in deciding whether a total revision was in order, whether the revision should be partial and, if so, what parts should be revised; or, finally, whether the Constitution should stand as it was. It would be most unfortunate to come to a completely negative agreement whereby all that had been accomplished to date would represent a loss of time.

Dr. ORELLANA (Venezuela) stated that the matter should be studied in three stages: the first entrusted to the working party; the second, to the Committee; and the third, to the Conference, which would be the one to make the final decision. However, Dr. Orellana felt that the Committee should first discuss the question as fully as possible so that its opinions might serve as the basis for the working party's study.

The CHAIRMAN explained that the working party would receive all necessary documents and that it would report to the Committee.

Mr. BELTON (United States) said that, in the opinion of the United States delegation, it would be not only valuable but truly necessary for the working party to know exactly what its duties were. It should be borne in mind that there were different types of working parties. For example, one could be established that could meet somewhere until next October and then present a proposed Constitution. But perhaps that was not what the delegates had in mind, and therefore it should be clearly set forth what the Committee expected of the working party. There were certain items on the agenda concerning the Constitution, certain proposals for constitutional revision. The delegation of the United States suggested that the functions of the working party be limited to a study of the documents dealing with the precise proposals on the agenda and that it present to the Committee a clear recommendation either for or against each of these

specific proposals. But there should not be at this time any attempt to do over in a few days what the Permanent Committee had taken three years to propose. Therefore, the functions of the working party should be specifically limited to recommendations either for or against each of the specific agenda items relative to constitutional reform.

Dr. ZOZAYA (Mexico) was opposed to any limitation of the functions of the working party. It should have the same prerogatives as the Permanent Committee and should have at its disposal all the documents available to the latter. The Conference would decide later what definite measures to take.

The CHAIRMAN replied to the delegate of the United States that there were no rules or regulations governing working parties and therefore such parties could be established in the manner and with the duties most suitable in each case. The working party about to be constituted should have very broad powers and should have at its disposal every source of information needed.

Mr. BELTON (United States) did not wish to debate with the Chair, nor did he wish to over-insist on the matter. But he wished to make it clear that it had not been his delegation's intention to favor limiting the information. This should be as complete as possible. What it did propose was that the working party be given a specific set of tasks so as to guide it in its work, since it would not be appropriate for the working party to draw up a fourth or fifth redraft of the Constitution.

Dr. VARGAS MÉNDEZ (Costa Rica) proposed that the working party include the delegate of Brazil.

Dr. SEGURA (Argentina) said that there should be no difficulty in forming the working party. The only thing that might create difficulties would be postponing the solution of pending problems. If these problems existed, it was only because they had not been solved before. The working party should take them all up, one by one, and analyze the question in detail.

Dr. SOPER (Director, PASB) stated that he had followed the progress of the discussion with a great deal of interest and hoped that the problem would be resolved to the satisfaction of all Member Governments. He added, as a matter of information, that the procedure being followed differed from earlier ones in the appointment of working parties. Generally, these were selected to resolve a problem that had already been fully discussed in plenary session and on which the opinions of all had been expressed. In such cases, a working party could act with the full knowledge of all points of view.

The CHAIRMAN pointed out that the task of the working party in this case was to prepare for a discussion of the topic in the Committee.

Decision: It was unanimously agreed to establish a working party composed of the delegates of the United States, the Dominican Republic, Argentina, Mexico, Chile, and Brazil, to study the final report of the Permanent Committee on Revision of the Constitution and to make any recommendations it deemed appropriate.

The session was adjourned at 1:15 p.m.

SECOND SESSION *(suspended)*

Monday, 11 October 1954, at 3:00 p.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the meeting to order at 3:00 p.m.

The SECRETARY announced that there were not enough delegates present, as required by Article 17 of the Rules of Procedure of the Pan American Sanitary Conference, to constitute a quorum.

The CHAIRMAN stated that the session would remain open so that the work could proceed as soon as there was a quorum.

At 4:10 p.m. the CHAIRMAN asked the Secretary to call the roll.

The SECRETARY reported that there were only ten delegations represented.

The CHAIRMAN suspended the session for lack of a quorum and announced that the General Committee would decide when Committee II would meet again.

SECOND SESSION

Wednesday, 13 October 1954, at 9:30 a.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)
Later
Dr. JOSÉ FAJARDO (Guatemala)

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegations present.

The SECRETARY reported that fifteen delegations were present and there was therefore the quorum required by Article 17 of the Rules of Procedure of the Conference.

The CHAIRMAN stated that he had made a selection of the topics that he thought would prove easy to discuss and proposed that they be reviewed in the following order: Topics 16, 20, 21, 30, 31, 33, 39.

It was so agreed.

Topic 16: Financial Report of the Director and Report of the External Auditor for 1953 [1]

Dr. GONZÁLEZ (Assistant Director, PASB) explained that the Financial Report of the Director and Report of the External Auditor had been submitted to the 22nd Meeting of the Executive Committee. On that occasion, the Executive Committee had approved both reports and congratulated the Director of the

[1] See p. 523.

PASB on the manner in which they had been presented. He pointed out that the Financial Report of the Director listed the funds available to the Pan American Sanitary Bureau itself, plus the funds of the World Health Organization, including those of UN/TA, amounting to a total of $5,812,150. He added that the report also included a statement of the uses to which the said funds had been put.

Mr. CALDERWOOD (United States) commended the Director and the Administration of the Pan American Sanitary Bureau on the presentation of the report and on the improvements achieved during the past year in the administrative and financial situation of the Bureau.

Dr. SWELLENGREBEL (Netherlands) wished to know what progress had been made in the translation and publication of the book *Principles of Public Health Administration,* provided for at the VI Meeting of the Directing Council in Havana.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that the translation and publication were well advanced and that within a month or two the book would be ready for distribution.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) shared the view expressed by the delegate of the United States and likewise congratulated the Director on his administration of Bureau funds.

Dr. ZOZAYA (Mexico) said that the Financial Report, in Part IV of the Summary of Obligations incurred,[1] made reference to the amortization of loans for the purchase of the Bureau Headquarters buildings, and that he had understood that those loans had already been repaid.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that those loans had, in fact, been repaid and that in the report reference was made to the balance paid from regular Bureau funds in 1953.

Decision: The Financial Report of the Director and the Report of the External Auditor for 1953 were unanimously approved; the Director of the Pan American Sanitary Bureau and his staff were congratulated on the manner in which the reports were presented, and approval was given to the inclusion of this decision in the Committee's report to the Conference.[2]

Topic 20: Report of the Permanent Subcommittee on Buildings and Installations

Dr. GONZÁLEZ (Assistant Director, PASB) explained that the Permanent Subcommittee on Buildings and Installations, set up in accordance with Resolution V of the VI Meeting of the Directing Council, was composed of the representatives of the Dominican Republic, Guatemala, and the United States. The report of the Subcommittee appeared in Document CE22/10.[3] He added that the most recent repairs to the Headquarters buildings had been authorized by the Sub-

[1] See p. 529.

[2] See first report of Committee II, p. 519.

[3] Unpublished working document.

committee, and that its Chairman, Dr. Frederick J. Brady (United States) was present at the session.

Dr. ZOZAYA (Mexico) asked whether the expenditures set forth in the report of the Subcommitee were exact or only approximate.

The SECRETARY explained that the figures appearing in the report were the amounts of actual contracts and were therefore exact.

Dr. GONZÁLEZ (Assistant Director, PASB) declared that, at the last meeting of the Permanent Subcommittee on Buildings and Installations, the Director of the Bureau had said that he hoped to continue receiving the collaboration of this Subcommittee.

Dr. SEGURA (Argentina) said that the Permanent Subcommittee on Buildings and Installations was the best guarantee that proper use would be made of the funds assigned, and he therefore proposed that the Subcommittee continue to collaborate with the Director.

Dr. SWELLENGREBEL (Netherlands) and Dr. HORWITZ (Chile) seconded the proposal.

The CHAIRMAN said that it would be appropriate to recommend to the Executive Committee that the Subcommittee be retained on a permanent basis.

Dr. SOPER (Director, PASB) believed that the Permanent Subcommittee should always include a member of the United States delegation, as Bureau Headquarters relies very much on the collaboration of the United States in solving its problems. In his opinion, the problem was to decide whether the Permanent Subcommittee should always comprise the same members or whether others should be substituted as the membership of the Executive Committee changed.

Dr. ESCALANTE (Costa Rica) felt that the Executive Committee should be left to decide on the membership of the Permanent Subcommittee as it saw fit.

Dr. ZOZAYA (Mexico) wished to know the cost to the Pan American Sanitary Bureau of Permanent Subcommittee meetings at which other members, aside from the United States, were present.

The SECRETARY explained that the representatives of the two other members were designated from their embassies in Washington, and that consequently there were no expenses involved in the meetings of the Permanent Subcommittee.

Dr. HORWITZ (Chile) asked whether the Pan American Sanitary Bureau had planned any further repairs and improvements in the buildings at Headquarters or in the Zone Offices.

The SECRETARY said that the fact that the funds had expired did not mean that continued improvements or continued repairs might not be necessary in the Headquarters buildings. He added that unforeseen circumstances of an urgent nature might arise, in which the Director would seek the advice of the Subcommittee. There were funds in the budgets to take care of repairs of that kind.

Dr. SOPER (Director, PASB) wished to raise another point in connection with the future Headquarters of the PASB and the Regional Office of WHO in Washington. The existing buildings had been put into service to their maximum

capacity. The former storage rooms in the basement had been made into offices. There was no space available for full staff meetings, and the library of the Bureau had a number of space deficiencies. He stated that there were deficiencies, from the administrative point of view, arising from the physical distribution of the offices, divided as they were between two buildings. He added that this was not an emergency situation, but he thought that in the next five or ten years the PASB and the WHO would have to solve the problem of a permanent Headquarters in Washington. He said that Dr. Chisholm, former Director-General of the WHO, had remarked on his last visit that of all the buildings occupied by the Regional Offices, the most inadequate was that of the Regional Office for the Americas. He believed it was absolutely necessary that there should be a Permanent Subcommittee to look into the repairs required in the buildings now in use, and also to consider the eventual needs of the Organization.

Dr. BRADY (United States) remarked that the Permanent Subcommittee had been established four years previously, at a time when the problem of buildings was extremely acute. In the intervening years several improvements had been made. He pointed out that the Subcommittee had made several studies that were not reflected in the report, such as those on whether a fourth floor should be added to one of the buildings and on the possibility of purchasing a third building in Washington. In his opinion, the Subcommittee should be permanent but its members should vary as determined by the Executive Committee. In fact, he thought it wise to fix a limit to the term of office of the members of the Permanent Subcommittee.

Dr. SWELLENGREBEL (Netherlands) recalled that last year the members of the Directing Council had had occasion to visit the various offices at Headquarters and they had all been struck by the lack of space. He thought it indispensable for the Director always to have the collaboration of a Permanent Subcommittee on Buildings and Installations.

Dr. ZACARÍAS ARZA (Paraguay) felt that the topic had been fully discussed and that the report should be approved.

Dr. PIERRE-NOËL (Haiti) supported this view.

Dr. SECURA (Argentina) said that changes in the membership of the Subcommittee would take away the permanent character of the members who were already fully acquainted with the work. He preferred to retain the Subcommittee in its present form.

Dr. ZACARÍAS ARZA (Paraguay) proposed that the Executive Committee be left free to decide on the membership of the Permanent Subcommittee.

The CHAIRMAN suggested that the report be approved and that the Conference congratulate the Subcommittee on the way it had fulfilled its functions.

Decision: Is was unanimously agreed to thank the Permanent Subcommittee on Buildings and Installations, which would continue to advise the Director of the PASB; to approve the measures taken by the Subcommittee; and to include this decision in the Committee's report to the Conference.[1]

[1] See first report of Committee II, p. 519.

Topic 21: Report on the Revision of the Staff Rules of the Pan American Sanitary Bureau, as Confirmed by the 22nd Meeting of the Executive Committee

The SECRETARY explained that the World Health Organization, along with the other specialized agencies of the United Nations, had reviewed their respective staff rules in the preceding year and had come to a general agreement on the modifications it would be desirable to introduce. The Executive Board of the WHO, at its meeting early in 1954, had appointed a working party to make a thorough study of the Staff Rules. The 22nd Meeting of the Executive Committee of the PASB also had appointed a working party composed of representatives of Brazil, Mexico, and the United States. This working party had submitted its report to the Executive Committee, which adopted Resolution XVIII instructing the Director, in the event that no changes in substance were made in the WHO Staff Rules by the World Health Assembly, to put into effect the Staff Rules of the PASB at the same time that those of the WHO entered into force. It likewise instructed the Director, in the event that substantial changes were introduced by the World Health Assembly, to bring such changes to the attention of the 23rd Meeting of the Executive Committee. The Secretary went on to say that, as the Seventh World Health Assembly had made no change in the WHO Rules, the Director now presented the revised Staff Rules of the PASB to the Pan American Sanitary Conference for information.

Dr. ZACARÍAS ARZA (Paraguay) supported the draft resolution appearing in the working document of this topic,[1] and proposed its adoption.

Decision: Is was unanimously agreed to approve the draft resolution, as presented, taking note of the revised Staff Rules of the Pan American Sanitary Bureau, as recommmended by the Director and confirmed by the 22nd Meeting of the Executive Committee, and to include this decision in the Committee's report to the Conference.[2]

Topic 30: Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau

Dr. ZOZAYA (Mexico) proposed that discussion of Topic 30 be postponed until Dr. Myron Wegman, Chief of the Education and Training Division of the PASB, was present.

It was so agreed.

Topic 31: Working Capital Fund

The SECRETARY stated that the Pan American Sanitary Organization, under its present method of financing, needed approximately 60% of the total amount of its budget to carry out its operations for the first seven or eight months of each year, until the quotas for that year were received in sufficient amount. He

[1] Document CSP14/12, unpublished.

[2] See first report of Committee II, p. 520.

recalled that, at the Conference in Ciudad Trujillo, a Working Capital Fund had been established and cash available at the time set aside for its purposes. But two years ago a review made by the External Auditor, along with staff members of the Bureau, revealed that a fund of $1,200,000, or approximately 60% of the budget, would be sufficient for the purpose intended. The aim of the proposed resolution was to establish the level of the Working Capital Fund permanently at $1,200,000, so as to obviate the need for passing a similar resolution every year, unless the Director felt it necessary to propose an increase or reduction in accordance with the budgetary situation of the Bureau.

Mr. CALDERWOOD (United States) favored the adoption of the proposed resolution appearing in the working document on this topic.[1]

Dr. ESCALANTE (Costa Rica) asked who was to decide whether it was necessary to make an adjustment in the Working Capital Fund.

The SECRETARY replied that the decision would be made by the Directing Council, at the proposal of the Director.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) was in favor of adopting the proposed resolution under consideration, but added that, in his opinion, this matter was not a function of the Directing Council.

Dr. ZACARÍAS ARZA (Paraguay) supported the view of the delegate of the Dominican Republic, saying that the Conference should delegate these functions to the Executive Committee.

Dr. GONZÁLEZ (Assistant Director, PASB) stated that the Financial Regulations of the Bureau clearly stipulated that the Directing Council was authorized to revise the Working Capital Fund.

Dr. HORWITZ (Chile) asked whether it would not be better to fix the Working Capital Fund on a proportional basis, rather than at a definite sum.

The SECRETARY explained that the reason the Working Capital Fund had been fixed at an exact amount was that, if a percentage were established, it would come to an odd amount, and from an accounting point of view it was easier to work with round figures.

Decision: It was unanimously agreed to approve the proposed resolution as presented, establishing the level of the Working Capital Fund at $1,200,000 until such time as the budgetary position of the Bureau warranted an adjustment, and to include this decision in the Committee's report to the Conference.[2]

Topic 33: Reimbursement of Travel Expenses of Representatives to Regional Committee Meetings

Dr. ZOZAYA (Mexico) remarked that this subject had been discussed before the Seventh World Health Assembly. He mentioned the resolutions of the Seventh Assemby (WHA7.26 and WHA7.27) and said that, in view of the special

[1] Document CSP14/15, unpublished.

[2] See first report of Committee II, p. 520.

conditions in the case of the Regional Office, he felt that the matter should be reconsidered. He proposed that the Conference state clearly that it did not favor reimbursing travel expenses.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) felt that it would be enough to take note of the decision of the Seventh World Health Assembly.

Dr. SEGURA (Argentina) spoke in favor of the proposal of the delegate of the Dominican Republic, adding that one of the modifications in the Constitution that the Argentine delegation had it in mind to propose was that the Bureau should cover the expenses of a delegate to the Directing Council.

Dr. HORWITZ (Chile) supported the proposal of the delegate of the Dominican Republic and stated that his country had the same intention as that expressed by the delegate of Argentina.

Dr. PIERRE-NOËL (Haiti) and Dr. ZACARÍAS ARZA (Paraguay) also supported the proposal of the delegate of the Dominican Republic.

Decision: It was unanimously agreed to take note of the resolution adopted by the Seventh World Health Assembly to the effect that the travel expenses of representatives attending Regional Committee meetings should not be reimbursed by the World Health Organization, and to include this decision in the Committee's report to the Conference.[1]

Topic 39: Emergency Revolving Fund

Dr. GONZÁLEZ (Assistant Director, PASB) stated that this topic was presented for the information of the XIV Conference. The topic had been discussed by the Executive Committee, which adopted a resolution approving the expenditures made by the Director from the Emergency Revolving Fund to defray the cost of the aid given by the Bureau to the Government of Mexico at the time of the flood disasters in that country, and approving also the transfer of general funds of the Bureau necessary to maintain the Emergency Revolving Fund at the authorized level of $50,000.

Dr. PIERRE-NOËL (Haiti) proposed that Committee II recommend that the Conference take note of the resolution approved by the Executive Committee at its 23rd Meeting.

Mr. BELTON (United States) said that the delegation of the United States had listened with considerable interest to the discussions on this matter at the 23rd Meeting of the Executive Committee. He observed that, in the past, the disbursements made from the Emergency Fund had been relatively small, in no way affecting the operations of the Pan American Sanitary Organization. He had listened with particular interest to the comments of the delegation of Argentina at the meeting of the Executive Committee, with reference to the fact that some day such a disbursement might reach the full amount of $50,000, in which case the budget of the Organization might be affected. The delegation of the United States believed that the Conference should clearly define the means

[1] See first report of Committee II, p. 521.

whereby the Emergency Revolving Fund would be operated and maintained. For that purpose, his delegation proposed the following draft resolution:

Whereas: Certain standards should be established for the use of and reimbursement to the Emergency Revolving Fund,

The XIV Pan American Sanitary Conference *resolves:* (1) that the Emergency Revolving Fund is available for the purpose of enabling the Pan American Sanitary Bureau to make emergency disbursements in the interest of Member Governments or of territories associated with the Organization; (2) that the funds so used should be reimbursed to the Emergency Revolving Fund at an early date by the country receiving the emergency assistance, unless there are extraordinary circumstances making reimbursement impossible, of which the Director shall be informed; and (3) that in such extraordinary cases the Conference or the Directing Council shall consider authorizing reimbursement to the Emergency Revolving Fund from other funds of the Organization.

Dr. PIERRE-NOËL (Haiti) proposed that the resolution be distributed, so that all the delegations might study it, and that the decision be postponed.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) supported the proposal of the delegate of Haiti.

Mr. BELTON (United States) indicated that his delegation would pass the draft resolution on to the Secretariat, so that it might be considered at the next session.

Decision: Resolution II approved by the Executive Committee at its 23rd Meeting was noted,[1] and the study of the proposal of the United States delegation was postponed, so that it could be translated and distributed to the members of the Committee.

Topic 37: Organization of a Service Unit in Mexico City During the Eighth World Health Assembly[2]

The CHAIRMAN, speaking on behalf of the delegation of Cuba, presented the reasons for the proposal to establish a service unit in Mexico City. He pointed out that, at the World Health Assemblies held in Geneva, the delegations from the Region of the Americas had encountered considerable inconvenience as regards facilities for carrying out their work. He added that the Director and the Secretariat of the Pan American Sanitary Bureau had always given their full collaboration for the solution of the problems met by the American delegations. When the next World Health Assembly was held in Mexico, no country of the Americas should fail to attend; in fact, it was the duty of the American republics to stand behind Mexico in receiving representatives from all parts of the world. He said that the proposal presented provided for the establishment of a service unit where the American delegations could meet and make use of administrative facilities.

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[1] See first report of Committee II, p. 521.

[2] The complete text of the motion presented by the delegation of Cuba on this topic appears in the minutes of the seventh plenary session, p. 192.

Dr. SOPER (Director, PASB) pointed out that, in considering this problem, certain basic facts should be taken into account. In the first place, the Pan American Sanitary Bureau, as such, did not participate in the Assembly of the World Health Organization. He recalled that the Director of the Bureau had attended the Assemblies as an observer previous to the time that the PASB became the Regional Office of WHO. The participation of the Director since 1950 had been on the basis of Regional Office representation. He felt that, if funds were to be used to establish a service unit in Mexico, they should come from the budget of the World Health Organization rather than from the Bureau. If an additional item were to be placed in the PASB budget for 1955, a choice would have to be made as to which field service should be cut in order to make a place for this item. He said that the Bureau must work within the limits that have been established for its budget. Finally, he observed that the delegates attending the World Health Assembly did so as representatives of their countries to the World Health Organization and not as a group representing the Pan American Sanitary Organization.

Dr. ORELLANA (Venezuela) felt that the remarks of the Director of the Bureau made it unnecessary to take a decision on the matter. He opposed the establishment of a service unit for the Region of the Americas.

The CHAIRMAN asked the delegate of Guatemala, Vice-Chairman of Committee II, to preside.

Dr. José Fajardo (Guatemala) then took the Chair.

Dr. HURTADO (Cuba) expressed surprise at the manner in which the Committee had received the proposal of the Government of Cuba, pointing out that the Pan American Sanitary Organization was a member of the World Health Organization but at the same time an agency in its own right. To refuse the credit of $5,000 would invite general criticism by everyone who considered the matter. Since the Government of Mexico had gone to such lengths to ensure the success of the Assembly, the Organization might well make its contribution in the manner proposed by the delegation of Cuba. He said that his proposal was designed solely to provide the American delegations with the maximum of facilities to assist them in their work at the Assembly. He did not see the need, indicated by the Director of the Bureau, for undertaking a study of budgetary items, since any well-prepared budget included special funds for unforeseen circumstances. Moreover, the credit requested in his proposal was small.

Dr. BRADY (United States) said that he had understood the delegate of Cuba to say that, at past Assemblies in Geneva, the service given by the staff of the Regional Office for the Americas had been adequate.

Dr. HURTADO (Cuba) clarified the point by saying that, in his statement, he had intended to say that the service received had been insufficient.

Dr. PIERRE-NOËL (Haiti) wished to know the basis for the sum of $5,000 appearing in the draft resolution.

Dr. HURTADO (Cuba) replied that the estimate was based on the round-trip travel expenses and per diem of the PASB staff members.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) felt that, if the travel expenses were excessive, local personnel could be recruited in Mexico. He therefore supported the proposal of the Government of Cuba.

Dr. SOPER (Dirctor, PASB) believed it necessary to take into consideration the precedent that would be set. If they were to offer this type of service, it should be offered in the four languages of the Americas. He went on to say that in Mexico the delegations would be working in their own milieu, whereas in Geneva this might not be true. He emphasized the fact that, if the service was to be offered, it should be charged to the budget of the WHO rather than to that of the PASB.

Dr. BRADY (United States) declared that his delegation would not vote in favor of the draft resolution presented by Cuba. He felt that the question was that of deciding from what activity the amount in question could be taken. Moreover, he thought it unfair to take this sum from the PASB budget, since this would mean taking funds from one country that was not a member of the WHO. In his opinion, the fact that a Zone Office was located in Mexico would ensure that the necessary services would be provided, without any need for the Conference to adopt a special resolution.

Dr. HORWITZ (Chile) understood the Pan American spirit that had inspired the proposal of the Government of Cuba, but felt that it was also important to take into account the views presented by the Director of the PASB. He requested that the Director instruct the Zone Office in Mexico to offer every possible facility to the American delegations attending the World Health Assembly. He assumed that the Zone Office could suspend its technical activities for two weeks, in order to provide service to the delegations.

Mr. CALDERWOOD (United States) said that, if a resolution was to be considered, it should include some mention of the fact that, in the past, the Director of the Bureau had extended all courtesies to the members of the American delegations attending the World Health Assemblies and that it would be the hope of the Conference that such courtesies might be extended in the future. He said that what concerned him most in the proposal of the delegation of Cuba was the obligation and responsibility that it placed on the Bureau for providing these services. He agreed with the proposal of the delegate of Chile that the Director attempt to facilitate the work of the American delegations at the Assembly in Mexico City through the Zone Office located there.

Dr. GONZÁLEZ (Assistant Director, PASB) stated that the Zone Office in Mexico must carry out specific functions of a technical nature and therefore would be unable to provide services to the delegates. Recognizing the importance of the World Health Assembly to be held in Mexico, he added that the Bureau would make every possible effort to assist the delegations, even though the Zone Office in Mexico could not suspend its technical activities.

Dr. ZOZAYA (Mexico) said that, in order to avoid possible misinterpretations of his statements, he had refrained from entering the discussion. He believed that the Government of Mexico could assist by assigning a greater number of secre-

taries to provide the service mentioned in the proposal of the delegate of Cuba. He went on to say that special circumstances were involved and that, in his opinion, no precedent would be set. He added that the points raised by the delegate of Cuba were important, and he did not understand the negative statement made by the Assistant Director of the Bureau with regard to using the services of the Zone Office.

Dr. PIERRE-NOËL (Haiti) did not feel that the American delegations should have a service unit, since the American Region, as host, would not be extending the same facilities and courtesies to delegates from other Regions.

Mr. CALDERWOOD (United States) asked the delegation of Chile to present its proposal in writing, so that it might be studied at the next session of Committee II.

Dr. CARNAUBA (Brazil) believed that the matter had been sufficiently discussed and asked for a vote on the proposal of the delegate of Cuba.

Dr. ZACARÍAS ARZA (Paraguay) proposed that, in order to resolve the difficulty, they proceed to a secret ballot. He pointed out that the proposal of the delegation of Chile was not pertinent, since the Assistant Director had already indicated that the services of the Zone Office in Mexico would not be available.

Dr. SEGURA (Argentina) supported the motion of the delegate of the United States, asking the delegation of Chile to present its draft resolution in writing.

Dr. HURTADO (Cuba) proposed that, in order to clarify the situation, a vote be taken first on whether or not to accept the service unit proposed by his delegation, and that a subsequent vote be taken on financing the unit.

Dr. SOPER (Director, PASB) pointed out that, taking into account the existing personnel at the disposal of the Zone Office in Mexico, it would be difficult to assign additional responsibilities to it. He added that if the Conference decided that the Bureau was to be responsible for the proposed type of service, it should proceed to organize a unit and assign it the necessary funds. He indicated that he wished and felt obligated to offer the delegates all possible facilities.

Dr. ESCALANTE (Costa Rica) requested that the proposal presented by the delegation of Cuba be put to a vote.

Dr. HORWITZ (Chile) stated that he would withdraw his proposal, so that the motion of the delegate of Cuba might be voted on.

The CHAIRMAN announced that the Committee would proceed to a secret ballot. He named the delegates of Haiti and Paraguay as tellers.

A secret ballot was cast.

Number of ballots cast, 15; number of valid ballots, 15; number of blank ballots, 1; countries present, 15; ballots in favor of the establishment of a service unit in Mexico, 5; against, 9.

Dr. ZACARÍAS ARZA (Paraguay) announced that one of the votes had been cast in favor of the Zone Office's providing assistance to delegations from the Americas.

The CHAIRMAN announced that this could be considered a vote in favor, but that nevertheless it did not change the result of the balloting.

Decision: The draft resolution presented by the Government of Cuba was rejected.

The session was adjourned at 12:30 p.m.

THIRD SESSION

Thursday, 14 October 1954, at 3:20 p.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the meeting to order and asked the Secretary to count the delegations present.

The SECRETARY reported that there were fourteen delegations present.

The CHAIRMAN presented for discussion the first item on the order of business, since there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 17: Report on the Financial Participation of France, the Netherlands, and the United Kingdom, on behalf of their Territories in the Region of the Americas, in the Budget of the Pan American Sanitary Organization

Dr. GONZÁLEZ (Assistant Director, PASB) explained the working document on this topic (Document CSP14/16) and the attached report presented by the Director to the 22nd Meeting of the Executive Committee (Document CE22/12).[1]

The CHAIRMAN thanked Dr. González for this explanation and asked if anyone wished to comment on the matter.

Mr. HINDERER (Chief, Division of Administration, PASB) wished to add a few comments to Dr. González' remarks, one being that the report presented by the Director to the Executive Committee showed the 1954 payments outstanding; however, all three countries had made those payments since the date of that report. The other point he wished to make was that Resolution XL of the V Meeting of the Directing Council (quoted in the working document) stated, in the third operative paragraph: "To instruct the Director to inform the Executive Committee annually of the manner in which the most comparable Member State was selected." He thought the word "annually" had been included here in error and that it had been intended that only one report be made, so long as conditions in the Member State did not change. Therefore, he thought that future reports on this matter could be furnished to the Executive Committee only when circumstances so required, that is, only when conditions changed.

Dr. SOPER (Director, PASB) wished to add a few words about the contribution of the United Kingdom. Its payments had begun in 1953, and before the

[1] See pp. 551-552.

first payment was made some conversations were held with the competent authorities concerning the amount of the United Kingdom contribution. It had been very difficult to find a country that might serve as the exact basis of comparison. However, it had been agreed to establish the standard that the minimum payment should be $15,000 and the maximum, $20,000. It was very interesting, in this connection, to note that it was the territories themselves that voluntarily made the assessments and paid the contributions to the Pan American Sanitary Bureau. In 1954, for the second time, the minimum amount had been paid, but the Director expected to continue talks with the United Kingdom and its territories with a view to increasing the amount of the contribution.

Dr. KRALY (Argentina) said that he held to his country's former position insofar as the status of the European countries was concerned, and therefore he voted against the proposed resolution appearing in the working document and wished it so recorded.

Dr. PESQUEIRA (Mexico) agreed with the views of the delegation of Argentina and also requested that his position be recorded.

Mr. BELTON (United States) moved that the proposed resolution be accepted.

The CHAIRMAN explained that the proposed resolution under discussion did not aim at either accepting or rejecting a question of principles, inasmuch as the operative part proposed only "to take note" of the report of the Director. In paragraph 2 the Director was requested to furnish reports only when circumstances so required. He said it must be admitted that this was somewhat vague, since there was no basis for determining just what such circumstances might be. Nevertheless, he supported the proposal of the United States and was opposed to the position taken by Argentina and Mexico.

Dr. SEGURA (Argentina) stated that the proposed resolution implied that every Member was "to take note," and Argentina wished to take the occasion to insert in the record that it was opposed to having the Pan American Sanitary Organization receive contributions from non-self-governing territories.

Dr. PESQUEIRA (Mexico) stressed the fact that his position and that of the delegation of Argentina were similar, since in essence they did not accept non-self-governing territories into the Organization; therefore, it was logical not to wish to accept contributions from them. What Mexico was concerned with was not the amount of the contribution they should pay; rather it was absolutely opposed to any contribution at all. The delegation of Mexico, therefore, had taken note of the report of the Director, but did not agree to any financial collaboration from those territories.

Dr. HORWITZ (Chile) asked that the proposed resolution be approved as written.

The CHAIRMAN again called the attention of the delegates to the subject under discussion. What they had to adopt a definitive decision on was whether to take note or not to take note of the report.

Dr. VARGAS MÉNDEZ (Costa Rica) asked whether, as a matter of fact, it was proper to proceed to take up the questions that had been brought up in the course

of the discussion. He pointed out that they were considering a routine document and all that was asked of them was that they take note of it. There was no reason to go into any question of substance.

The CHAIRMAN said that he wished to respect the rights of all delegations, but that it must be recognized that the discussion had reached a point at which they could take only one of two positions: accept or reject the proposed resolution. Naturally, those who did not approve it could vote against it and explain their vote.

The proposed resolution was put to a vote.

Decision: By a majority vote, it was agreed to take note of the report of the Director on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization. It was further agreed to instruct the Director to furnish future reports to the Executive Committee when circumstances so required.[1]

Dr. KRALY (Argentina) voted against the resolution with the following statement:

The delegation of Argentina, in accordance with the position it has repeatedly adopted on the question of the rights of countries responsible for the conduct of the foreign relations of territories in the Western Hemisphere, wishes to go on record that it is opposed to having the Pan American Sanitary Organization receive financial contributions from such countries, and therefore votes against the present proposed resolution.

Dr. PESQUEIRA (Mexico) asked that the negative vote of his country be included in the minutes, as follows:

The delegation of Mexico, in accordance with its previous position of not accepting in the Pan American Sanitary Organization those territories not responsible for the conduct of their international relations, cannot agree to having these same territories make financial contributions to the Organization and, therefore, votes against the draft resolution.

Topic 30: Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau *(continuation)*

The CHAIRMAN invited Dr. Wegman to speak on the topic under discussion.

Dr. WEGMAN (Chief, Division of Education and Training, PASB) introduced the working document (Document CSP14/35),[2] making only general observations on this detailed study. He said that a study had been made not only of the PASB stipends but also of those of the other organizations that grant international fellowships. Among other data, the regulations of the WHO had been taken into account. There were three types of expenses related to fellowships: (1) the cost of the studies themselves; (2) the cost of travel; and (3) subsistence.

[1] See first report of Committee II, p. 521.

[2] See p. 553.

He said that when a country requested a fellowship, its Minister or Director of Public Health had to certify that the studies to be pursued by the recipient were necessary to the programs of the country concerned, and the latter agreed to make use of his services, on his return. Through the stipends, an attempt was made to provide fellows with suitable living conditions, to enable them to derive the greatest advantage from their studies, but it was not expected that these stipends would cover family expenses. With a view to uniformity, the Bureau had followed, with regard to its own fellows, the regulations of the WHO, which established a basic allowance of $200 a month for students attending a university or educational institution. Nevertheless, for travel grants the allowance was 50% more, that is, $300 a month, as the fellow had to stay at hotels, at daily or weekly rates which, as a general rule, were higher than those for living arrangements over longer periods. Differences in the cost of living in the countries where the studies were to be pursued were also taken into account, and stipends were increased or reduced accordingly. There could be no doubt that it was most desirable to maintain similar rates for stipends for all fellows from various organizations who were studying at the same institution, thereby avoiding invidious comparisons. The Bureau periodically consulted other agencies on the question of stipends and other problems connected with fellowships and with education and training activities. There was agreement already on many points, and efforts to attain an even greater degree of cooperation were still being made.

Dr. HORWITZ (Chile) said that he had been present as an observer at the discussions of the Executive Committee on this topic. He recalled that Argentina had proposed that the stipends be increased and had said that there was need of classifying the types of fellowships granted. On that occasion, the representative of Chile had made a distinction between two types of fellows: those whose studies were at a formative, preparatory, university level, and those who had already completed their professional training and were going elsewhere to observe and analyze with a view to specializing and learning new techniques. The representative of Chile had maintained that the two groups ought to have different stipends. In the proposed resolution some of the ideas put forward had been included, but it was necessary to give them clearer expression. The Director should be instructed: (1) to study means of increasing the stipends; (2) to see that common standards were agreed upon with other fellowship-granting organizations; and (3) to have a set of fellowship regulations drawn up.

Dr. WEGMAN (Chief, Division of Education and Training, PASB) explained that, insofar as any difference between stipends was concerned, two categories of fellows virtually did exist: those who pursue their studies at a given institution and those who are obliged to travel. As was previously stated, the former were allowed $200 and the latter, $300. Furthermore, the close relationship between the WHO and the PASB had to be taken into account. The former had included fellowship regulations in the Manual dated April 1954, and it was difficult to see how the PASB, which was its Regional Office for the Americas, could adopt a different set of regulations.

Dr. HORWITZ (Chile) insisted that the sum of $300 was insufficient for travel grants, since these fellows often must incur considerably greater expenses.

It was therefore imperative to raise the stipend rate. As for the fellowship regulations, the speaker declared that they had not come to his attention, despite the fact that he held an important post in the National Health Service in Chile, and he therefore requested the Pan American Sanitary Bureau, if it had them in its possession, to distribute them among the Member States.

The CHAIRMAN said that Resolution VI of the 23rd Meeting of the Executive Committee (cited in the working document) covered the point raised by the delegate of Chile, since it spoke of "the possibility of establishing classifications of fellowships," and not of fellows. But the delegate of Chile felt that the resolution was not fully satisfactory. The views of Dr. Wegman merited careful attention, since the Pan American Sanitary Bureau was the Regional Organization of the WHO and its fellowships had the financial backing of the latter body. Consequently, to bring about any change in the present state of affairs, a new heading would have to be opened in the budget of the PASB, or the WHO regulations would have to be rectified. There was much truth in the remarks of the delegate of Chile to the effect that a fellowship granted for purposes of professional training was not the same as one awarded to an observer who had already attained a high professional level. These latter fellowships ought to be generous enough to be acceptable to anyone and should correspond in amount to the category of the recipient. Whether travel was involved was a secondary consideration. The fellow of higher standing who went to familiarize himself with a particular technique should receive the treatment due his professional standing. It would be desirable for Chile to introduce an amendment requesting that the Director be asked to consider how to improve the financial situation of fellowship-holders and how to draw up the PASB's own fellowship regulations.

Dr. WEGMAN (Chief, Division of Education and Training, PASB) thought it advisable to add that actually there was another type of fellowships, besides those already mentioned: fellowships with funds from Technical Assistance, which had its own fellowship regulations with stipends considerably lower than those of the PASB and the WHO. The latter had insisted that its fellows who receive Technical Assistance funds should come under the WHO regulations; some progress had been made in this respect. At present a working party on which all specialized agencies of the UN were represented was studying the question of stipends. He thought it wise to keep in mind, in discussing this question, the difficulties that might arise in the granting of fellowships if two regulations (that is, those of WHO and those of PASB) had to be considered.

Dr. VARGAS MÉNDEZ (Costa Rica) said that a country receiving a fellowship ought to be required to continue paying the total salary of the fellow. If the Bureau could bring this about, it would solve the problem of the well-being of the fellowship-holders, who would be able to go away to pursue their studies without financial worries about their families. He added that it would be desirable for this principle to be reflected in a set of regulations.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) regretted to say that he disagreed with the delegate of Costa Rica. There were occasions when it was felt that an employee should follow a course of study with the help of a fellowship; and in

such cases, if the fellow had to be absent for some time, a year, for instance, it was often impossible not to fill his post. Of course, if he was married he continued to receive his salary, but if he was a bachelor it was impossible to go on paying him his emoluments, as his fellowship allowance was supposed to replace these in meeting his personal needs. It would not be possible in every case to continue paying the full salary to everyone who left to follow a course of study because he had been awarded a fellowship.

Dr. ZOZAYA (Mexico) considered that the proposal of Costa Rica had sound practical bases and was of value, but that its approval would mean trespassing upon the province of the governments. Mexico continued to pay the salaries of fellowship holders, but he understood the objection voiced by the delegate of the Dominican Republic.

Dr. SEGURA (Argentina) recalled that, when his delegation submitted its proposal to the Executive Committee in April, it had taken into account, in the first place, the desirability of the PASB's knowing that holders of fellowships did not find their allowances sufficient. It was for this reason that a revision of the regulations and stipends was requested, so as to improve the situation of the recipients of fellowships. The arguments adduced were partly of a humanitarian nature. In the second place, the delegation of Argentina had deplored the lack of a set of regulations which, without going into minute detail, would take up points that would save time and prevent certain candidates from cherishing groundless hopes. The matter had been fully discussed by the Executive Committee and various modifications had had to be made in the original proposal. In any case, the form in which the proposal was worded was broad enough to enable the authorities of the Pan American Sanitary Bureau to examine the possibilities of improvement.

The CHAIRMAN remarked that, as the proposal was only a recommendation, there could be no objection to accepting it.

Dr. ZACARÍAS ARZA (Paraguay) thought that the suggestion of Costa Rica was very interesting and should be discussed at an early opportunity. It had to be acknowledged, however, that not all countries enjoyed the same economic resources, and therefore it was not easy to accept the proposal of the delegation of Costa Rica. As a matter of fact, when an organization offered a fellowship, the candidate who accepted it was usually obliged to begin taking steps to immediately obtain more financial aid. In such cases the problem arose of having to satisfy, at one and the same time, the requirements of the individual and those of the country. What ought to be done was to offer fellowships that carry a sufficient stipend to enable the recipient to get along without undue difficulties. It should be borne in mind that the granting of adequate fellowships was not only desirable for the individual and for his country but was of general benefit, since the problems of public health know no frontiers. Hence, it was indispensable that all countries cooperate and that a system of adequate fellowships, reflecting a community spirit of assistance, collaboration, and solidarity, be established.

Decision: It was unanimously agreed to take note of the fact that, in accordance with Resolution VI adopted by the Executive Committee at its 23rd Meeting,

the Director will undertake a study on stipends paid to recipients of fellowships from the Pan American Sanitary Bureau.

Topic 18: Status of the Collection of Quota Contributions

Mr. HINDERER (Chief, Division of Administration, PASB) referred to the report on the status of the collection of quota contributions,[1] and pointed out that the Directing Council, at its VII Meeting, recognizing that delays in the receipt of contributions limited the development of public health and education programs to be undertaken, had approved Resolution XIV, which instructed the Director to request, in the name of the Directing Council, that Member Governments make the necessary financial arrangements for the payment of all arrearages and the maintenance of future years' contributions on a current annual basis. Accordingly, the Director had transmitted the text of this resolution to all of the Member Governments of the Pan American Sanitary Organization. He added that, since the date of the present report, Argentina had paid its quotas for the years 1951, 1952, and 1953, in the total amount of $400,642.

Dr. VARGAS MÉNDEZ (Costa Rica) was happy to observe such an improvement in the payment of quotas; and it gave him particular pleasure to hear the data cited by Mr. Hinderer with respect to Argentina.

Mr. HINDERER (Chief, Division of Administration, PASB) added that the Director was planning to issue an official amendment to the report, showing the payment of Argentina.

The CHAIRMAN commented upon the causes of delay and said that they were perhaps not very easy to understand in the case of particular countries whose administration was very well-organized. In practice, however, there was a series of difficulties clogging the wheels of public administration, which led to the accumulation of arrearages. At all events, it was satisfactory to observe how the percentage of recoverable quotas was increasing, and this spoke strongly in favor of the measures taken by the Bureau.

Dr. SEGURA (Argentina) said that he wished to enlarge upon Mr. Hinderer's remarks and to add that Argentina had decided to place at the disposal of the Bureau a special contribution of 1,500,000 pesos (apart from the payment of the $400,000) for expenditures within the Zone.

The CHAIRMAN observed that the statements of the delegate of Argentina revealed aspirations in which all shared and offered a useful formula for solving the problem of foreign exchange: the appropriation of amounts to be invested within the Zone in the currency of the country itself.

Dr. GONZÁLEZ (Assistant Director, PASB) thanked Dr. Segura for his remarks and explained that the PASB had not reported to the representatives on the special contribution of 1,500,000 pesos (national currency) because it had not then been notified officially. But on behalf of the Director he wished to express

[1] Document CSP14/31, unpublished.

gratification at the statement by the representative of Argentina, which officially confirmed this contribution.

The CHAIRMAN declared that the Committee had now been informed of the status of the collection of quota contributions, and announced that a note of appreciation and encouragement to the Bureau, in recognition of the measures it had taken, would be drawn up.

Decision: It was unanimously agreed to request the Member Governments having outstanding quota balances to make the necessary financial arrangements for the payment thereof, and to emphasize the importance of maintaining future contributions on a current annual basis.[1]

Topic 39: Emergency Revolving Fund (*continuation*) (Proposal of the United States: Reimbursement of Funds)

The CHAIRMAN referred to the previous discussion on this topic, and offered the floor to the delegation of the United States, originator of the proposal in the draft resolution presented at the preceding session.

Mr. BELTON (United States) said that, in view of the previous discussion concerning territories without an autonomous government, his delegation wished to propose a minor change in the wording of the draft resolution, this change being to substitute the words "areas in the Western Hemisphere" for the words "Member Governments or of territories associated with the Organization."

Dr. ZOZAYA (Mexico) said that the words "unless there are extraordinary circumstances making reimbursement impossible," which appear in the second operative paragraph, were too categorical for a document of this type, since the possibility of making a reimbursement never ceased to exist, although reimbursement might not be made immediately.

The CHAIRMAN said that the first paragraph of the draft resolution was consistent with the constitutional precept that created the Emergency Fund. Where the scope of the question began to widen was in the second paragraph, which made imperative the reimbursement of the sums received as emergency assistance. It would be well to recall that, in the discussion of the proposed revision of the Constitution, full attention had been paid to the theory of emergencies, leaving no room for doubt as to the lofty principles that inspired that theory, since they were based upon considerations far superior to those of a merely monetary nature. All too soon, unfortunately, there had been an example of what was contended in the debate, when a hurricane caused serious havoc in Haiti. Precise information as to the extent of the damage suffered was not available, but in Washington they would have the necessary means of ascertaining its magnitude. In such cases, it must be acknowledged that the first thing to do was to send the necessary assistance, without stopping over considerations connected with the method of payment. Anything else would be contrary to the spirit that inspired

[1] See first report of Committee II, p. 522.

the Proposed Constitution. Very different would be the case in which a country asked for help under other circumstances, of a less pressing nature. But in face of a catastrophe that had already occurred, the only possible line of conduct was the immediate dispatch of the necessary assistance. There should therefore be no talk of immediate reimbursement. In fact, in such a case, reimbursement was not indispensable. It would therefore be desirable for the delegation of the United States to amend the text of the draft resolution, so as to make a distinction between emergency assistance, which should be unconditionally rendered, and other cases of assistance in which conditions should be imposed.

Dr. HORWITZ (Chile) agreed with the explanations given, and proposed that the second paragraph be reworded to make reimbursements more conditional. He suggested the following wording: "That the country receiving the emergency assistance should reimburse the funds so used at an early date, unless extraordinary circumstances prevent it."

Mr. BELTON (United States) said that his delegation had no objection whatsoever to that change. He wanted to explain the motives of the delegation of the United States in presenting this draft resolution. He felt that it was understood by all the members of the Committee that the United States Government had no reluctance whatsoever in coming to the assistance of any country or people in need. His Government had done so a number of times, and in a recent case, through the American Red Cross, $50,000 had been donated for relief in just such an emergency. He stated that his delegation presented this resolution because it was felt that the Pan American Sanitary Organization was not, properly speaking, a disaster-relief organization. He thought that it was perfectly proper for the Organization to have an emergency fund to assist members in moments of emergency, but that it should not attempt to establish in its budget a fund which might be drawn on continuously to meet various needs of a disaster nature. For this, there were other funds, other assistance, and funds of the Organization should be reimbursed in order that the Organization could carry on its principal purpose to the fullest possible extent. It was these motives that caused the delegation of the United States to present the draft resolution.

Dr. CARNAUBA (Brazil) expressed agreement with the views of the delegate of Chile.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) proposed that the third paragraph of the draft resolution be worded as follows: "That in such extraordinary cases, the Conference or the Council authorize reimbursement of the amounts expended to the Emergency Revolving Fund from other available funds of the Organization."

Decision: The draft resolution presented by the delegation of the United States was unanimously approved, with the amendments introduced by the delegations of the United States, Chile, and the Dominican Republic.[1]

[1] See first report of Committee II, p. 522.

Topic 23: Relations between the Pan American Sanitary Organization and Nongovernmental Organizations

THE SECRETARY presented Document CS14/7 on this topic[1] and gave an account of the course taken by this matter since the Executive Committee resolved, at its 22nd Meeting, to recommend to the XIV Pan American Sanitary Conference, for consideration, some general standards regarding the relations between the Pan American Sanitary Organization and nongovernmental organizations. He added that this document marked the final stage in the discussion of the matter, since the Conference, as the supreme governing body, would adopt the decision it deemed proper.

The CHAIRMAN said that the study made by the Bureau had been very careful and detailed, and that the document did not really imply any obligatory decision.

Dr. ZOZAYA (Mexico) said that the problem raised was of very little importance on the surface, but very serious in substance. Five years of experience on the Executive Board of the WHO had made the speaker see that the question raised was one of those that cause the most concern and discussion. But in the WHO, the necessity of establishing a clear policy regarding relations with nongovernmental organizations had been recognized. What authority should be granted to the Director of the PASB in this matter? The speaker referred to paragraph 1 of Section II of the document, which provided that the Executive Committee would serve as a Standing Committee of the Directing Council on relations with nongovernmental organizations, and he pointed out that the members of the Standing Committee would serve only briefly. The changes in its membership after relatively short periods resulted in making that Committee into a ground of apprenticeship. This state of affairs should not exist, since there should be a continuing and well-conceived policy. The existence of a committee composed of permanent members to take charge of this matter was indispensable. What was really important was to arrive at an agreement on the procedure that should be followed for the recognition of nongovernmental organizations.

Dr. GONZÁLEZ (Assistant Director, PASB) said, by way of information, that the powers granted in paragraph 1 of Section II were limited, since the Executive Committee was to act only as the Standing Committee of the Directing Council, the latter having the power to make final decisions. Moreover, in paragraph 7 it was stated that the Directing Council would review every two years the list of organizations admitted into relations with the PASO and determine the desirability of maintaining relations with the organizations on the list.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) agreed with the delegate of Mexico. He said it would be desirable to suspend the debate on this topic until the question of the revision of the Constitution had been resolved.

The CHAIRMAN observed that suspension would be virtually final, since the topic would have to be eliminated from the order of business.

Dr. ZACARÍAS ARZA (Paraguay) said that the concept of permanency should not be applied to persons. Permanency referred only to principles and criteria.

[1] See p. 560.

Therefore, what was important was to arrive at the determination of these principles, since the change of individuals within a committee was of secondary importance.

Dr. HORWITZ (Chile) asked for the number of nongovernmental organizations that had shown an interest in maintaining relations with the Pan American Sanitary Organization.

The SECRETARY stated that, up to now, relations were maintained only with the Pan American Medical Confederation. In addition, some five inquiries had been received, and in each case the answer had been that the rules of procedure were under study.

Dr. HORWITZ (Chile) inquired about the relations between the Pan American Sanitary Organization and the Pan American Medical Confederation.

The SECRETARY stated that the relations were limited to the sending of observers and to the exchange of documents.

Dr. HORWITZ (Chile) declared that, in his judgment, since the relations had no greater range, the document should be accepted in the form in which it was drawn up.

The CHAIRMAN emphasized the importance that relations with nongovernmental organizations could have, since some of them had the best information services available.

Dr. ZOZAYA (Mexico) stressed what he had previously said, referring principally to the experience of the WHO. He said that many nongovernmental organizations sought association with international governmental organizations merely for reasons of prestige; and if a clear and firm standard were not established with respect to which organizations could be accepted, there would be the risk of having to deal with a great number of organizations, which would involve serious practical complications.

Dr. HYRONIMUS (France) said that he had listened to the deliberations on the subject with the greatest interest. He recognized that there was, in fact, as the delegate of Mexico had said, an element of complexity in the situation. But he asserted that enjoying the support of nongovernmental organizations was beneficial to the World Health Organization and might also be to the Pan American Sanitary Organization, for with this help the radius of action was extended and the exchange of knowledge was facilitated. Therefore, he asked for the approval of the text of the report.

The CHAIRMAN asked the delegation of Mexico if it wished to draw up a motion for postponement or to present any concrete proposal.

Dr. SEGURA (Argentina) suggested that the Committee approve the document, leaving pending the part relative to procedures, which could be taken up when the Working Party on revision of the Constitution had finished its work.

The CHAIRMAN said that this was impossible, since theoretically Committee II did not know what was going on within the Working Party on revision of the Constitution. The proposal had to be considered definitive.

Mr. CALDERWOOD (United States) declared that he shared the views expressed by the delegates of the Dominican Republic and Argentina. However, he did not feel quite so pessimistic about the length of time it would take to deal with the question, once the Working Party on the constitutional revision had completed its study. He thought that it would be unwise to formulate procedures or principles which, because of the constitutional revision, might have to be reworded at a later date. On the other hand, if the discussion were to be continued, he suggested that it would be advisable to have the Director express his views on the matter and inform the Committee of his opinions as expressed in the meeting of the Working Party that morning. He also wished some other questions to be clarified, concerning organizations having cooperative relations with the WHO. He stated that, if establishing cooperative relations with the WHO signified automatic cooperative relations with the Regional Committee for the Americas, it would mean that PASO now had cooperative relations with some thirty-two international organizations. Also, he thought that it would be advisable to know how much it would cost the Bureau to maintain the necessary staff to provide documentation to these organizations, handle correspondence, etc. He declared that his Government attached great importance to the establishment and maintenance of cooperation between the Pan American Sanitary Organization and other organizations, both governmental and nongovernmental. However, since the Director of the Bureau was not present at the time, he thought that there was no way to clarify the points in question. Therefore, he suggested that the matter be postponed, to enable the Director to explain later his opinions as given in the Working Party.

The CHAIRMAN agreed to suspend the discussion until further notice.

The session was adjourned at 5:00 p.m.

FOURTH SESSION

Friday, 15 October 1954, at 9:30 a.m.

Chairman: DR. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegations present.

The SECRETARY announced that twelve delegations were present.

The CHAIRMAN submitted the first topic on the order of business for consideration, as there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 23: Relations between the Pan American Sanitary Organization and Nongovernmental Organizations (*continuation*)

The CHAIRMAN recalled that discussion of this topic had begun at the previous session and, at the proposal of the delegate of the United States, had been

postponed until the Director of the Pan American Sanitary Bureau could be present. He said that the points of difference were not many. The Director of the Bureau now being present, he reopened the discussion of this topic.

Dr. HORWITZ (Chile) said that at the previous session he had inquired about the true extent of the problem. He added that the Pan American Medical Confederation was the only nongovernmental organization that maintained official relations with PASO; however, the delegate of Mexico had stated that the World Health Organization maintained relations with various nongovernmental organizations. His delegation considered that Document CSP14/7,[1] prepared by the Secretariat, clearly outlined the procedures to be followed in establishing relations with these organizations. He was in agreement with the statements made in the document.

Dr. SEGURA (Argentina) pointed out that, during the discussion of this document the previous day, one of the points most debated was paragraph 1 of Section II, entitled "Procedures," whereby the Executive Committee was to serve as a Standing Committee of the Directing Council on relations with nongovernmental organizations. He thought that the establishment of these relations should be the function of either the Conference or the Directing Council. However, since the functions of the Executive Committee with respect to this matter would be of an indefinite and limited nature, he was inclined to approve the document as it was presented.

Dr. PIERRE-NOËL (Haiti) recommended that the document be approved, for the reasons expressed by the delegates of Argentina and Chile.

Mr. CALDERWOOD (United States) requested that the Director of the Bureau give his opinions on the matter, as expressed in the Working Party that studied the revision of the Constitution.

Dr. SOPER (Director, PASB) said that, as he had formerly stated in the Working Party on revision of the Constitution, he did not see any great need for, or advantage in, maintaining official relations with nongovernmental organizations. More important would be the possibility of collaborating informally with any organization interested in programs following the technical standards in which the Bureau was interested. Concerning nongovernmental organizations, he wished to point out that there were many organizations of this kind in the Americas. The World Health Organization maintained official relations with a series of such organizations, and he stated that the official recognition of these organizations had been the subject of discussion at Assemblies for several years. He added that the Pan American Sanitary Organization had received only one request from a nongovernmental organization interested in the establishment of official relations. He thought it important that collaboration be carried out on a temporary basis, in accordance with approved programs. He explained that the various organizations maintaining official relations with the WHO are invited to send representatives to the meetings of the Regional Committees. Therefore, the Bureau, as the WHO Regional Office for the Americas, must send to these organizations documents con-

[1] See p. 560.

funds were directly controlled by the Economic and Social Council of the United Nations. They were then distributed by the Technical Assistance Board to the various specialized agencies of the United Nations. This was a difficult phase, since the proper value and importance were not given to the World Health Organization. Also, the Executive Director of Technical Assistance reserved the right to veto programs proposed to the Board. The speaker mentioned the discussions with the Executive Director in the World Health Assembly and the fact that at the last meeting of the Economic and Social Council the position taken by the WHO with respect to the consideration that should be given public health programs met with little success. Similar difficulties existed concerning the allocation of funds to UNICEF.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) supported the resolution proposed by the 23rd Meeting of the Executive Committee.

Dr. HORWITZ (Chile) mentioned that, at the first session of the Joint Committee, his delegation had brought up various points with relation to the topic under discussion,[1] which, although not stated in concrete terms, had been considered necessary for a rational analysis of the document. The Secretariat was preparing the requested information on the proportionate distribution of funds budgeted for field activities. Dr. Horwitz particularly pointed out the interest that his Government had in seeing that the field programs of the Bureau met the real needs of the Member Countries. Toward this end, the Bureau should collaborate with the Member Governments in order to determine their real requirements in the field of public health. His delegation was in agreement with and recognized the need for approving the budget document, but it reserved the right to propose that the information requested of the Secretariat be incorporated in the document and to propose to a plenary session that general lines governing the distribution of funds by the Bureau be specified.

Dr. GONZÁLEZ (Assistant Director, PASB) stated that the information requested by the delegate of Chile was being prepared and would be distributed shortly.[2] He repeated that, up to the present moment, the lines of action followed in the distribution of PASB funds had been governed by the resolution of the VII Meeting of the Directing Council on the long-range plan of public health programs, detailed reference to which was made in the Annual Report of the Director for 1953. He pointed out that the total figure of the proposed Regional budget for 1956 was practically the same as that of the budget approved for 1955. The information requested by the delegation of Chile would be prepared on the basis of the figures in the document, but he stated that there was no guarantee that these sums would actually be received.

Dr. SOJO ARIAS (Costa Rica) supported the resolution proposed by the Executive Committee.

Decision: It was unanimously agreed to recommend to the Conference the

[1] See pp. 424, 425 and 426.

[2] See Document CSP14/77, p. 563.

adoption of the draft resolution proposed by the 23rd Meeting of the Executive Committee.[1]

Topic 14: Future Form of Presentation of the Proposed Program and Budget of the Pan American Sanitary Bureau

The SECRETARY read Resolution I adopted on this topic by the Executive Committee at its 23rd Meeting, as follows:

The Executive Committee, noting that the Director has incorporated in the proposed program and budget of the WHO for the Region of the Americas the budgetary data required by the World Health Assembly and that, in accordance with Resolution XVII of the 22nd Meeting of the Executive Committee, he will incorporate similar data in the budget of the Pan American Sanitary Bureau; and considering that the Director has expressed the intention of continuing to study the possibility of effecting economies in the preparation of the budget documents.

Resolves: (1) To take note of the report of the Director on the action taken by the Seventh World Health Assembly and its effect on the form of presentation of the proposed programs and budgets of the WHO for the Region of the Americas, and of the Pan American Sanitary Bureau; (2) To request the Director to continue to study the possibility of effecting economies in the preparation of the budget documents and, in the event this study results in recommendations for changes in the budgets, to present such recommendations to the appropriate meeting of the Executive Committee for consideration; (3) To transmit the report of the Director on this matter (Document CE23/3)[1] to the XIV Pan American Sanitary Conference for its information.

The SECRETARY then explained that in January 1954 the Thirteenth Session of the Executive Board of the WHO had proposed various changes in the presentation and format of the budget document of the WHO. These changes had then been submitted to the Seventh World Health Assembly. The meetings of the Executive Committee of the Pan American Sanitary Organization were held in April, before the meetings of the World Health Assembly. Therefore, the Director of the Bureau had submitted these same proposals to the Executive Committee of PASO so that, if the Assembly accepted the proposals of the Executive Board, the Director would also have the authorization of the PASO governing body to introduce these changes in the Regional budget that was prepared for the present Conference. The Executive Committee had approved the modification in the form of presentation of the budget, and later the Seventh World Health Assembly had approved only part of the recommendations made by the Executive Board. One of the proposals was to the effect that the estimated expenditures for the two years preceding the budget year be eliminated from the individual project tables. He pointed out that in the present budget document the figures were for three years. If these data had been left out, the document would have been one half the present size. However, the World Health Assembly had rejected this proposal and, consequently, the Bureau had to retain this information in the document. Another suggestion of the Executive Board was to the effect that the country schedules

[1] See second report of Committee II, p. 558.

[2] Unpublished working document.

show only the total costs, together with the total number of posts for each project. However, the Bureau felt that the elimination of these data did not offer an appreciable advantage since it was necessary, for the Bureau itself, to develop the detailed data in any case. Therefore, it was deemed desirable to present both the detail and the explanatory narrative statement. The third proposal was to the effect that the consolidation of statutory staff costs for each Department be grouped together under a single heading at the end of each Department. This was already an established practice in the Pan American Sanitary Bureau and thereby, also, it met the standards set by the World Health Assembly.

Dr. HORWITZ (Chile) stated that, although his delegation favored reducing administrative costs as far as possible, still it had to recognize the fact that, considering the functions of the Executive Committee, the more detailed the document, the better it could be examined. He was in agreement with the three points mentioned by the Secretary, with respect to retaining the document in its previous form. He requested that the Secretariat, in the future, explain the machinery of distribution, by percentages, of funds derived from the four organizations and allocated to the various activities.

Dr. GONZÁLEZ (Assistant Director, PASB) considered the suggestions of the delegate of Chile important in connection with the various sources of the funds administered by the Bureau. He pointed out that when the budget was being considered it was important to examine it as a whole in the sense that, even though the sources of funds were many, they were administered as one. He said that a distribution by percentages would be useful if the total of all funds (PASB, WHO Regular, and WHO/TA) were considered as a single working unit.

Dr. HORWITZ (Chile) wished to know the amount of money allotted to maternal and child health, to health education, to the eradication of malaria, and to yellow fever. He pointed out that problems in his own country were determined by local conditions, but he felt it probable that a study on a continent-wide basis would reveal that the Bureau was not distributing its funds in accordance with the real problems of the entire Hemisphere.

Decision: It was unanimously agreed to recommend that the Conference take note of Resolution I adopted at the 23rd Meeting of the Executive Committee on the future form of presentation of the proposed program and budget of the Pan American Sanitary Bureau.[1]

Topic 34: Modification in the 1955 Program and Budget of the World Health Organization

The CHAIRMAN submitted the topic for discussion and referred to Resolution VIII of the 23rd Meeting of the Executive Committee, which included a proposed resolution for consideration by the XIV Conference.

Dr. SEGURA (Argentina) wished to clear up a minor point for the benefit of those delegations that had not been present at the time of the meeting of the

[1] See second report of Committee II, p. 560.

Executive Committee, which had preceded the present meeting of the Conference. The delegation of Argentina, in view of the opportunity provided by the presence of the Director-General of the WHO, Dr. Candau, had asked why, out of the reduction of $811,000 in the WHO budget, a reduction of $204,000 had been made in the funds for the Region of the Americas, a figure that might seem rather large in proportion to the general reduction. Dr. Candau had made it clear that this reduction, which might seem substantial to the Region of the Americas, bore a relation to the fact that this Region had also received the benefit of a more liberally increased contribution when the Organization had had no shortage of funds for distribution. Therefore, so as not to create an unbalance in Regions that were receiving more limited allocations, it had been felt that the Region of the Americas was well able to bear this reduction. The Executive Committee had therefore accepted this explanation and proposed the draft resolution now before the Committee for consideration.

The SECRETARY, supplementing the statements of the delegate of Argentina, said that when the Director-General of the WHO had prepared the budget for presentation to the Executive Board and then to the Assembly, a certain increase had been allotted to the Region of the Americas. When it was learned that the total increase in the budget had not been approved, the Director-General had reduced the Regional budget of the Americas in direct proportion to the increase he had previously recommended.

Dr. GONZÁLEZ (Assistant Director, PASB) stated that this was one of the reasons why the 1955 figures for funds from the WHO were not the same in the 1956 WHO Regional budget (Document CE23/2) as those in the 1955 PASB budget (Document CE22/2). This was one more example of the difficulty in estimating ahead of time the funds to be made available to the Organization. The reduction of $204,635 was reflected in the Regional program but, because the Region had its own budget, it had been possible to make a general adjustment for the 1955 budget, thereby avoiding the unfavorable consequences of the general reduction in the WHO budget. Some projects had been transferred from the regular WHO budget to that of the PASB, and others to the Expanded Technical Assistance Program.

Decision: It was unanimously agreed to recommend that the Conference approve the draft resolution proposed by the 23rd Meeting of the Executive Committee.[1]

Topic 40: Functions of the Executive Committee in the Preparation of the Pan American Sanitary Conferences

The CHAIRMAN submitted the topic for discussion and referred to Resolution IX of the 23rd Meeting of the Executive Committee, which included a proposed resolution for consideration by the XIV Conference.

Dr. SEGURA (Argentina) stated that at the 23rd Meeting of the Executive Committee there had been one item, among the topics to be discussed, that did

[1] See second report of Committee II, p. 559.

not appear on the agenda. It was the one concerning the designation of the delegate who, on behalf of the delegations of the Americas, would reply to the address delivered by His Excellency the President of Chile at the inaugural session of the Conference. In order to avoid a delay in the selection of the delegate and to allow him sufficient time to prepare his address, the Executive Committee had proceeded to elect the Minister of Public Health and Welfare of Mexico. As justification for its decision, and in order to avoid possible criticism, the Executive Committee had agreed to submit to the Conference for consideration the draft resolution now before the delegates, in order to obtain the approval of the decision that had been adopted, and so that the Executive Committee might have freedom of action in solving similar problems in the future.

DR. SÁNCHEZ BÁEZ (Dominican Republic) pointed out that the XIII Pan American Sanitary Conference had set a precedent related to the topic under discussion. However, it should be borne in mind that the Executive Committee met a few days before the Conference and that the length of time available for the preparation of addresses would always be short. He declared that the choice of the delegate who was to answer the address of a Chief of State was an extremely delicate matter, since a country unwilling to accept might be selected. He believed that the Organizing Committee in the host country ought to make the designation, or that a previous agreement should be reached through diplomatic channels.

Dr. ZACARÍAS ARZA (Paraguay) did not share the views of the delegate of the Dominican Republic. He observed that the Executive Committee had the authorization and full confidence of the Conference to make decisions on matters of great importance. In his opinion, the Executive Committee had a perfect right to designate the speaker in question. He added that his delegation considered acceptable the draft resolution proposed by the 23rd Meeting of the Executive Committee.

Dr. HORWITZ (Chile) also differed with the views expressed by the delegate of the Dominican Republic. It did not seem to him that the host country ought to designate the delegate charged with replying to the address of the Chief of State. He thought that the Executive Committee should make the designation, for which purpose it could easily communicate with the Organizing Committee of the host country and receive all necessary advice. He supported the draft resolution presented.

The CHAIRMAN stated that the Pan American Sanitary Conference should begin its activities with a formal session. He suggested that a resolution be drawn up to provide that the Executive Committee be in charge of organizing that session, in collaboration with the Organizing Committee.

Dr. SEGURA (Argentina) agreed with the suggestion of the Chairman. He explained that the Organizing Committee of the Conference had not wished to take responsibility for designating the delegate to reply to the address of the Chief of State. Nor had the Bureau wished to take this responsibility. Therefore, the Executive Committee had solved the problem in the manner indicated. Now it was a matter of granting the Committee a certain amount of authority to take

steps in future situations and to solve other problems that might arise during the preparations for a Conference, with the assurance that it would not be taking decisions contrary to the opinion of the Conference.

Mr. CALDERWOOD (United States) supported the draft resolution as presented. It seemed to him that what it attempted to provide was a general authorization to the Executive Committee to take certain action in unforeseen circumstances. The Constitution and the Rules of Procedure already laid down certain rules governing the preparations for Conferences and meetings of the Directing Council. The Conference determined where the next meeting would be held, and there was provision for the establishment of an Organizing Committee in the host country when the meetings were held away from Headquarters. It was provided that the Director be named by the Conference; that the Executive Committee approve the provisional agenda, etc. But there might be certain details not specifically provided for, and to correct this situation it was considered desirable to adopt a resolution like the one presented.

The speaker said that the situation that had occurred on this occasion might occur again under completely different circumstances. He thought that normally the government of the host country, together with the Executive Committee or with the Director, could deal with a situation such as the one that had just arisen, without specific reference being made to this situation in the resolution now under consideration. Finally, he proposed that the draft resolution be adopted without change.

Dr. RODRIGUES VALLE (Brazil) agreed with the delegate of Argentina. He wished to record his particular approval of the first paragraph of the draft resolution, for the reason that his country, which was represented on the Executive Committee, had not been able to send a delegation to the meeting at which the decision on designating a speaker was taken.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) stated that he would accept the resolution if the phrase "assisted by the Organizing Committee" were inserted after "Executive Committee," in the second line of the second operative paragraph.

Mr. CALDERWOOD (United States) stated that the change suggested by the delegate of the Dominican Republic introduced something alien to the purpose of this resolution. He pointed to the fact that the Constitution already provided for the establishment of an Organizing Committee, whose duties it described clearly. There was no question that the Organizing Committee would participate in all preparations. The question to be settled was in relation to the fact that the Executive Committee had to take action not specifically provided for in the Constitution or in the Rules of Procedure. The Conference ought to approve the action taken by the Executive Committee in this matter and anticipate the possibility of unforeseen contingencies arising in the future. This had nothing to do with the functions of the Organizing Committee.

Dr. ZOZAYA (Mexico) agreed with the delegate of the United States, saying that the Organizing Committee obviously would participate in the preparations.

Decision: It was unanimously agreed to recommend that the Conference ap-

prove the draft resolution proposed by the 23rd Meeting of the Executive Committee.[1]

Dr. VARGAS MÉNDEZ (Costa Rica) stated that he had been unable to be present during the discussion of Topic 34 (Modification in the 1955 Program and Budget of the World Health Organization), and he requested that the Chairman resubmit the topic for consideration, since both the delegation of Costa Rica and that of El Salvador wished to express some reservations in regard to it.

The CHAIRMAN declared that he would be willing to accede to the request if it were possible in accordance with the Rules of Procedure, and he invited the delegate of Costa Rica to bring up the problem in the joint session of Committees I and II or in a plenary session of the Conference. He added that there was no objection to placing on the record any statement that the delegate of Costa Rica might wish to make.

The session was adjourned at 11:15 a.m.

FIFTH SESSION

Friday, 15 October 1954, at 3:15 p.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegations present.

The SECRETARY reported that fifteen delegations were present.

The CHAIRMAN called for discussion on the first report of the Rapporteur of Committee II, there being the quorum required by Article 17 of the Rules of Procedure of the Conference.

First Report of Committee II [2]

The Rapporteur, Dr. Zozaya (Mexico), was asked to read his report.

Topic 16: Financial Report of the Director and Report of the External Auditor for 1953

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 1.

The CHAIRMAN called for discussion.

Decision: The draft resolution was unanimously approved.

Topic 20: Report of the Permanent Subcommittee on Buildings and Installations

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 2.

[1] See second report of Committee II, p. 559.

[2] See p. 519.

The CHAIRMAN called for discussion.

Decision: The draft resolution was unanimously approved.

Topic 21: Revision of the Staff Rules of the Pan American Sanitary Bureau

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 3.

The CHAIRMAN called for discussion.

Decision: The draft resolution was unanimously approved.

Topic 31: Working Capital Fund

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 4.

The CHAIRMAN called for discussion.

Decision: The draft resolution was unanimously approved.

Topic 33: Reimbursement of Travel Expenses of Representatives to Regional Committee Meetings

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 5.

The CHAIRMAN called for discussion.

Decision: The draft resolution was unanimously approved.

Topic 39: Expenditure from the Emergency Revolving Fund in connection with a Flood Disaster in a Member Country

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 6.

The CHAIRMAN called for discussion.

Decision: The draft resolution on the expenditure from the Emergency Revolving Fund in connection with a flood disaster in a Member Country was unanimously approved.

Topic 17: Financial Participation of France, the Netherlands, and the United Kingdom

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 7.

The CHAIRMAN called for discussion.

Decision: The draft resolution on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization was unanimously approved.

Topic 30: Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 8 as drawn up at the third session of the Committee.[1]

[1] See p. 522.

The CHAIRMAN called for discussion.

Dr. SEGURA (Argentina) proposed a change in wording, because the resolution, in its present form, would appear to imply that the Director was going to begin the study on stipends paid to the recipients of fellowships, whereas this study had already been started, according to the Annual Report of the Director. Dr. Segura therefore suggested that the phrase "will undertake" be replaced by "will continue."

Decision: The draft resolution, with the change proposed by the delegate of Argentina, was unanimously approved.

Topic 18: Status of the Collection of Quota Contributions

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 9.

Decision: The draft resolution was unanimously approved.

Topic 39: Emergency Revolving Fund (Reimbursement of Funds)

Dr. ZOZAYA (Rapporteur, Mexico) read draft resolution 10.

The CHAIRMAN called for discussion.

Dr. ZACARÍAS ARZA (Paraguay) said that he thought the Committee, at its third session, had agreed to delete from paragraph 2 of the operative part the phrase "at an early date."

The RAPPORTEUR differed with the delegate of Paraguay and said that, on the recommendation of the delegates of Chile and Mexico, the word that was eliminated from the original text was "impossible."

Dr. PIERRE-NOËL (Haiti) agreed with the Rapporteur.

Decision: The draft resolution on the Emergency Revolving Fund was unanimously approved.

The CHAIRMAN stated that the Committee had considered all the topics assigned to it by the General Committee, with the exception of that on the revision of the Constitution of the Pan American Sanitary Organization. A working party had been appointed to study this topic and would present its report on Monday, the 18th.

Reservations Made by the Delegates of Costa Rica and Guatemala

Dr. VARGAS MÉNDEZ (Costa Rica) asked what the proper form was for presenting a reservation with respect to Topic 34, "Modification in the 1955 Program and Budget of the WHO."

The CHAIRMAN replied that Topic 34 had been considered by the Committee as a whole and that ample information had been provided by the staff of the Bureau. Furthermore, at the time Topic 34 was under discussion, a member of the delegation of Costa Rica had occupied the Chair. He saw no fundamental objection to a reservation by the delegate of Costa Rica, but he reminded him that, in order to reconsider a resolution, a two-thirds majority vote of the mem-

bers of the Committee was required. He suggested that the delegate of Costa Rica present his reservation at a plenary session of the Conference.

Dr. VARGAS MÉNDEZ (Costa Rica) said that it was not his intention to bring the document up for discussion, but rather to present a reservation reading as follows:

The delegation of Costa Rica wishes to present a reservation with respect to the modification in the 1955 Program and Budget of the WHO insofar as it concerns the transfer of the programs of the Demonstration Area in El Salvador and of the School of Nursing in Costa Rica from the regular programs of WHO to Technical Assistance in 1955.

The RAPPORTEUR felt that there was already a precedent for reservations presented after resolutions had been approved, and all that could be done was to place them on the record.

Dr. FAJARDO (Guatemala) wished to state a reservation with respect to the proposed resolution on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization, and said that he voted against that resolution, supporting the delegations of Mexico and Argentina in this matter.

Dr. PIERRE-NOËL (Haiti) agreed with the Rapporteur, saying that the reservations made by the delegates of Costa Rica and Guatemala should be placed on the record.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) was in complete agreement with the delegate of Haiti.

The CHAIRMAN stated that the reservations made by the delegates of Costa Rica and Guatemala would be placed on the record.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) commended the Chairman and the Rapporteur on the efficiency with which they had carried out the duties assigned to them.

The session was adjourned at 4:00 p.m.

SIXTH SESSION

Monday, 18 October 1954, at 4:00 p.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the meeting to order and asked the Secretary to report on the number of delegations present.

The SECRETARY reported that sixteen delegations were represented. Since there was the quorum required by Article 17 of the Rules of Procedure of the Conference, the Committee began its deliberations.

Topic 30: Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau (*continuation*)

The CHAIRMAN announced that the Committee would restudy the two draft resolutions returned to it by the seventh plenary session for the purpose of improving the texts. The first of these[1] concerned Topic 30, "Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau." It was now proposed to substitute for the present text one to recommend that the Director: (1) continue making studies concerning the stipends paid to fellows and, insofar as possible, improve the situation with regard to stipends; and (2) present to the Executive Committee for consideration, at its meeting next April, draft regulations that would include general instructions for the granting of fellowships. It was true that a system of classifying fellowships had also been mentioned, and this could be considered implicit in the subject and certainly would be included.

The Chairman read Resolution VI on this topic adopted by the Executive Committee at its 23rd Meeting and proposed that this text be adopted by the Committee and submitted to the full Conference for action.

Decision: It was unanimously agreed to submit to the Conference a proposed resolution drafted in the same terms as Resolution VI adopted by the Executive Committee at its 23rd Meeting.[2]

Topic 39: Emergency Revolving Fund (Reimbursement of Funds) (*continuation*)

The CHAIRMAN announced that the second draft resolution to be restudied by Committee II referred to Topic 39, "Emergency Revolving Fund."[3] It was recommended that, in the second operative paragraph, the phrase "the country receiving the emergency assistance," which was the one that caused the greatest differences of opinion, be changed to "the country requesting the emergency assistance." The wording therefore would be: "That the country requesting the emergency assistance should reimburse the funds so used at an early date, unless extraordinary circumstances prevent it."

Dr. SEGURA (Argentina) said that, if the reimbursement of the assistance received were to be made only when a government requested it, the Pan American Sanitary Bureau might hesitate to come to the aid of a country when there was no assurance that such aid was really needed. This, in turn, might create a difficult situation, because the Bureau might be subject to criticism for its action in an emergency. It was therefore preferable to refer to reimbursement by the country "to the extent possible." Otherwise, the spontaneity of the Bureau's action at the time of any disaster would be lost, through the fear of how such action might be judged.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) asked whether reimbursement was

[1] See first report of Committee II, p. 522.
[2] See second report of Committee II, p. 560.
[3] See first report of Committee II, p. 522.

to be limited to circumstances in which assistance was requested, and whether reimbursement was unnecessary if no request for assistance was received by the Bureau.

The CHAIRMAN read the operative part of the original Resolution II of the III Meeting of the Directing Council creating the Emergency Fund, as follows:

(1) To create the Emergency Fund from existing surplus at the end of the fiscal year of the Pan American Sanitary Bureau, December 31, 1949, the sum of $50,000 shall be set aside and deposited in dollars (USA) in a bank in Washington, D. C., and this Fund shall be administered by the Director or by his authorized representative. Reimbursement to the Emergency Fund shall be made by refunding through payments from countries who may receive materials for emergency services, or by orders approved by the Executive Committee chargeable to the general funds of the Bureau. The Executive Committee and the Directing Council shall receive reports pertaining to the use of such funds.

He pointed out that the resolution contained no binding provisions but merely set forth two possible ways in which to replenish the funds.

Mr. BELTON (United States) explained that the draft resolution returned to the Committee had been proposed by his delegation so that the Conference could express its preference for the first of the two choices whereby the fund might be reimbursed. In the original Directing Council resolution no difference was made, no preference established. The delegation of the United States had felt that it should be stated that the fund preferably should be reimbursed by the country receiving the aid. However, if it was the feeling of the Conference that a difference should not be made, his delegation saw no need for a new resolution and felt that the resolution in force would be fully satisfactory.

Dr. GONZÁLEZ (Assistant Director, PASB) reaffirmed what had been said by the Director of the Bureau in the plenary session that morning. Until now, the Bureau had acted under Resolution II adopted by the Directing Council in 1949, and experience had indicated that, under such circumstances, the Bureau worked quite well. As a general rule, the Bureau had explored the possibilities of a Member Government's reimbursing the sum lent to it for emergency aid; and, when a country had stated that, for various reasons, it was unable to make the reimbursement, the Bureau had taken the problem to the Executive Committee, to the Directing Council, or to the Conference. There had been cases in which countries had reimbursed the amount received.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) stated that, when the delegation of the United States presented the draft resolution, the delegation of the Dominican Republic had interpreted it as being inspired by two aims. As to the first aim, that of defining what was to be understood by emergency, it had been recognized that there were serious difficulties and it had therefore been decided to eliminate any definite pronouncement on the matter. With respect to the second point—that it would be desirable for governments requesting assistance to receive it on the condition that it be reimbursed—the full Conference had modified the text approved by the Committee, virtually restoring the text to a copy of the original resolution whereby the Emergency Fund had been created. Consequently,

the delegation of the Dominican Republic viewed with satisfaction the proposal of the delegation of the United States to withdraw its draft resolution and revert to the original resolution that created the Emergency Revolving Fund.

The CHAIRMAN said that, as matters stood, it would be advisable to withdraw the draft resolution altogether, as it was now inoperative, and to be governed by Resolution II of the III Meeting of the Directing Council, which was now in force and was sufficiently clear and precise with respect to this point.

Decision: It was unanimously agreed to inform the Conference that Committee II had decided to withdraw the draft resolution on this topic.

Topic 29: Place and Date of the XV Pan American Sanitary Conference

Mr. BELTON (United States) requested that consideration of this topic be postponed until the next session of Committee II.

It was so agreed.

Topic 15: Revision of the Constitution of the Pan American Sanitary Organization (*continuation*)

Dr. CARNAUBA (Brazil), Rapporteur of the Working Party on the revision of the Constitution, read his report, to which was attached the Revised Draft Constitution prepared by the Working Party (Document CSP14/78).[1]

Dr. ZACARÍAS ARZA (Paraguay) said that in paragraph 4 of the Rapporteur's report, in the phrase: "the Working Party decided to retain the present name of the institution, notwithstanding the proposal of the Government of Cuba," the word "notwithstanding" implied that Cuba was opposed to the present name of the Organization. He requested clarification.

The CHAIRMAN explained that Cuba had, in fact, suggested a change of name, especially because in English the word "Sanitary" might be misinterpreted, since it was associated with disinfecting, sanitation, and other services. But the Working Party had rejected the motion presented by the Government of Cuba.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) stated that, as a member of the Working Party, he had objected to the deletion of every mention of the Assistant Director and the Secretary General from the Constitution, and he reserved the right to defend the stand he had taken in the Working Party.

Dr. SEGURA (Argentina) said that the members of the Working Party had decided to mention only the Director and to have the other high-ranking officers specified in the Staff Rules.

The CHAIRMAN pointed out that to leave all mention of the Assistant Director and the Secretary General out of the Constitution would mean a radical change insofar as the present text was concerned.

[1] See p. 575.

Dr. HORWITZ (Chile) stated that the delegation of Chile had wanted the Assistant Director and the Secretary expressly mentioned in the Proposed Constitution, but that the jurists in the Working Party had been of the opinion that in a Constitution no mention should be made of the officers whose appointment was made at the proposal of the Director and subject to confirmation by the Executive Committee.

Dr. SEGURA (Argentina) explained that, in addition to the reason stated by the delegate of Chile, it had not been their intention to limit the number of Assistant Directors to one, in view of the possible need for appointing two. Consequently, it had been decided not to be specific in the Constitution, since it was better that the Assistant Director and the Secretary General be mentioned only in the Staff Rules, which could be more easily changed if necessary.

Mr. CALDERWOOD (United States) said that in one paragraph of the Rapporteur's report mention was made of a change in Article 36 of the Revised Draft "so that the signature of agreements with other organizations having interest in or related to public health would be subject to prior authorization and confirmation by the Conference or the Council." He asked if the purpose was to require prior authorization and confirmation by the Conference or the Directing Council for any agreement that might be entered into by the Director for relations with nongovernmental organizations or with other international organizations.

The CHAIRMAN summarized the statements of the various speakers and the modifications in the Constitution proposed by the Working Party, and he stressed the necessity of making express reference to the Assistant Director and the Secretary. The fact that the WHO was entirely different in this respect did not mean that its structure should be copied in detail. After all, the Pan American Sanitary Bureau had existed as an organization for half a century. It should endeavor to bring its activities into harmony with those of WHO, but without giving up its own identity.

Mr. CALDERWOOD (United States) asked whether it was the document as a whole that was being discussed or particular details, because the comments being made dealt with specific points.

The CHAIRMAN stated that it was difficult to separate the general from the specific.

Mr. CALDERWOOD (United States) said that, in that case, he would like to make some comments, partly on behalf of the Permanent Committee that prepared the original Revised Draft, and partly on behalf of the Working Party. The present Constitution did specify the officer known as the Secretary General. When the Committee on constitutional revision undertook to prepare a new draft in accordance with the resolution adopted at Ciudad Trujillo, it considered that particular article and came to the conclusion that it would be desirable to omit from the Constitution any reference to the high-ranking officers whose appointment would be subject to confirmation by the Executive Committee, and to mention only the Director. One of the reasons that prompted the Committee to make that change was the confusion that had arisen because of the use of the title "Secretary General" in an organization that also had a Director. The title of

Secretary General was used in two other organizations to designate the highest administrative officer, who at the same time served as Secretary for all meetings—a function that he usually delegated to another member of the Secretariat. Another reason that prompted the Committee to make a change in the organization of the Secretariat was to provide greater flexibility. It had been pointed out that at some time in the future the Director might not be a medical officer or public health officer and it would, therefore, be desirable for him to have as his principal assistants persons who were medical officers. It was also thought desirable that he should have the power to select his principal assistants, taking into account the needs of the Organization. It had therefore been proposed, in the draft text circulated by the Committee in 1952, that there should be a Director, that he should appoint his staff in accordance with the Staff Rules, and that he should at the same time act as Secretary at all meetings—a function that he might delegate. In the comments on the text by the various governments, no country had suggested a change in that particular proposal of the Committee. The change, however, had been made by the Committee itself, in order to name in the text the Assistant Director and the Secretary General.

Subsequently, one of the governments had made the same suggestion. This change had been reported to the Directing Council at its meeting in 1953, and again there were no comments made one way or the other. What the speaker wished to indicate was that the change now proposed by the Working Party had originated, not in the Working Party, but in the Permanent Committee. He added that the Working Party was composed, not of lawyers and medical officers, but of representatives of various Member States; at its meetings, he had proposed the change now being discussed. The procedure established was the practice generally followed in most constitutions.

There followed a brief discussion on the various paragraphs of the report of the Working Party, in which Dr. SÁNCHEZ BÁEZ (Dominican Republic), Dr. KRALY (Argentina), Dr. HORWITZ (Chile) and Dr. ZACARÍAS ARZA (Paraguay), took part.

Dr. FAJARDO (Guatemala) pointed out that on 2 March 1953 his Government had made several reservations to the Proposed Revised Constitution; these appeared in Document CPRC/17, Addendum I,[1] and he wished at this time to reaffirm the views set forth in that document.

Mr. CARRAUD (France) said, with reference to Article 3 of the Revised Draft Constitution prepared by the Working Party, that the French Departments of Martinique, Guadeloupe, and Guiana could not be considered as territories not responsible for the conduct of their international relations, for the purposes of that article. Those Departments formed part of the French Republic by virtue of the French Constitution of 1946, under the same conditions as Metropolitan France, and were therefore responsible for their own affairs. He suggested that a specific clarification to this effect be introduced in the article.

Dr. SEGURA (Argentina) felt that the statements made by the delegate of

[1] Documents of the Permanent Committee on Revision of the Constitution.

France were open to political debate and that it was not appropriate to make any reference to that point in the Constitution.

The CHAIRMAN stated that the proper order of discussion would be to take up the Revised Draft prepared by the Working Party, article by article.

It was so agreed.

The CHAIRMAN read Articles 1 and 2 of the Revised Draft.

Decision: Articles 1 and 2 were unanimously approved.

The CHAIRMAN read Article 3 and pointed out that the text of the Working Party followed that of the Permanent Committee. With relation to this text, very definite reservations had been made by Argentina, Guatemala, and Mexico. To these were added the remarks made by the delegate of France in the course of the discussion on the entire Draft.

Dr. HORWITZ (Chile) said that his delegation found no fundamental difference between Article 2-B of the existing Constitution and Article 3 of the document prepared by the Working Party. If the Committee decided to accept the article as it stood in the present Constitution, the delegation of Chile would have no objection.

The CHAIRMAN explained that the delegation of Argentina had wished to go on record as objecting to both texts, because that delegation was radically opposed to the principle expressed in the article. Thus, it was not a matter of discussing the wording of either text, but rather a question of substance.

Dr. KRALY (Argentina) said that his delegation, in addition to its absolute reservation with regard to the concession of the right to vote to non-self-governing territories or groups of territories, had simultaneously made another comment on the terminology employed. Instead of "nature and extent of such representation," the Argentine delegation said that the wording should be "the nature and extent of the rights and obligations," as laid down in Article 47 of the Constitution of the World Health Organization. This in no way implied acceptance of the existing article of the Constitution; the only thing that was accepted was that expression.

Dr. CARNAUBA (Rapporteur, Brazil) said the proposal of Argentina relating to terminology had been made in the Working Party before the latter had come to a decision on Dr. Zozaya's motion, which had been supported by the delegation of Argentina. The text of the Working Party report therefore contained the omission now brought to light by Dr. Kraly, because in the Rapporteur's opinion, if it was the right to vote to which Argentina was opposed, the actual wording of Article 3 could no longer matter to that delegation.

Decision: Article 3 was approved by a majority vote.

The CHAIRMAN read Articles 4, 5, and 6 of the Revised Draft.

Decision: Articles 4, 5, and 6 were unanimously approved.

The CHAIRMAN read Article 7.

Dr. SEGURA (Argentina) said that some countries encountered domestic dif-

ficulties in sending representatives to the meetings of the Directing Council. It would perhaps be appropriate for the Bureau to cover the travel expenses of a delegate to the meetings of the Directing Council, as was done in the case of the Executive Committee and in the World Health Organization. In this way it would be easier to ensure the representatives' attendance at the meetings.

Dr. HORWITZ (Chile) supported the proposal of the delegation of Argentina.

Mr. OLIVERO (Guatemala) asked the Director of the Bureau for information as to the possibilities of putting into practice the suggestion of the delegation of Argentina.

Dr. SOPER (Director, PASB) stated that there had been cases in which a country had not sent a representative to meetings of the Executive Committee even though his travel expenses would have been paid. It was not always a question of funds. It should be recalled that the problem of covering expenses for meetings of the Regional Committees of the World Health Organization was one that had been discussed at the Assembly two or three years previously. It had then been referred to the Regional Committees and, the Assembly, after obtaining their opinions, in 1954 had voted against the reimbursement by the World Health Organization of the travel expenses of representatives to Regional Committee meetings. It should be mentioned that in the present Constitution there was an article providing that countries should pay the expenses of their representatives. Thus the proposal put forward implied a modification of the existing Constitution.

Dr. RUESTA (Venezuela) considered that the greater part of the funds ought to be reserved for the technical programs of the Bureau and that countries sending representatives should pay their expenses.

Mr. CALDERWOOD (United States) shared the concern expressed by the delegate of Venezuela about the question of funds for program purposes. At the same time his delegation was aware of the views of several other delegations with respect to this question. He wondered whether this was the proper time to take a decision on the matter. His delegation had come to the Conference knowing that there was a record of the decision taken at the World Health Assembly the previous year with respect to the payment by WHO of the travel expenses of a representative to the Regional Committee meetings; but the question of payment by the Pan American Sanitary Organization was not a separate item on the agenda of this meeting, although it was true that it was a proposal that had been made by some delegations in connection with the revision of the Constitution. However, he thought it very probable that the delegates present had no instructions on this point and would not be in a position to make commitments. The proposal made would involve expenditure, and it would be of interest to know, for example, to how much this would amount, with respect to both meetings in Washington and those held away from Headquarters. He wondered, therefore, if the Argentine delegate would be willing to defer action on this question until the next meeting of the Directing Council, so that the pertinent information could be obtained and so that the delegations might consult their governments, especially now that the World Health Organization had reached a decision with respect to payment of expenses for travel to Regional Committee meetings.

Dr. SEGURA (Argentina) agreed that the study of payment of travel expenses should be postponed.

Decision: Aricle 7 was unanimously approved.

The CHAIRMAN then read Articles 8, 9, and 10 of the Revised Draft.

Decision: Articles 8, 9, and 10 were unanimously approved.

The CHAIRMAN read Article 11 and called attention to the difference between the Draft under discussion and that of the Permanent Committee. The latter had assigned the function referred to in this article to the Executive Committee, and now this function was attributed to the Directing Council, in the words: "The Director, in consultation with the members of the Directing Council, shall fix the place and date of the special sessions."

At the suggestion of Dr. CARNAUBA (Rapporteur of the Working Party, Brazil), the wording of Article 11 was corrected in the phrase "in consultation with the members of the Directing Council," to read "in consultation with the members of the Executive Committee."

Dr. LAZARTE (Peru) requested that the word "normally" be replaced by "preferably."

Decision: Article 11, with the amendments proposed by the delegates of Brazil and Peru, was unanimously approved.

The CHAIRMAN read Articles 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24.

Decision: Articles 12 to 24, inclusive, were unanimously approved.

The CHAIRMAN read Article 25.

Dr. SOPER (Director, PASB) pointed out that in Article 25 express mention should be made of the preparation of the agenda, and he proposed that the last part of the article be worded thus: ". . . shall determine the place, date, and agenda of the special sessions."

The CHAIRMAN said that the special sessions necessarily would be held for a specific purpose, for which reason he did not think it essential to introduce the clarification suggested by the Director.

Decision: Article 25, with the wording proposed by the Working Party, was approved.

The CHAIRMAN read Articles 26, 27, and 28.

Decision: Articles 26, 27, and 28 were unanimously approved.

The CHAIRMAN read Article 29.

Dr. SOPER (Director, PASB) said that, in years in which the Conference did not meet, it was the Council that had to elect the members of the Executive Committee. There was therefore an important omission in the article.

The CHAIRMAN announced that an additional subparagraph (c) would be inserted in Article 29 to the effect that, in years in which the Conference did not

meet, it would be the responsibility of the Directing Council to elect the members of the Executive Committee.

Decision: Article 29, with the addition of subparagraph (c), as described by the Chairman, was unanimously approved.

The CHAIRMAN then read Article 30.

Dr. LAZARTE (Peru) proposed that, in the second paragraph of the Spanish text, the word *ir* be replaced by *asistir*.

At the suggestion of Dr. SÁNCHEZ BÁEZ (Dominican Republic), the CHAIRMAN suggested that the phrase "to act on its behalf," in the first paragraph, be deleted.

Decision: Article 30, with the amendment suggested by the delegate of Peru, was unanimously approved.

The CHAIRMAN read Articles 31, 32, 33, 34, and 35.

Dr. HORWITZ (Chile) proposed that in Article 33 the words "Pan American Sanitary" be deleted.

Decision: Articles 31, 32, 33, 34, and 35, with the change suggested by the delegate of Chile, were unanimously approved.

The CHAIRMAN read Article 36.

Dr. SOPER (Director, PASB) said that, with his experience as Director during the past eight years, he thought there was a serious shortcoming in this article. He declared that there had been very few occasions on which the governments had objected to the choice of personnel, and he wished to take this opportunity to thank the governments for allowing him almost complete independence in this matter. There had been an exception, but to this he would not refer at the moment. He was thinking objectively of the Organization's future, a future extending over many years. He felt that the Director should be left the freedom to choose his own personnel, for the special circumstances attending the administration of his duties made this essential, since it was often required of him to be absent from Headquarters to attend to Bureau matters. It was extremely important to establish the necessary contact with those who would occupy the posts. Some vacancies were not filled for a long while, a fact that showed how difficult it sometimes was to find the qualified person and how many obstacles might prevent the candidate from accepting the post. He thought that, if the Director did not have freedom to establish this contact, he would not be able to choose the best candidates.

The CHAIRMAN asked which section of the article under consideration created the problems.

Dr. SOPER (Director, PASB) explained that the difficulties arose from the interpretation given to item (g). If it were understood thereby that the Director must first obtain the approval of the Executive Committee, this might sometimes mean a year's delay. He cited the case of Dr. Candau, where there had been some criticism of his appointment as Assistant Director before approval was given by the Executive Committee, but the circumstances of his designation were such that a meeting of the Executive Committee could not have been awaited. It had been essential that his transfer from the World Health Organization to the Bureau be

effected in the manner it was. However, a representative of one country had not voted for the appointment of Dr. Candau as Assistant Director of the Bureau, not as a criticism of Dr. Candau but rather as a criticism of the Director of the Bureau for the way in which the appointment had been made.

Dr. HORWITZ (Chile) thought that a large part of the Director's statements referred to opinions expressed by the delegation of Chile in the Working Party and to the position taken by his delegation on previous occasions. He added that it was not a question of individuals but rather of functions. His delegation sought only the best possible procedure. He thought that the appointment of the highest-ranking officers should be made with the approval of the Executive Committee, whose members the Director could consult by cable. This system would be reassuring to the Director.

Decision: Article 36, with the wording proposed by the Working Party, was unanimously approved.

The CHAIRMAN read Article 37.

Decision: Article 37 was unanimously approved.

The CHAIRMAN read Article 38.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) asked that the posts of Assistant Director and Secretary General be mentioned in this article. The fact that these posts did not exist in the World Health Organization did not mean that they should not exist in the Pan American Sanitary Organization, a much older agency.

The CHAIRMAN asked the delegates if they agreed that the posts of Assistant Director and Secretary General should be mentioned in this article.

Dr. HORWITZ (Chile) stated that, if such an agreement were reached, he would see no need for the revision of the Constitution. However, he supported the statements of the delegate of the Dominican Republic.

Mr. OLIVERO (Guatemala) declared that in every constitution provision was made for substitutions in the case of the absence of officers, and he thought that the draft should state who would substitute for the Director in the event of his absence.

Dr. ZACARÍAS ARZA (Paraguay) asked what would happen in the event the Director were forced to be absent.

The CHAIRMAN said that the Assistant Director would act on his behalf.

Dr. ZACARÍAS ARZA (Paraguay) pointed out that, in that case, a mention of that post should be made in the Constitution.

Dr. SOPER (Director, PASB) explained that there were two possible reasons for absence. First, illness or leave, when the Director would be definitely away from work, and, second, the occasions on which he was absent from Washington on official Bureau business. When the latter occurred, the Director remained in contact with Washington by cable or by other means. In this way, he did not cease to act as Director and he was not even temporarily relieved of his responsibilities.

Dr. SEGURA (Argentina) proposed that, as it was so late and in view of the impossibility of finishing the study and approving all the articles, the session be suspended.

It was so agreed.

The session was adjourned at 7:10 p.m.

SEVENTH SESSION

Tuesday, 19 October 1954, at 3:30 p.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegations present.

The SECRETARY reported twelve delegations present. As there was the quorum required by Article 17 of the Rules of Procedure of the Conference, the first item on the order of business was taken up for discussion.

Topic 29: Place and Date of the XV Pan American Sanitary Conference (*continuation*)

Dr. PONS (United States) said that the Commonwealth of Puerto Rico, on behalf of the Government of the United States, took pleasure in inviting the Pan American Sanitary Organization to hold the XV Conference in San Juan, Puerto Rico.

Dr. VARGAS MÉNDEZ (Costa Rica) expressed his satisfaction at the offer and stated that his country had intended to offer to be the host to the coming Conference. However, his delegation would abstain from extending the invitation, since the proposal of the delegate of the United States received his delegation's full support.

Dr. SEGURA (Argentina) was gratified to hear the offer, because he would again have the opportunity of visiting a country of which he had retained such pleasant memories since 1950.

Dr. HORWITZ (Chile) expressed his full support of the proposal of the delegation of the United States. He requested an explanation of the scope of the document prepared as a basis for the resolution on this topic [1] and, specifically, the interpretation given to Article 7-A of the Constitution at the XIII Pan American Sanitary Conference held in Ciudad Trujillo. The impression was that it was left up to the meeting of the Directing Council that preceded the Conference to decide definitely on the place in which the Conference was to be held.

The CHAIRMAN explained that, pursuant to the present Constitution, it was incumbent upon the Conference to designate the place. Only in exceptional cases

[1] Document CSP14/23, unpublished.

might the Conference delegate this function to the Directing Council, as had been done in Ciudad Trujillo, and this time there was no reason to take such action. The Committee had received an offer from the delegation of the United States, which is a Member State of the Organization. The Government of the United States had offered as the seat of the coming Conference one of its dependencies, Puerto Rico, which recently had been brought into the international picture through a law, approved by the U. S. Congress, granting it the rank of a commonwealth. Puerto Rico thus administered its own internal affairs and it now lacked only diplomatic representation. The seat offered in this case constituted an admirable link between the countries of Latin America and the United States, which up to now had not been host to the Conference. Consequently, this offer should now be accepted with great pleasure, first, because it came from the United States, one of the Member Countries of the Pan American Sanitary Organization and, second, because the city selected as the seat was one that everyone was most interested in visiting and where all the delegates could be assured they would feel very much at home. The Chairman added that, in his opinion, the draft resolution to which the delegate of Chile had referred was not applicable and should be replaced by another expressing unanimous and grateful acceptance of the offer made by the delegation of the United States of America and proposing that the next Pan American Sanitary Conference be held in the city of San Juan, Puerto Rico.

Dr. VARGAS MÉNDEZ (Costa Rica) asked Dr. Pons whether there would be any objection to placing after the name of San Juan, Puerto Rico, the words "capital of the Commonwealth."

Dr. PONS (United States) replied that he saw none whatever.

The CHAIRMAN explained that, in reality, there could hardly be any opposition, since that was the legal designation of Puerto Rico.

Dr. PONS (United States) expressed his appreciation of the kindness with which the delegates of Costa Rica, Argentina, and Chile and the Chairman had spoken of Puerto Rico. He added that what the latter had said was virtually correct; however, the Chairman had said that Puerto Rico was a "dependency," and that was not the fact. In conclusion, he declared that every effort would be made in Puerto Rico to make the stay of all those attending the Conference a pleasant one and to ensure that the work of the Conference was fruitful.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) requested that the minutes record that his delegation gratefully accepted the offer made by Dr. Pons.

Dr. PONS (United States) thanked the delegate of the Dominican Republic and repeated that, in presenting his invitation, he had done so on behalf of the United States.

The CHAIRMAN proposed that the offer be accepted unanimously. As to the date for holding the Conference, it would have to be determined later, after consultation between the Bureau and the host country.

Decision: It was unanimously agreed to recommend that the Conference express its appreciation to the Government of the United States of America

and accept its invitation to have the XV Pan American Sanitary Conference held at the city of San Juan, capital of the Commonwealth of Puerto Rico.[1]

Topic 15: Revision of the Constitution of the Pan American Sanitary Organization (*continuation*)

On resuming the discussion of the report of the Working Party on revision of the Constitution (Document CSP14/78) [2] the CHAIRMAN said that, at the previous session of the Committee, the deliberations had been suspended when the Committee was considering the text of Article 38 of the Revised Draft of the Constitution prepared by the Working Party. He proposed that some mention be made of the posts of Assistant Director and Secretary General.

Dr. SEGURA (Argentina) thought that the matter had been sufficiently discussed and should be put to a vote.

The CHAIRMAN said that it should be made clear whether the posts of Assistant Director and Secretary should be mentioned in the single paragraph the article now had, or whether a new paragraph should be added.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) felt that, in order to make the proposed amendment more complete, it would be better to add a paragraph, such as the one appearing in the present Constitution, in which the functions of the Assistant Director would be defined.

The CHAIRMAN put the proposal to a roll-call vote.

A roll-call vote was taken.

Votes in favor of including the amendment: Dominican Republic, Uruguay, Chile, Cuba, Guatemala, and Paraguay. Votes against: Argentina and Brazil. Abstentions: United States, France, and United Kingdom.

Decision: With six votes in favor, two against, and three absentions, it was agreed to include in Article 38 mention of the posts of Assistant Director and Secretary General, with the article worded as follows: "The Bureau shall have a Director, an Assistant Director, and a Secretary General, as well as such technical and administrative staff as it requires."

Dr. FITZMAURICE (United Kingdom) said that, according to the present provisions, his delegation could not participate in votes on constitutional matters, such as the vote just taken. Consequently he had abstained from voting.

Dr. SEGURA (Argentina) asked that it be placed on the record that, in his judgment, delegates participating in the Conference on behalf of the territories should not have voted in this case, since it concerned the revision, a constitutional matter.

The CHAIRMAN replied that, in effect, the countries to which the delegate of Argentina referred had abstained from voting.

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[1] See third report of Committee II, p. 565.

[2] See p. 575.

Mr. BELTON (United States) said that it should be put on the record that the delegation of the United Kingdom had abstained from voting of its own accord and had declared that, in conformity with the present provisions, it did not consider that it was entitled to vote.

Dr. HYRONIMUS (France) requested that it be placed on the record that his delegation had abstained from voting for reasons identical to those expressed by the United Kingdom.

The CHAIRMAN then read Article 39.

Decision: Article 39 was unanimously approved.

The CHAIRMAN read Article 40.

Dr. HORWITZ (Chile) said that it was not appropriate to mention the Conference in Chapter VII, which referred to the Pan American Sanitary Bureau. The matter referred to in this article should appear in Article 18-d, since it belonged to Chapter IV, on the Conference.

Mr. CALDERWOOD (United States) said that Article 30 of the text proposed by the Permanent Committee had contained the first part of what was now Article 40, with an addition that he believed should now be made, in view of the decision just taken on Article 38. Therefore, he suggested that Article 40 be retained, its content being somewhat different from that of Article 38. He then proposed that the following words be reinserted as an addition to Article 40: "In case of resignation, incapacity, or death of the Director, the Assistant Director shall act as Director *ad interim* until the following Conference." In his opinion, this seemed to be the place for the insertion, the same place as in the proposed text of the Permanent Subcommittee.

The CHAIRMAN felt that the article should be amended to include the suggestions made by the delegates of Chile and the United States.

Dr. HORWITZ (Chile) pointed out that the period in which the Assistant Director acted as Director *ad interim* might prove excessively long if the definitive appointments were left for the next Conference.

The CHAIRMAN replied that the appointment of the Director was an exclusive function of the Conference that could by no means be delegated to the Directing Council.

Dr. ZACARÍAS ARZA (Paraguay) stated it would be desirable to compromise between the text of the present provisions and the possibility envisaged by the delegate of Chile, that of the Acting Director's having to hold office for an excessively long period. This compromise would take the form of convoking an extraordinary meeting of the Conference in those cases in which the Director definitely ceased, for one reason or another, to perform his functions for the term for which he had been elected.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) proposed that it be clarified that the replacement would be only until the following meeting of the Conference.

Dr. ZACARÍAS ARZA (Paraguay) agreed with the wording "until the following

meeting of the Conference," since in those words both the regular and the extraordinary meetings of the Conference were implied.

Mr. CALDERWOOD (United States) said that he did not wish to prolong the discussion and that he would be content with the suggestion made by the delegate of the Dominican Republic. There was another possible solution, in his opinion, and that was for the Committee to reconsider the article dealing with the delegation of powers, namely Article 19, and delete from it subparagraph (b) which excluded the election of the Director as one of the functions that may be delegated by the Conference. It would appear necessary, in any case, to reconsider Article 36 in the light of the decision just taken with respect to Article 38. The intent of Article 36-g was to authorize the Executive Committee to approve the appointment of the Assistant Director and the highest-ranking officers. Article 36 spoke of "the highest-ranking officers" because it had been decided to omit any direct mention of the posts. But since it had now been agreed to mention them in Article 38, it would appear logical that Article 36-g be amended to read: "To approve the appointment of the Assistant Director and the Secretary General on the proposal of the Director, as they were defined in the Staff Regulations." If Article 36 were to be amended, then Article 19 could also be amended, to make it possible for the Directing Council, in the event of the resignation, incapacity, or death of the Director, to elect a Director, the Assistant Director acting until the next meeting of the Directing Council.

Dr. CARNAUBA (Rapporteur of the Working Party, Brazil) explained that, when the Working Party had studied the modification of the article dealing with the appointment of the Assistant Director and the Secretary General, it bore in mind that a deletion would necessarily mean changes in all the articles in which reference was made to these officers. Mr. Calderwood's observations, therefore, had been very much to the point when he said that subparagraph (g) of Article 36 should be changed to mention specifically the Assistant Director and the Secretary General. Since the expression "highest-ranking officers" was used only to avoid express mention of the posts under reference, there was no reason to retain it now that it had been decided to refer to the posts by name.

The CHAIRMAN stated that subparagraph (g) had been approved and there was no problem of inconsistency. To go into it further would mean reverting to a phase of the discussion long past, which would not be correct procedure. As far as Article 40 was concerned, the problem could be avoided by deleting the part that stated: "The Director shall be elected by the Conference by a two-thirds majority of the delegations present and voting," since, as had already been noted, it did not really belong in Chapter VII, which dealt with the Pan American Sanitary Bureau, and it should be added to Article 18.

Mr. CALDERWOOD (United States) asked the Chairman if what was intended was to leave Article 38 as it had been approved and to amend Article 40 by adding a second part to read as follows: "In case of resignation, incapacity, or death of the Director, the Assistant Director shall act as Director *ad interim* until the following Conference."

The CHAIRMAN replied in the affirmative.

Decision: Article 40, with the proposed amendments, was unanimously approved to read as follows: "The Director shall serve for a period of four years. In case of resignation, incapacity, or death of the Director, the Assistant Director shall act as Director *ad interim* until the following Conference."

It was also unanimously agreed, in accordance with suggestions brought out in the course of the discussion of this article, to give the following definitive wording to subparagraph (d) of Article 18, previously discussed: "The Conference shall also: . . . (d) Elect the Director by a two-thirds majority of the delegations present and voting."

The CHAIRMAN read Articles 41 and 42.

Decision: Articles 41 and 42 were unanimously approved.

The CHAIRMAN read Article 43 and stated that this article seemed to him unnecessary in the light of the modification made in Article 38, since the post of Secretary General was now recognized.

Decision: It was unanimously agreed to delete Article 43 from the Revised Draft Constitution prepared by the Working Party.

The CHAIRMAN read Articles 44 and 45.

Decision: Articles 44 and 45 of the Revised Draft prepared by the Working Party were unanimously approved.

The CHAIRMAN read Article 46.

Dr. KRALY (Argentina) proposed that the phrase "with other organizations having interest in or relation to public health" be changed to read "with other organizations interested in the field of activities of the Pan American Sanitary Bureau."

The CHAIRMAN replied that the text proposed by Dr. Kraly had a better style but that it restricted the field of activities. To support this point of view, he cited the instance of the agreements it might be necessary to conclude with economic agencies outside the sphere of public health.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) and Mr. CALDERWOOD (United States) preferred the wording of the article proposed by the Working Party.

The CHAIRMAN said that what needed modification was the phrase "the Director may make," since the Director did not enter into agreements but acted merely as signatory. For this reason he thought that the article should read: "The Director, on behalf of the Conference and the Council, will sign the agreements . . ."

Mr. CALDERWOOD (United States) commented on the fact that in Article 39, already approved, it was stated: "The Director shall be the chief technical and administrative officer of the Organization and shall be the legal representative thereof." This meant that, by approving the article referred to, the Organization had already authorized the Director to act as its legal representative in such cases.

The CHAIRMAN replied that the fact of being a legal representative did not extend the powers to the individual. A distinction should be made between the status of representative and the legal capacity. The president of a company, for

example, could not contract obligations *per se*. The board of directors had to authorize him to do it.

Dr. CARNAUBA (Rapporteur, Brazil) suggested that the initiation of arrangements, on the part of the Director, should not be subject to the prior authorization and approval of the Executive Committee.

The CHAIRMAN held to his previous statements.

Mr. CALDERWOOD (United States) explained that it was not his intention to suggest that the Director could act independently of the other organs or of their expressed views. He wished to make the point that there were some instances in which the Director might have to enter into an arrangement with an organization that provided supplies or equipment in connection with a particular project, when it was not convenient for him to obtain the prior authorization. He recalled that a resolution outlining the criteria for establishing and maintaining relations with other organizations had already been approved. These criteria could provide the necessary authorization in such cases, and for that reason he proposed that the last part of the text under discussion read as suggested, with the understanding that prior authorization, in such cases, might be granted in general terms by a resolution.

Dr. KRALY (Argentina) was in agreement with the delegation of the United States in regard to the Director's position as representative of the Bureau. He added that the expression "having interest in or relation to public health" really added nothing, and he believed that it would be best to delete it completely.

Mr. BELTON (United States) said that it would be sufficient to speak of "other organizations" in the article, without attempting to define them.

Decision: Article 46 was approved unanimously, with the amendment proposed by the delegation of the United States, in accordance with which the text stood as follows: "The Director may make suitable arrangements for consultation and cooperation with other organizations, with prior authorization and confirmation by the Conference or the Council."

The CHAIRMAN read Articles 47 and 48.

Decision: Articles 47 and 48 of the Revised Draft were unanimously approved.

The CHAIRMAN read Article 49.

Dr. HORWITZ (Chile) proposed that the expression "Pan American Union" be replaced by "Organization of American States."

Mr. CALDERWOOD (United States) said he was not sure whether that could be done without amending the text of the Pan American Sanitary Code. He was of the opinion that it was necessary to use the language of the Code.

The CHAIRMAN replied that the name "Pan American Union" had officially been replaced by "Organization of American States," and that this was the term that should be employed.

Mr. BELTON (United States) asked the permission of the Chair to read Article 32, Chapter IX, of the Bogotá Charter. In the said article it was provided: "The

Organization of American States accomplishes its purposes by means of: . . . (d) the Pan American Union." The speaker remarked that it was therefore impossible to deny the existence of the Pan American Union, which was the central and permanent organ of the Organization of American States.

Decision: Article 49 was unanimously approved in the form proposed by the Working Party.

The CHAIRMAN read Article 50.

Decision: Article 50 of the Revised Draft was unanimously approved.

The CHAIRMAN then read Article 51.

Dr. KRALY (Argentina) said that he was opposed to both the letter and the spirit of this article.

Decision: Article 51 of the Revised Draft was approved, with the delegation of Argentina opposing.

The CHAIRMAN read Article 52.

Decision: Article 52 of the Revised Draft was unanimously approved.

The CHAIRMAN then read Article 53 and pointed out that it contained an error, since a function of the Conference was attributed to the Directing Council. Only the Conference was authorized to revise the Constitution.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) pointed out that the Pan American Sanitary Code did not make provision for the amendment of the Code. The Constitution was an internal regulation in relation to the Sanitary Code. He did not therefore consider it logical that provision should be made for what the actual instrument of international law, that is, the Code, did not provide for.

The CHAIRMAN stated that in the Additional Protocol to the Pan American Sanitary Code, approved in Havana in 1952, it was provided that the Code would be amended in accordance with the Constitution of the Pan American Sanitary Organization. He reiterated his conviction that the expression "or the Council" should be struck out.

Mr. CALDERWOOD (United States) recalled that his Government had questioned the need for the Additional Protocol. Nevertheless, on that occasion the procedure laid down in the existing Constitution had been followed and the Directing Council had decided to approve the Protocol before it had been circulated to the governments for appropriate action.

Dr. SEGURA (Argentina) said that the Directing Council had introduced modifications in the Constitution in connection with the rights of territories. If it were denied authority to make amendments, this would mean that for three years it had been acting anticonstitutionally in this respect.

Decision: Article 53 of the Revised Draft prepared by the Working Party was unanimously approved, with the amendment proposed by the Chairman. Consequently, in subparagraphs (a) and (b) the words "or the Council" were struck out.

The CHAIRMAN read Articles 54 and 55.

Decision: Articles 54 and 55 of the Revised Draft were unanimously approved.

Finally, *it was agreed* to change the numbering of the articles in the Revised Draft approved by Committee II (Document CSP14/85, Rev. 1, Annex II),[1] in accordance with the fact that Article 43 of the Working Party Draft had been deleted.

The CHAIRMAN then read Annex II of Document CSP14/78,[2] which contained the text of the proposal presented by the delegate of Mexico, Dr. Zozaya, in connection with Article 3 of the Revised Draft Constitution, a motion drawn up in the following terms: "Any territory or group of territories in the American Continent that is not responsible for the conduct of its international relations may cooperate in the work of the Organization, in accordance with the terms of an agreement to this end concluded between the authority in charge of its international relations and the Pan American Sanitary Conference. The right to vote in the organs of the Pan American Sanitary Organization shall not be granted in such agreements."

Dr. CARNAUBA (Rapporteur, Brazil) pointed out that this proposal had been submitted for discussion within the Working Party and had been rejected, as was recorded in the report concerned.

The CHAIRMAN stated that notice of this proposal would be given to the Conference in plenary session.

Dr. KRALY (Argentina) stated that Article 25 of the Constitution did not establish the policy for voting on amendments to the Constitution. In his opinion the Committee ought to submit to the Conference in plenary session, together with the Revised Draft Constitution, a draft resolution establishing a two-thirds majority vote as a policy for the approval of such amendments.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) supported the proposal of the delegation of Argentina.

Decision: It was unanimously agreed to recommend to the Conference the adoption of the following draft resolution on the procedure for voting on amendments to the Constitution:

The XIV Pan American Sanitary Conference, considering that Article 25 of the Constitution provides that "The Conference or the Directing Council may approve and put into force, in accordance with policies which they may determine, amendments to this Constitution,"

Resolves: To establish as a policy for the approval of amendments to the Constitution the affirmative vote of a two-thirds majority of those participating governments entitled to vote that are represented and present when the vote is taken by the Conference in plenary session.

It was also agreed to recommend to the Conference the adoption of the following draft resolution on the revision of the Constitution:

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[1] See pp. 565 and 567.

[2] See p. 585.

The XIV Pan American Sanitary Conference, having examined the Final Report of the Permanent Committee on Revision of the Constitution of the Pan American Sanitary Organization (Document CSP14/18 and Annex A); and taking into account the modifications proposed by Committee II (Document CSP14/85) to the Revised Draft Constitution prepared by the Permanent Committee,

Resolves: (1) To amend the Constitution of the Pan American Sanitary Organization, approved in October 1947, at Buenos Aires, to read as follows: . . . (the full text of the Constitution, as amended, to be inserted).

The CHAIRMAN declared that the study of the topics assigned to Committee II by the full Conference had been completed.

The session was adjourned at 5:00 p.m.

EIGHTH SESSION

Wednesday, 20 October 1954, at 10:00 a.m.

Chairman: Dr. FÉLIX HURTADO (Cuba)

The CHAIRMAN called the meeting to order and asked the Secretary to report on the number of delegations present.

The SECRETARY reported that fourteen delegations were present and, there being a quorum as required by Article 17 of the Rules of Procedure of the Conference, the topic appearing on the order of business was submitted for discussion.

Third Report of Committee II [1]

The SECRETARY read the first part of the third report of Committee II, and the Committee proceeded to vote separately on each of the draft resolutions appearing in the report.

Topic 29: Place and Date of the XV Pan American Sanitary Conference

The SECRETARY read draft resolution 1 on this topic.

Decision: Draft resolution 1 of the third report was unanimously approved.

Topic 15: Revision of the Constitution of the Pan American Sanitary Organization

The SECRETARY read draft resolution 2 on the Constitution of the Pan American Sanitary Organization, as drawn up at the seventh session of the committee.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) proposed that the last sentence of the operative part state "to provide as follows" instead of "to read as follows."

The CHAIRMAN explained that, if the text of the revised Constitution were approved by the Conference, a resolution putting the new Constitution into effect

[1] See p. 565.

would be annexed. Therefore, there should be added to draft resolution 2 a statement concerning the entry into force. At the same time, the phrase mentioned by the delegate of the Dominican Republic could be changed and worded as follows: "the text of which hereinafter shall be the following."

Decision: By unanimous vote, it was agreed that the operative part of draft resolution 2 be worded as follows:

(1) To amend the Constitution of the Pan American Sanitary Organization, approved in October 1947 at Buenos Aires, the text of which hereinafter shall be the following: (insert full text of the Constitution as amended).

(2) This Constitution shall enter into force . . .

Procedure for Voting on Amendments to the Constitution

The SECRETARY read draft resolution 3, on the procedure for voting on amendments to the Constitution, as drawn up at the seventh session.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) expressed the fear that the operative part might lead to some confusion in the future, owing to the general terms in which it was worded. Since this resolution had no other purpose than to establish the procedure to be followed in approving amendments agreed to by this Committee, it would be well to clarify the text somewhat, so that it would be clear that this resolution was adopted solely and exclusively for these amendments.

Dr. SEGURA (Argentina) suggested the desirability of inserting the word "present" before the word "Constitution" in the operative part.

The CHAIRMAN was of the opinion that the operative part should not speak of amendments as "made" but rather as "proposed."

Mr. BELTON (United States) thought the delegate of the Dominican Republic was quite right in his remarks, inasmuch as the draft resolution set forth a policy quite different from that in the revised text of the Constitution. In fact, the draft resolution speaks of "a two-thirds majority of those participating governments entitled to vote that are represented and present when the vote is taken by the Conference in plenary session," whereas Article 53 of the Revised Draft Constitution reads "by a two-thirds majority of the Members present and voting." Therefore, it would be better to amend the draft resolution to specify that it applied only to the XIV Conference.

Dr. RODRIGUES VALLE (Brazil) supported the statements of the delegate of the United States.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) submitted a new text of the operative part for the consideration of the Committee, as follows: "That the approval of the proposed amendments to the Constitution recommended by Committee II of this Conference shall require the affirmative vote of a two-thirds majority of those participating governments entitled to vote that are represented and present when the vote is taken by the Conference in plenary session."

Decision: Draft resolution 3 was unanimously approved with the amendment to the operative part as proposed by the delegation of the Dominican Republic.

The SECRETARY read Annex I of Document CSP14/85, in which were listed the modifications made by the Committee in the Revised Draft of the Constitution prepared by the Working Party, and the CHAIRMAN put the entire third report of the Committee to a vote.

Decision: The third report of Committee II was unanimously approved with the amendments accepted in the course of the discussion, and it was agreed to present it to the XIV Pan American Sanitary Conference, meeting in plenary session.

The session was adjourned at 10:30 a.m.

JOINT SESSIONS OF COMMITTEE I AND COMMITTEE II

FIRST SESSION

Thursday, 14 October 1954, at 11:30 a.m.

Chairman: Dr. JUAN MONTALVÁN CORNEJO (Ecuador),
Chairman of Committee I

The CHAIRMAN called the session to order and asked the Secretary to report on the number of delegations present.

The SECRETARY announced that twenty-one delegations were represented at the session.

The CHAIRMAN presented the first topic on the order of business, since there was the quorum required by Article 17 of the Rules of Procedure of the Conference.

Topic 12: Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 [1]

The SECRETARY read Working Document CSP14/19 on this topic and Resolution XVI adopted at the 22nd Meeting of the Executive Committee.[2]

Dr. ZOZAYA (Mexico) proposed that a working party be appointed to study Document CE22/2 and to report on Document CSP14/19 to the Conference.

The CHAIRMAN submitted the suggestion of the delegate of Mexico for consideration. However, he pointed out that Document CE22/47, Rev. 1, annexed to CSP14/19, contained the report of the Working Party appointed by the 22nd Meeting of the Executive Committee to study the Proposed Program and Budget of the Bureau for 1955. In his opinion, this report could serve as the basis for the study of the budget by the Committee, in order not to delay a matter that already had been carefully studied.

Dr. SEGURA (Argentina) agreed with the proposal of the delegate of Mexico. He thought it advisable for the members of the present working party not to be the same as those of the Executive Committee's Working Party. However, he suggested that two members from the latter be included and proposed that these be the delegates of the United States and Haiti.

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[1] Document CE22/2, published separately.

[2] See p. 598.

Dr. HURTADO (Cuba) noted that the proposed program and budget was accompanied by an analytical document of the 22nd Meeting of the Executive Committee. He pointed out that the study of the budget was well advanced and that this document would save much of the Committee's time, since it brought out the most important points to be considered. He therefore suggested that the report of the Executive Committee's Working Party be studied and at the same time that other aspects of the matter not included in this report be studied as well.

The CHAIRMAN asked the Secretary to read the report of the Working Party of the 22nd Meeting of the Executive Committee, so that the delegates could decide whether it was satisfactory and whether it was unnecessary to establish a new working party. The report of the Working Party should be read as a matter of courtesy, and he considered the proposal of the delegates of Mexico and Argentina to be more of an expression of solidarity, since they were both members of the Executive Committee, which had approved that report.

The SECRETARY read the report of the Working Party appointed by the 22nd Meeting of the Executive Committee to study the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955.

Dr. BRADY (United States) felt that it was the duty of the delegates to the Conference to examine the proposed program and budget submitted by the Director of the Bureau, since such examination could lead to comments that would be used as a guide to the Director in preparing his future programs and budgets. Such comments could also be used to guide the Executive Committee, which consisted of only seven members. He thought that it would be very useful for the Conference to examine the budget in some degree of detail. The Executive Committee had commented specifically on three items of the budget. The Working Party report commented first on the distribution of vaccine (needs, production, centralization, etc.), and Dr. Brady thought it would be advisable for the Conference to ask the Director to express his thoughts on this subject. The second item commented upon was the possibility of expanding programs of collaboration with Latin American schools of public health. Again he thought that the Director would like to comment. Thirdly, the Executive Committee had stressed the increased need for public information materials to publicize the work of the Bureau more effectively.

He also pointed out that the Working Party report, in point 2.5, stated that there was no knowledge of the availability of funds for continuation of the Foot-and-Mouth Disease Center program. Since this comment had been made last April, he thought that the Director might now have new information available, which could be given to the Conference.

Dr. SOPER (Director, PASB) declared, regarding the production of vaccines and biological products, that a survey was being made of the Member Countries to determine their needs and problems with respect to vaccines. This program had originated with a suggestion from the Government of El Salvador on the possibility of concentrating the production of vaccine in Central America in a single institution. Such an institution would be similar to the Nutrition Institute of Central America and Panama, where six countries contributed toward the financ-

ing, administration, and operation of an agency that was carrying out studies and collaborating with the national nutrition services and public health departments. He added that the report on the survey now in process probably would be submitted to the next meeting of the Executive Committee in April 1955.

Concerning the collaboration with the schools of public health, the Director declared his interest in increasing the material resources available for offering education on a professional level in the American countries. He pointed out that there was a trend toward the organization of new schools of public health. He emphasized the fact that, without adequately trained personnel, full-time employment could not be justified, and without such employment, adequate health services could not be assured.

He added that he recognized the need for improving public information facilities for international public health activities, but declared that the cost of such a program might prove to be high. The preparation of motion-picture films, which were very useful, was extremely expensive. In this respect, he remarked that the Bureau had two films that would be shown at the Conference if time permitted. One of these dealt with the foot-and-mouth disease problem, and part of the work accomplished by the Pan American Foot-and-Mouth Disease Center in Brazil was therein described. The other film had been prepared by the United Nations and showed activities of the Health Demonstration Area in El Salvador. The production costs of both these films had been assumed by other agencies, but the films referred to activities in which the Bureau participated. As for the Pan American Foot-and-Mouth Disease Center, he thought that there had been a misunderstanding on the part of the delegate of the United States. He declared that the Bureau had no doubts as to the receipt of funds for this Center. However, in the case of the Zoonosis Institute (proposed by Argentina), they did not know if the necessary funds would be forthcoming from the Program of Technical Cooperation of the Organization of American States. With regard to the Pan American Foot-and-Mouth Disease Center, the Bureau had been advised that the Committee on Technical Cooperation of the OAS wished the projects that were financed by the aforementioned funds to be converted, after they were well under way, into national programs. He pointed out that, if the Foot-and-Mouth Disease Center in Brazil became a Brazilian program, it would lose its usefulness for the whole Hemisphere. Concerning this matter, he declared that the European countries, under the auspices of the United Nations Food and Agriculture Organization, had decided to establish in Europe an International Foot-and-Mouth Disease Institute, similar to the Pan American Center. He recalled that the member countries of the Institute of Nutrition of Central America and Panama contributed more to the Institute than they did to the Pan American Sanitary Bureau itself. He announced that plans were under way to consult various countries in South America about holding a meeting to examine the possibility of establishing a zoonosis institute somewhere in the Region, on the same basis as INCAP, even though it was possible that many of the countries farther from the headquarters chosen would not have the same interest in the project as the others. He noted that in the past four or five years the budget of the Bureau had remained practically the same and that the governments were opposed to any suggestion of an increase in

their annual contributions for the support of international organizations. In conclusion, he suggested that perhaps there was a need for financing special programs and projects differently than in the past and that one of the most important functions of the Conference was to find a way to finance projects, such as zoonosis and malaria programs, in which the countries had a personal interest.

The CHAIRMAN thanked the Director for his valuable comments and pointed out that the discussion should be limited to the consideration of Topic 12 on the Proposed Program and Budget of the PASB for 1955.

Dr. HORWITZ (Chile) stated that the Joint Committee was in full session and that it was late to organize a working party. He pointed out that the reading of the budget document was not easy and that the Secretariat could always clarify certain details. He added that he would like to ask several questions. In the first place, he wanted to know what criterion the Bureau had followed in determining the type and extent of the programs within countries, between countries, and on a continental scale. He had the impression that the policy advocated in previous meetings by the delegations of El Salvador, Guatemala, and Chile, designed to strengthen public health administrations, was not adequately reflected in the budget for 1955 or in that of the WHO for 1956. He also wished to know the distribution, by percentages, of the funds allocated to the different program groups. Finally, he asked for the distribution, by percentages, of the funds allocated to programs of public health and of education and training, and to the administration of the Bureau. He felt that the percentage of 15.3 for administrative services, which appeared in the 1955 budget, was somewhat high. He asked the Secretariat to supply these data, if not immediately then on some other occasion.

Dr. GONZÁLEZ (Assistant Director, PASB) reported that the criterion followed in the preparation of budgets was based on the standards for public health policy that were established by the Directing Council, according to which the general policy to be followed by the Bureau in the development of a long-range plan should be aimed at: (1) strengthening the national public health services; (2) assisting and coordinating certain programs for eradication of certain diseases and vectors; and (3) stimulating programs for the education and training of public health workers. He pointed out that each year the budget reflected increasingly the importance given to coordinated public health programs, to such an extent that an estimated 40% of the funds allotted to field work were used for such programs. These programs included the development of local public health services, environmental sanitation, maternal and child health, health education, and other similar activities. He added that there were many other activities designed to strengthen the national public health services that were not shown in the budget, as, for example, the advisory services and collaboration offered through the Zone Offices. He said that, in compliance with the second general standard set by the Directing Council, the Bureau sponsored eradication programs, on which he felt it unnecessary to elaborate. He stated that, in all of its activities, the Pan American Sanitary Bureau gave special attention to the education and training of local and national personnel, since it was a basic procedure to leave competent personnel in charge of continuing the field programs once the Organization had with-

drawn. He reported that the Secretariat would distribute the information requested on percentage distribution, by groups of activities, of the funds allotted to field programs.[1]

Dr. HORWITZ (Chile) requested that the figures show, in detail, the specific activities within each group.

Mr. HINDERER (Chief, Division of Administration, PASB) explained that, at the meeting of the Executive Committee held in the spring of 1952, a working party had been appointed to study the distribution of the budget. This working party had requested the Secretariat to prepare the summary, by percentages, that appeared in the 1955 budget. The Executive Committee, in its resolution, had instructed the Director to prepare similar summaries for all future budgets. The distribution of headings in the document had been prepared by the same working party, as had been the items for the Public Information Office, for Common Services at Headquarters, for the Office of the Director, etc., which were included under the heading of administrative services. He pointed out that other divisions in the respective headings could be made, depending on how one looked at administrative services. The figure of 15.3% corresponded to these services.

Dr. HORWITZ (Chile) felt that, whatever the criteria followed in defining the administrative services, the percentage of funds assigned to such services was high. The figure for 1954 was 13.6%, and in 1955 it rose to 15.3%. He recognized that the difference was small, but there had been a certain increase. He understood that, pursuant to the policy of decentralization, the Bureau should reduce the funds assigned to the Headquarters' administrative services and apply the amount thus saved to field programs. In addition, it must be kept in mind that one of the basic functions of the Bureau was to collaborate with the Member Governments. As to the statements made by the Assistant Director of the Bureau, he felt that the proportion of 40% assigned to the coordinated public health programs was high. He said that the views of his delegation had been set forth when the Annual Report of the Director was examined. He deemed it essential to strengthen the national public health services and felt that this policy was not reflected in the budget, which gave the impression that an effort had been made to comply with slightly disorganized requests rather than respond to a general policy. He suggested that a resolution might be adopted, so as to take these viewpoints into consideration in the preparation of future budgets.

Dr. GONZÁLEZ (Assistant Director, PASB) stated that the delegate of Chile was right in pointing out that one of the most important functions of the Bureau was to collaborate with the Member Governments, in order to determine the most essential public health needs. He added that steps in that direction were being taken whereby public health problems of the various countries were being coordinated. With respect to administrative costs, he emphasized that the Bureau administered a large number of programs that were financed with funds received from other agencies, programs to which technical advisory services must be provided, as was the case of those financed by UNICEF, among others. He pointed

[1] See Document CSP14/77, p. 563.

out that the standards established by the governing bodies of the Organization indicated that the Bureau should take action at the request of the governments, and he concluded by stressing the advisability that the national public health administrations collaborate more fully with the Bureau and that the requests made by them correspond to the real needs of the countries.

Dr. HURTADO (Cuba) said that the proposed program and budget and its annex complied with the recommendations made by the Directing Council and the Pan American Sanitary Conference. He approved of the document generally and wished to extend recognition to the persons charged with preparing that difficult document. With respect to administrative costs, he said that, in his opinion, they did not seem high if the administrative responsibilities of the Organization were taken into consideration. He said that these expenditures included those incurred both in Washington and in the Zone Offices. His delegation, he continued, did not feel that decentralization implied the weakening of the Bureau Headquarters. In fact, he felt that the Bureau lacked the facilities to perform adequately its functions of providing advisory services to the countries and that the funds assigned to it were insufficient if the Bureau was to develop a broad plan in that field. He said that the Bureau had two channels of service: public health, and education and training. In his opinion, the latter should receive the maximum priority. He congratulated the Director on having given impetus to the education and training program. He did not believe that international public health agencies had been established so that the countries could carry out given field activities. He felt that there were only two types of field programs that had real international interest: (1) the eradication programs, because of their obvious international scope; and (2) programs regarding border conditions, which, being determined by bilateral or multilateral agreements, covered fields of observation that should be under the guidance of an international agency. He considered that the report of the Working Party was very useful and said that he would vote in favor of the approval of the budget. However, some of the remarks of the delegate of Chile could be taken into account in the future.

The CHAIRMAN thanked the representatives for their remarks, but repeated that the debate should be limited to the 1955 budget.

Dr. ZOZAYA (Mexico) proposed that the budget be approved with the observation that the Joint Committee had approved the budget after reading the report of the Working Party appointed by the Executive Committee at its 22nd Meeting. He felt that some of the views stated by the delegate of Chile were not exact, for example, those dealing with advisory matters, but in his opinion the time to discuss them would be when the topic on the Bureau's program of economies and decentralization was taken up.

Dr. HORWITZ (Chile) admitted that his previous remarks were not connected with the 1955 budget, but were merely a request for information he wished to receive from the Secretariat. He agreed with the delegate of Mexico and also requested that the budget be approved.

Decision: It was unanimously agreed to recommend that the Conference approve the Program and Budget of the Pan American Sanitary Bureau for 1955 (Docu-

ment CE22/2) presented by the Director, as well as the proposed resolution on appropriations for the fiscal year 1955, appearing in that document.[1]

The session was adjourned at 1:10 p.m.

SECOND SESSION

Friday, 15 October 1954, at 11:45 a.m.

Chairman: Dr. FÉLIX HURTADO (Cuba),
Chairman of Committee II

The CHAIRMAN called the session to order and requested the Secretary to report on the number of delegations present. The SECRETARY reported that twenty delegations were represented. Since there was the quorum required by Article 17 of the Rules of Procedure of the Conference, the CHAIRMAN announced that the Joint Committee would proceed with the order of business.

Topic 19: Utilization of Surplus Funds from 1953

The CHAIRMAN submitted for consideration the proposed resolution in the working document as follows:

The XIV Pan American Sanitary Conference, noting that the surplus funds from 1953, in the amount of $144,089, were placed in a Special Fund at the disposal of the Pan American Sanitary Conference; and considering the recommendation of the Director regarding the utilization of this Fund for the intensification of the campaign against smallpox, and the decision taken in this matter by the Executive Committee at its 22nd Meeting,

Resolves: To authorize the Director to expend the surplus funds from 1953, in the amount of $144,089, for the intensification of the campaign against smallpox in the Americas.

Dr. VARGAS MÉNDEZ (Costa Rica) apologized for having to dwell upon a question that he had already discussed in plenary session, concerning Technical Assistance funds. He said that the uncertainty of Technical Assistance funds, which forced the Bureau rapidly and unexpectedly to transfer programs from Technical Assistance to the regular activities of the Pan American Sanitary Bureau and the WHO, had more importance than was generally realized. He said that if, at a given moment, the Bureau were to be without funds, the programs under way in the various countries would come to a halt. He suggested that it might be desirable to utilize the excess funds from 1953 to build up the regular funds of the Bureau and to advance those programs of Technical Assistance that were already begun, and whose success was absolutely assured, by including them in the regular budget of the Bureau.

Dr. SOPER (Director, PASB) suggested that, before considering the pro-

[1] See report of the Joint Committee, p. 596.

posal of the delegate of Costa Rica, the Committee examine the procedure followed by the Bureau with respect to surplus funds remaining at the end of each year. He asked what the result would be if that proposal were approved. In 1947 and 1948 the Pan American Sanitary Bureau had been left without funds to continue the limited programs of that period, and Brazil, Chile, the Dominican Republic, Mexico, and Venezuela voluntarily had contributed amounts that served as the basis for the operating fund. He recalled the statement of the delegate of Argentina at an earlier session, when he had announced that his country would send an additional sum of 1,500,000 Argentine pesos as a voluntary contribution to the funds of the Pan American Sanitary Organization. In 1948 a budget amounting to $1,300,000 had been approved, of which $320,000 had been utilized. In 1949 the budget had amounted to $1,700,000, of which only $785,000 had been spent. This situation was a consequence of irregularity in the payment of quotas. In the last two years it had been decided to begin the fiscal year with a reserve fund amounting to 60% of the total budget. The present surplus was due to the payment of quotas in arrears.

At its meeting in Havana two years ago, the Directing Council had recommended the utilization of surplus funds in the amount of $200,000 for the anti-smallpox program, the fellowship program, and repairs to the Headquarters buildings. Last year the surplus had been used to reimburse the total amounts of the loans from the Kellogg and Rockefeller Foundations, which were made to purchase the said buildings. In each of these cases, the proposals to utilize this surplus in no way implied an increase in the budgets for the following years. This meant that the Bureau had kept within the limit set for the total amount of the budget by the Directing Council and by the Pan American Sanitary Conference and that there was no tendency to utilize the available surplus funds for programs that might represent an increase in the Organization's budgetary obligations for the following years. The utilization of the surplus funds in the manner suggested by the delegate of Costa Rica would be contrary to the policy followed by the Bureau, since they would be utilized for Technical Assistance and WHO programs, which were continued from year to year. After the shortage of funds that occurred in 1948, expenditures had been kept within the most reasonable limits possible.

Dr. ALLWOOD PAREDES (El Salvador) said that, insofar as the fluctuations and consequent repercussions of the Technical Assistance funds were concerned, he shared the concern expressed by the delegate of Costa Rica. He reported that, after a series of difficulties, a program had been initiated in El Salvador, which, because of its nature, had been considered a model of what international aid should be to foster permanent public health development in underdeveloped countries. The work had been started with Technical Assistance funds and continued unchanged until 1952. It had then been assigned to the regular budget of the World Health Organization, which was responsible for the program because of the nature of the work. Later, upon examining the documents presented to the Conference, the Government of El Salvador had learned, unexpectedly, that this program would again fall under the Technical Assistance Program, at a time when El Salvador had already prepared its budget for the coming year without having been able to allot sums for the payment of the experts' expenses, as required by

the Technical Assistance Board. He stressed that in his country, as in several others, extensive programs were under way that were liable to deteriorate because of the change of programs from one budget to another. He went on to say that his country was greatly interested in the Health Demonstration Area Program. He requested that the delegates help keep that program operating effectively, by ensuring that it be included in the regular WHO budget and that, if possible, it be incorporated in the regular budget of the PASB. The Government of El Salvador had spent an amount equivalent to $800,000. He added that his delegation supported the proposal of Costa Rica, and asked that it be examined in detail.

Dr. GONZÁLEZ (Assistant Director, PASB) wished to comment on the statements made by the delegate of El Salvador. The Health Demonstration Areas had been established as one of the best projects to be financed by the Expanded Program of Technical Assistance of the United Nations. On 1 May 1951, the Government of El Salvador had signed an agreement with the WHO for the development of the Health Demonstration Area. The program had continued to be financed with Technical Assistance funds received by the WHO until 1954, at which time, because of the financial crisis, it had been necessary to transfer the program to the WHO regular budget. In May 1954, the Seventh World Health Assembly, in Resolution 35, had instructed the Director-General to the effect that, beginning in 1955, those programs that in 1954 had been included for emergency reasons in the WHO regular budget should be transferred to Technical Assistance funds. Of those programs, those of the Region of the Americas included the Demonstration Area in El Salvador (El Salvador-5), the School of Nurses in Costa Rica (Costa Rica-3), and the Rural Public Health Services in Panama (Panama-1). On 27 July 1954, the Bureau had conveyed this information to the Minister of Public Health of El Salvador. He added that, on 15 July 1954, the Government of El Salvador had informed the Technical Assistance Board that it accepted the new arrangements regarding the local expenses of the experts. He felt that, since the El Salvador project was one of the broadest in scope, it would be very possible that the Director-General would continue to receive Technical Assistance funds to finance it. He pointed out that the Technical Assistance Board always granted priority to self-financed continuing programs, since it would not be advisable to allow a program to be suspended after both the government and international organizations had spent large sums on it.

Dr. HORWITZ (Chile) referred to the document under consideration. He inquired exactly how the surplus amount of $144,000 from the 1953 budget would be spent in the smallpox program. The statements of the delegates who had preceded him were of special interest and had some bearing on those his delegation would like to make. He felt that a continent that was showing maturity enough to recognize and take up its own public health problems was perfectly able to solve locally any situation caused by smallpox, whether endemic or occurring in epidemic outbreaks. If the quality of the advisory services that the Pan American Sanitary Organization could provide for the solution of this problem was analyzed, it was not entirely clear just how $144,000 could be spent. In view of the fact that the principal functions of the Bureau included ensuring the provision of a vaccine of acceptable quality and in sufficient quantity, and advising the governments on the

proper organization of their control and eradication programs, he could not understand how the sum of $144,000 could be spent. The amount was excessive for the purposes set forth in the document. He wanted the Bureau to continue its line of action and to spend the funds necessary, but he was convinced that some of the surplus would still be left over. He thought it was natural that this unexpended surplus, which would not be too large an amount, would be spent by the Director in accordance with the general procedural practices of the Bureau. He proposed that, without prejudice to the Bureau's continuing its work of providing advisory services to the governments in the eradication of smallpox, that part of the surplus funds from 1953 be expended on the smallpox campaign and the rest on education and training programs.

Dr. BRADY (United States) wished to comment on two points: first, on the reports of the delegates of Costa Rica and El Salvador and, secondly, on the specific proposal before the meeting. He thought that everyone understood perfectly the concern expressed by the delegates of Costa Rica and El Salvador. He had noticed in the budget the transfer of funds from one year to another and from one source to another in several combinations. In this particular case, the transfer would be from the WHO regular budget to the United Nations Technical Assistance budget. He felt that there was no reason to believe that these projects would be prematurely terminated because of the lack of funds in the Technical Assistance budgets for 1955 and 1956. Perhaps the delegates of Costa Rica and El Salvador had information not available to the rest of the delegations, but the speaker was certain that in projects of this nature, with the investment that had been made, even should there be a crisis in the Technical Assistance funds as had occurred in the past, some way would be found to carry on those projects. A second point that would worry him somewhat if these projects were transferred to the Pan American Sanitary Bureau budget, was that the United Nations Technical Assistance Program, which had its own funds and ways to raise money, took leadership in designing programs. When that organization got into difficulty, he did not think it incumbent upon the Pan American Sanitary Organization to go to its assistance, since the Bureau did not intervene in the action taken by the United Nations Technical Assistance Program. As regards the proposals presented, the United States Government had been indicating for three or four years that the smallpox eradication program in the Americas was one of maximum usefulness to the Bureau. He continued saying that his Government thought it a shame that smallpox still existed in this Hemisphere, where there was a method of easy, simple prevention. The problem was to provide vaccines to those giving the vaccinations. At the Executive Committee meeting last spring, the delegation of the United States had voted against the proposed use of $144,000, as a matter of principle, thinking that this surplus could be applied to reduce the quota payments of the countries. He was pleased that his Government had changed its opinion and was now willing to support the proposed resolution to the effect that the surplus funds be used in the smallpox eradication campaign.

Dr. HYRONIMUS (France) supported the proposal of the delegate of the United States and suggested that, if possible, part of those funds should be utilized in the manner proposed by the delegation of Chile.

Dr. BROWN (Bolivia) stated that his delegation also supported the proposal of the United States delegate. He felt that smallpox eradication was one of the most important enterprises that could be undertaken at the present time. Since the production of adequate material was a matter of some difficulty for many Latin American countries, the utilization of the $144,000 that was now available would serve to encourage such production in the countries needing it. He supported Chile's proposal to the effect that, should there be any surplus funds, they be utilized to train technical personnel.

Dr. ZOZAYA (Mexico) felt that consideration should be given to the proposal of the Chilean delegation, since a doubt as to the need to spend such funds solely on the smallpox campaign had been expressed. He thought that the delegate of Chile was not against using funds for that purpose but merely felt that the amount to be used for the campaign against smallpox was too large. He requested that the Director of the Bureau give his opinion on the matter.

Dr. HORWITZ (Chile) proposed that an amendment be made to the proposed resolution, the operative part being worded as follows: "To authorize the Director to expend the surplus funds from 1953, in the amount of $144,089, preferably for the intensification of the campaign against smallpox in the Americas, and any unexpended balance for the education and training programs."

Dr. VARGAS MÉNDEZ (Costa Rica) stated that a large percentage of the cost of the eradication programs fell on the governments themselves. He pointed out that, at the meeting of the Directing Council in Havana, a division of the surplus funds had been made for purposes of their utilization and that, in the amendment proposed by the delegate of Chile, the programs that concern Costa Rica and El Salvador could be included, since they were essentially educational. He said that the nursing program in Costa Rica was regional, that fellows from various countries participated in it, and that to implement it his country had made great efforts with the means available.

Dr. ALLWOOD PAREDES (El Salvador) emphasized the fact that the Bureau should pay attention to this type of program, which was being carried out in two small countries and which perhaps best reflected the modern principles laid down as standard procedures for the Pan American Sanitary Bureau. In the case of smallpox, the activities of the Bureau had been capable only of producing a stimulus, which acted as a mere catalyst. Methods for campaigning against smallpox were within the scope of action of the American countries and, consequently, the Bureau's campaign could mean only a stimulus to the governments or else arrangements with the laboratories or centers of scientific research existing in the Americas, leaving it to the governments to carry out the program. Like the Costa Rica program, the El Salvador program was purely one of training and of exploring public health methods by experiments that could serve all countries. He added that obligations would be placed on El Salvador that perhaps the responsible agency would not be willing to accept. He asked that closer attention be paid to the proposal of the delegate of Chile.

Dr. ORELLANA (Venezuela) stressed the difficulties of carrying out smallpox eradication programs on a nation-wide scale. It was an expensive program and

one difficult to conduct. The fact that in the five years from 1948 to 1952 there had been 85,900 cases of smallpox in America, which produced 14,200 deaths, showed that this was still a serious continental problem. He maintained that the amount of the surplus funds was not enough to take care of campaign needs.

The CHAIRMAN, in his capacity as delegate of Cuba, asserted that his Government gave eradication programs the highest priority. As a result, his delegation would vote in favor of having surplus funds used for smallpox eradication. He affirmed that now it was solely a question of attempting to eradicate smallpox, since with $144,000 smallpox could not be eradicated. He supported the proposal of the delegate of the United States.

Dr. PIERRE-NOËL (Haiti) said that the delegation of Haiti had always maintained that eradication programs should constitute the main activity of the Pan American Sanitary Bureau, particularly in the matter of smallpox. He understood the concern of the delegates of Costa Rica and El Salvador, particularly because it was a question of programs in effect for some time for whose continuation the countries had no funds. He thought that if there were surplus funds available afterward, they should be applied to carry out the programs of Costa Rica and El Salvador.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) recalled the suggestion of the delegate of Mexico that the Director of the Bureau should be heard on this matter.

Dr. SOPER (Director, PASB) said that, in order to comment on the question under discussion, he would have to refer to the events of the last two years. He recalled that in 1952 in Havana it had been decided to vote $75,000 of the surplus funds for the antismallpox campaign. With the development of the program, the utilization of these funds had been continued during these two years. By the end of 1954 the fund of $75,000 will have been exhausted. He pointed out that the existence of this fund, which there had been no urgent need to spend in 1953, had been useful and that plans could be made to use it when circumstances so required. It was impossible to state how this sum would be used for the campaign. It had been noted that, in smallpox epidemics followed by an epidemic of vaccinations, a new smallpox epidemic appeared after a period of calm. Any country could defend itself permanently against smallpox by regular vaccination of the entire population. A continent that had no smallpox in any territory did not need to spend the sums required in the Americas at the present time.

The Bureau had not wished to use those funds to do what had already been done a thousand and one times in the world. Its intention was to obtain the production of a vaccine that could withstand the climatic conditions of any region of America, and to do everything possible to obtain the cooperation of all the countries in a permanent vaccination system. With the funds in question, direct campaigns could not be initiated throughout America.

Dr. GONZÁLEZ (Assistant Director, PASB) declared that the first phase considered important by the Pan American Sanitary Bureau, in attacking the smallpox problem, was that of collaborating with the governments in the establishment of adequate laboratories for the production of an efficacious and lasting vaccine, preference being given to the dry vaccine that withstood tropical climates so well.

To this end, it had cooperated with four Member Governments and was negotiating with three others for the furnishing of certain material and equipment. It had also cooperated with the governments by sending a consultant specialized in the production of dry vaccine to advise the local personnel of the countries, so that they could supply themselves effectively with the vaccine. In the case of one Member Government, negotiations were sufficiently advanced so that what the Bureau considered the second phase could be begun, that is, collaboration with the governments in the preparation and development of field activities designed to install a permanent service in each country that would guarantee an appropriate level of smallpox immunity. Also, one important part was the granting of fellowships so that national personnel would be trained in specialized techniques.

The CHAIRMAN felt that the topic had been sufficiently discussed and announced that he would submit to a vote the amendment proposed by the delegate of Chile.

Dr. ZACARÍAS ARZA (Paraguay) requested that it be a secret ballot.

The CHAIRMAN announced that the delegates of Uruguay and the Dominican Republic would act as tellers.

A secret ballot was taken.

Number of ballots cast, 20; number of void ballots, 1; number of valid ballots, 19; countries present, 20; ballots in favor of the amendment of the delegation of Chile, 9; against, 10.

Decision: The amendment proposed by the delegation of Chile was rejected.

The CHAIRMAN then stated that a vote would be taken on whether the draft resolution would be accepted as presented in the working document.

Decision: It was agreed, by a majority vote, to recommend that the Conference authorize the Director to utilize the surplus funds from 1953, which amount to $144,089, for the intensification of the campaign against smallpox in the Americas.[1]

The session was adjourned at 1:00 p.m.

[1] See report of the Joint Committee, p. 597.

PART FOUR

REPORTS AND OTHER DOCUMENTS

COMMITTEE ON CREDENTIALS

FIRST REPORT [1]

(Document CSP14/44)

The Committee on Credentials, established at the first plenary session and composed of the delegates of Mexico, Panama, and Chile, met in the room adjoining the Roof Garden on 8 October 1954. The Committee appointed Dr. Alberto Bissot, Jr. (Panama) and Dr. Jorge Torreblanca (Chile) as Chairman and Rapporteur, respectively.

The credentials and documents received from the respective governments were examined, and the delegations of the following countries were officially accredited to the XIV Pan American Sanitary Conference: Colombia, Costa Rica, the United States of America, the Dominican Republic, Venezuela, Argentina, Uruguay, El Salvador, Ecuador, Haiti, Nicaragua, the Netherlands, France, Panama, Chile, Cuba, Guatemala, Peru, Bolivia, Brazil, the United Kingdom, and Paraguay.

Official documents from the Government of Mexico naming its delegation to the Conference are with the Conference Secretariat, and the Committee on Credentials recommends that, until the requirements with respect to presentation of credentials are fulfilled, this delegation be accredited provisionally, but with all the privileges of the other delegations.

The Government of Canada has accredited one official observer.

SECOND REPORT [2]

(Document CSP14/101)

The Committee on Credentials, composed of the delegates of Mexico, Panama, and Chile, held its second session in the room adjoining the Roof Garden, on 11 October 1954, at 12 noon.

The Committee examined the credentials of the delegation of Mexico, which had been received in the Secretariat of the Conference, and recommended that the Mexican delegation be fully accredited to the Conference.

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[1] Approved by the Conference at the third plenary session.

[2] Approved by the Conference at the sixth plenary session.

COMMITTEE I (TECHNICAL MATTERS)

REPORTS

FIRST REPORT (Part I)

(Document CSP14/79, Rev. 1)

Report of Working Party C on Application of Health Education Methods in Rural Areas in Latin America

At its third session, held on 15 October 1954, Committee I examined and approved, with some modifications, the report of Working Party C relating to the application of health education methods in rural areas in Latin America, as presented by the Working Party's Rapporteur, Miss Graciela Carrillo Castro (Costa Rica). The Working Party was presided over by Dr. Carlos Grunauer Toledo (Ecuador), and Dr. Rigoberto Ríos Castro (PASB) served as Secretary.

The report read as follows:

Working Party C presents to Committee I (Technical Matters) for consideration the following conclusions reached in the study of the topic assigned to it:

CONSIDERING:

(1) That the successful solution of health problems is intimately related to changes in the customs and habits of the individuals or groups affected by those problems;

(2) That members of the community must be encouraged to take an active part and assume responsibility in all matters concerning their health;

(3) That permanent liaison is essential among individuals, the community, and agencies, to find the best solution to problems related to health;

(4) That all personnel in the public health services should understand and make use of the concepts and principles of health education in their daily work;

(5) That professional health educators, as well as other workers, are essential in the development of educational public health programs and in the training of personnel in the use of educational techniques;

(6) That at present the number of professional health educators is inadequate to meet the minimum requirements of national health programs, and it is difficult to obtain such personnel for permanent activities in rural areas;

(7) That the application of health education methods and techniques in rural areas is relatively new in most of the American republics, and

BEARING IN MIND:

(1) That health education is a fundamental and essential part of all public health programs or services;

(2) That health education is effective only when planned and developed as an integral part of every public health program; and

(3) That the objectives of health education are:

(a) To awaken the interest of individuals and communities to the understanding and use of the means that will help them maintain their health;

(b) To seek the means of encouraging individuals, families, and groups to study and understand their health problems, so they may take an active, responsible, and permanent part in the solution of those problems; and

(c) To seek permanent, over-all, and unified liaison between the community and the individuals, and official and private agencies that are working to improve all phases of the environment,

IT IS RECOMMENDED:

(1) That Member Countries give preferential attention to the study of ways and means of overcoming the shortage of professional health educators, in accordance with the standards that may be set by the World Health Organization;

(2) That as a temporary solution to the problem of providing full-time health education services in the rural areas, where there is an insufficient number of professionally qualified health educators available, it will be necessary to train qualified and carefully selected personnel to serve as assistants to the professional health educator, in such educational activities (the number of such personnel should not be so large as to preclude effective supervision by the professional health educators);

(3) That one of the primary concerns of the professional health educators should be to help improve the educational activities carried out by other public health workers;

(4) That the educational methods applied in rural communities be adapted to the cultural level, state of health, and socio-economic conditions in each region of the country;

(5) That all educational work be preceded by a study of the environment in which the program is to be carried out;

(6) That in all plans the interests and most urgent needs of the individuals and local groups be taken into account;

(7) That the solution of the problems be worked out, preferably in successive stages and with the active participation of those concerned;

(8) That the undertaking of any plans also take into consideration the coordination of all resources made available by private and state agencies;

(9) That the Pan American Sanitary Bureau further increase its efforts, together with national and international agencies, both public and private, in order:

(a) To promote the principles, concepts, and objectives of health education as set forth in this document;

(b) To assist in the development of means for training both professional health educators and auxiliary personnel;

(c) To encourage the incorporation of health education in the training of all public health workers; and

(d) To seek means for the exchange of information, materials, experiences, and research in health education, among the countries of the Hemisphere.

Draft Resolution

Application of Health Education Methods in Rural Areas in Latin America

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the importance that should be given to health education in all phases of public health and activities related thereto; and

Taking into account the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

RESOLVES:

(1) To approve the text of the preamble and the recommendations submitted by Committee I on the topic "Application of Health Education Methods in Rural Areas in Latin America" (Document CSP14/79, Rev. 1).[1]

(2) To instruct the Director of the Bureau, insofar as possible, to encourage the promotion and implementation of the recommendations contained in the aforementioned document and to present to the Directing Council, at its next meeting, a report on the steps taken with respect to this matter.

(3) To recommend that the Director of the Bureau give wide distribution to the complete text of Document CSP14/79, Rev. 1, for the information of all the countries.[2]

FIRST REPORT (Part II)

(Document CSP14/79, Rev. 1)

Report of Working Party B on Control of Infant Diarrheas in the Light of Recent Scientific Progress

At its meeting on 15 October 1954, Committee I also examined and approved, with some changes, the report of Working Party B relating to the control of infant diarrheas in the light of recent scientific progress, as presented by the Rapporteur, Dr. Adalberto Steeger (Chile).

The report read as follows:

Working Party B of Committee I, entrusted with the examination of the topic "Control of Infant Diarrheas in the Light of Recent Scientific Progress," held three working sessions, on 11, 13, and 14 October, with Dr. Juan Allwood Paredes

[1] See p. 438.

[2] Modified at the eighth plenary session. See Resolution XXVI, Final Act, p. 635.

(El Salvador) presiding, Dr. Adalberto Steeger (Chile) acting as Rapporteur, and Dr. Myron E. Wegman (PASB), as Secretary.

The discussion centered on acute infant diarrheal disorders of which the morbidity and mortality principally affect children under two years of age. The excellent paper on this topic (Document CSP14/27),[1] presented by Dr. Albert V. Hardy, Director, Bureau of Laboratories, Florida State Board of Health, United States of America, was used as a basis for the discussion.

The author subdivided his survey into five sections, namely: mortality, etiology, epidemiology, clinical considerations, and control.

The following account summarizes the various opinions voiced on each of the above aspects by the delegates present. The recommendations appearing at the end of the report are based on the opinions expressed.

Mortality.—It was unanimously agreed that the acute forms of infant diarrhea are one of the principal causes of mortality in many countries of America, which justifies any effort that may be made to gain a fuller knowledge of the problem so as to establish efficacious measures applicable to both prophylaxis and treatment. In most American countries, the mortality figures are not quite accurate, and there are reasons to suppose that the actual condition is more serious than these figures indicate. This is due to the fact that the causes of death registered are based on a very low percentage of medical certificates, and therefore do not always reflect the true clinical picture. Thus it is that many deaths caused by acute diarrhea appear in the records as due to simple meningitis, bronchial pneumonia, nutritional disorders, etc. If any evident improvement is to be made in the evaluation of mortality from infant diarrheas, surveys should be confined to statistical data on representative groups of population that are subject to medical and public health supervision. It should not be surprising if the mortality and morbidity rates for such groups increase as a result of more precise knowledge and registration of diseases, even though health, nutritional, or cultural conditions may improve. In countries where inadequate records are kept, the causes of death under this heading should be studied and evaluated by means of a comparative critical analysis of infant mortality, both general and specific, by age group and seasonal incidence.

Etiology.—Severe infant diarrhea is almost always an enteric infection. It was unanimously agreed that *Shigellae* are the most frequent etiological agents; *Salmonellae* are less often responsible and other biological agents, known and unknown, are even more rarely. One of the representatives, however, pointed out that in his country the most common etiological agent of enteric infections in the rural areas is *Salmonella.* In some countries, infection by *E. histolytica* is observed in from 2 to 5 per cent of infant diarrheas.

Identification of etiological agents can be made considerably more accurate by use of selective cultural media and adequate technique when selecting suspicious colonies for study. A search for the causative organism at the outset of illness will yield a substantially higher proportion of positive results than in the later stages.

Despite the progress achieved in bacteriological techniques, there are a cer-

[1] See p. 462.

tain number of cases in which the agent responsible for the disease cannot be isolated. As in the case of statistical records, it is likewise advisable to undertake bacteriological research with representative population groups, when the resources available do not permit mass investigations.

Epidemiology.—The fact that enteric infections are observed in every region of a country is indicative of the spread of the infection.

There are seasonal fluctuations in endemic cases, and the highest incidence rates are recorded during the spring and summer months.

In shigellosis, contagion is generally spread directly by the hands of patients or carriers, and indirectly through flies. Transmission through water, milk, and other foods is exceptional.

Breast-fed babies are less liable to infection; this explains, to a large extent, the difference in the recorded number of cases of shigellosis among breast-fed babies and those fed artificially.

Unlike *Shigellae,* which affect only human beings, the sources of infection with *Salmonellae,* other than *S. typhosa,* are animals. Transmission to human beings takes place through infected or contaminated foodstuffs, particularly eggs, poultry, meat; or by direct contact with animals, which explains the higher rate of incidence of this infection in certain rural areas. In both types of infection, the risks of contagion are greater in the poorer segments of the population.

Clinical.—Infection with *Shigellae* and *Salmonellae* can give rise to diverse clinical types, ranging from the fulminating toxic variety to the very mild forms. Observation of the patient cannot determine the etiology of the different diarrheal manifestations; etiological diagnosis depends upon the laboratory.

Diarrheal disease easily upsets the fluid and electrolyte balance and it is most frequently as a result of this disturbance that death of the child ensues. In undernourished patients, the severity of the infection and of its complications is greater.

In recent years great advances in treatment have been made, especially with respect to:

(a) prompt correction of fluid and electrolyte disturbance by the systematic administration of fluids, electrolytes, glucose, plasma, and blood; and

(b) the proper use of antibotics and sulfonamides.

Attention was drawn to the advisability of providing facilities for the application of these treatments in outpatient clinics as a means of relieving the shortage of hospital beds.

Control.—The Working Party unanimously acknowledged that economic and social progress, which results in improved environmental hygiene, is a decisive element on behalf of the campaign against diarrheal diseases. The promotion of economic development does not fall primarily within the province of public health administrations; they may, however, adopt a methodical series of control measures, which are summed up in the following recommendations:

(1) That accurate record of causes of death be established through the adoption of a simple classification of digestive disorders in accordance with the *International List of Causes of Disease and Death* adopted by the WHO.

That until a satisfactory record of this type is established, it is suggested that death certificates of children who were attended by a physician should be classified separately, and the specific death rates be compared with those of infant mortality in general and by age groups, as well as with those by seasonal incidence and geographic distribution.

(2) That indispensable laboratory services should be established or improved at the regional, national, and local levels.

That an endeavor be made for these laboratories to adopt uniform methods in the various countries, so as to obtain reliable and comparable data.

That the laboratories, thus organized, make careful surveys of representative samples of the population.

(3) That the training of general and public health physicians, as well as laboratory workers and other paramedical personnel, with respect to diagnosis, treatment, and control of infant diarrheas, should be intensified.

Stress is laid on the desirability of organizing short intensive courses specially adapted to the needs of personnel working far away from large urban centers.

(4) That it is essential to organize a broad system of medical and public health services not only in urban but also in rural areas in order to provide prompt treatment to the sick child, and medical supervision to the healthy child.

(5) That personal hygiene should be improved by the provision of a water supply system to homes, supplementing this by educational measures to encourage the adoption of good habits in personal care and the use of soap and water.

(6) That environmental sanitation measures should be put into effect for the safe disposal of human excreta and for fly control.

(7) That infant feeding should be improved by means of widespread instruction in child care, and, whenever possible, by the distribution of basic foods, especially powdered and evaporated milk, to children living in the poorest sectors. Breast feeding should be encouraged, taking into account the nutritional state of the mother.

(8) That a request should be made to the Director of the Pan American Sanitary Bureau for Bureau assistance in:

(a) training the personnel required in the control of infant diarrheas, including the sending of technical experts on request;
(b) facilitating the international exchange of scientific knowledge on this subject; and
(c) facilitating the supply of standardized diagnostic reagents to national laboratories.

(9) That UNICEF should be asked to consider, in agreement with the Pan American Sanitary Bureau, the adoption of programs furthering, as far as applicable, the implementation of the foregoing recommendations.

(10) That the Director of the Bureau should be requested to distribute as widely as possible the paper prepared by Dr. Albert V. Hardy and the recommendations contained in the present document, and that at the next meeting of the Directing Council he submit a report on the steps taken by the Bureau in the control of infant diarrheas.

Draft Resolution

Control of Infant Diarrheas in the Light of Recent Scientific Progress

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the importance of infant diarrheas as a predominant cause of sickness and death in many countries of the Americas; and

Bearing in mind the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

RESOLVES:

(1) To approve the technical recommendations on control of infant diarrheas set forth in the report of the *ad hoc* Working Party, as modified by Committee I (Document CSP14/79, Rev. 1).[1]

(2) To recommend that the Director of the Bureau, insofar as possible, encourage the implementation of the technical recommendations contained in the above-mentioned report, and report to the Directing Council, at its next meeting, on the steps taken with respect to this matter.

(3) To instruct the Director of the Bureau to give wide distribution to the paper prepared by Dr. Albert V. Hardy (Document CSP14/27, Addenda I and II) [2] and to the report of the *ad hoc* Working Party (Document CSP14/79, Rev. 1).[3]

FIRST REPORT (Part III)

(Document CSP14/69, Rev. 1)

Report of Working Party A on Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs

At its fourth session on 18 October 1954, Committee I approved the report of Working Party A, as follows:

Working Party A of Committee I held six meetings to study the topic assigned to it. Those present were delegates of Colombia, Costa Rica, United States, Venezuela, Argentina, Haiti, Mexico, France, Chile, Guatemala, Bolivia, and Paraguay, and observers for the United Nations and the Organization of American States. Dr. Darío Curiel (Venezuela) was elected Moderator and Dr. Hugo Behm (Chile), Rapporteur; Dr. Ruth R. Puffer (PASB) served as Secretary and Dr. Enrique Pereda (Chile), as Technical Expert.

The Working Party adopted the paper presented by Dr. Enrique Pereda (Document CSP14/26) [4] as the basis for its discussion. This document, the importance of which is to be stressed, has been used extensively in this report.

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[1] See pp. 442-443.

[2] See pp. 462-502.

[3] Modified at the eighth plenary session. See Resolution XXVII, Final Act, p. 635.

[4] See p. 502.

It was evident to the Working Party that it is impossible to discuss methods of improving the data required for health programs without first determining what statistics mean. It is a well-known fact that statistics are a basic factor in the planning, development, evaluation, and improvement of health programs. It is also true that these programs cover a wide-range of activities, which include the promotion, protection, and improvement of health. Consequently, it is necessary to know the population to be served, the vital facts, and the diseases which affect the population, in order to determine the relative importance of the various health problems to be solved.

It is fundamental, furthermore, to have a description of the personnel, the material resources and the economic means available for health activities, and to determine the services made available to the community through such resources. These services represent large sums of money that the people themselves contribute, directly or indirectly, and it is the responsibility of those in charge of the programs to render a detailed account of the accomplishments.

Moreover, the Working Party was aware that health is closely linked to economic, cultural, and social development, and that economic and social statistics giving an over-all picture of community problems are necessary in order to develop a unified plan designed to raise the standard of living of the people.

The definitions so established of the statistics that should be obtained, the Working Party studied the sources and types of errors in the information available taking into consideration the opinions of the delegates and the "Summary Reports of the Member States, 1950-53." This study disclosed that, in spite of the progress already achieved, the statistical information available continues to be limited and contains important errors. There is a marked contrast between the progress made in international agreements in some fields of statistics and the limited extent to which these are put into practice.

These shortcomings are to be explained in part by the difficulty, within the countries, of instituting an effective system of statistics, owing to the number of agencies that produce, process, analyze, and publish data of interest to public health. The fact that the agencies developing activities for the protection, promotion, or improvement of health are rarely integrated is another influential factor. In both instances it is a complex administrative problem to obtain adequate coordination, a fact that affects the quality and timeliness of the statistics.

There is no doubt that the need for properly trained statistical personnel is a great obstacle to the production of accurate statistics and, as a result, the importance of the recommendations on the technical training of personnel has been stressed.

The processing of sound, reliable statistics is not only a problem of organization, resources, and personnel, but one that depends mainly on the collaboration of those who provide basic data and those who make use of the results of statistical analysis. In spite of the progress made generally in this respect, it does not seem to be generally understood that statistics are essential to all phases of a health program. This fact led the Working Party to recommend that stress be laid on the importance that agencies be adequately equipped with a well-organized sta-

tistics service, the staff of which should collaborate actively with those in charge of the programs. It also recommended that measures be taken to teach professional health workers and disseminate information on the application of statistical methods.

The Working Party concluded by stressing the international recommendations that may be put into practice immediately, the measures for coordination, and the procedures for improving the reports of Member States to the next Pan American Sanitary Conference.

The impartiality with which the Working Party recognized the deficiencies of the statistics necessary for health programs and the difficulties to overcome them should not be interpreted with undue pessimism in regard to the solution of the problem. On the contrary it is believed that great strides have been made in this type of statistics, and that there is good reason to expect continued progress in the future.

The responsibility for the improvement of this type of information is a basic function of the countries themselves, and is part of the task that consists, primarily, of incorporating statistics as an essential factor not only in the field of health but also in all activities of organized communities.

In addition to these activities, within the various countries, there seems to be no doubt that the Pan American Sanitary Bureau should continue to contribute efficaciously toward the development of this work by promoting permanent activities in education and training of personnel and by fostering the interchange of ideas and procedures.

Draft Resolutions[1]

1. *Statistics Required in Health Programs*

CONSIDERING:

That health is in itself an indivisible whole, and, moreover, is closely linked to the economic, social, and cultural development of the community;

That public health encompasses all activities concerning the promotion, protection, and preservation of health;

That the disproportion between the magnitude of health problems and the resources usually made available for their solution makes it necessary to classify these problems in proper order, so that they may be dealt with according to their relative importance and the resources utilized in such a way as to yield the maximum returns; and

That basic statistical data are essential to health programs, to ensure their proper planning, development, evaluation, and improvement,

RESOLVES:

To recommend that the Member States, to the extent that their economic, social, and cultural development permits, extend and improve the collection, processing, analysis, and timely publication of statistics on population, vital sta-

[1] The draft resolutions in this report were approved by the Conference at the eighth plenary session, with the modifications indicated.

tistics, morbidity statistics, statistics on health resources and services, and socio-economic statistics related to health.

[Resolution XVI]

2. *Population Statistics*

CONSIDERING:

That a knowledge of the different groups making up the population is of fundamental importance in health programs,

RESOLVES:

To recommend to the Member States that their health agencies: (a) promote and cooperate in the provision of timely and reliable demographic statistics; (b) participate in the planning of population censuses, so as to ensure that they include the maximum of data essential for health programs; and (c) make use of public health surveys when necessary, to provide additional data on population.

[Resolution XVII]

3. *Vital Statistics*

CONSIDERING:

That it is a basic task of health agencies to know, at both the local and the national levels, the vital facts regarding the people whose health problems they wish to solve;

That, among these vital facts, it is particularly important in health programs to have the most thorough knowledge possible of the causes of deaths in the population;

That, for these purposes, there are available detailed international recommendations of the World Health Organization and the United Nations; and

That, nevertheless, vital statistics are still subject to error in collection, inadequate analysis, and delays in publication, all of which interfere with their proper use in the planning, development, evaluation, and improvement of health programs, and with the comparability of data on a national and international scale,

RESOLVES:

(1) To recommend that the Member States, through their national agencies, improve the use of (a) *Principles for a Vital Statistics System,* of the United Nations, stressing the collection and processing of those data that specifically serve the aims of health; and (b) Regulations No. 1 of the World Health Organization, regarding the use of the *International Statistical Classification of Diseases, Injuries, and Causes of Death.*

(2) To recommend that, in the use of the above, special attention be given to improving the procedures for collection of basic statistical information at the local level.

[Resolution XVIII]

4. *Morbidity Statistics*

CONSIDERING:

That morbidity statistics are essential in the planning, development, evaluation, and improvement of health programs;

That the collection of this information is a complex process, and the quantity and detail in which it can be obtained depends in large measure on the level of economic, social, and cultural development;

That it is apparent that, in most of the countries, information exists on diseases of certain population groups, such as hospital statistics, data on insurance against illness, accidents, industrial hazards, etc., which should be developed, standardized, and utilized;

That a thorough description of the importance, type, sources and uses of morbidity statistics is contained in the Third Report of the Expert Committee on Health Statistics of the World Health Organization; and

That to cover the special group of communicable diseases—a complete and timely knowledge of which is of local, national, and international importance—there are legal provisions in the various countries and detailed international recommendations, in spite of which these statistics still suffer from inaccuracy and the provisions regarding their transmittal and publication are not complied with fully,

RESOLVES:

(1) To recommend that the Member States promote utilization of general morbidity statistics for the purposes of health programs, and that they take permanent measures to comply with the recommendations of the Third Report of the Expert Committee on Health Statistics of the World Health Organization.

(2) To recommend that the Member States take immediate steps to improve the reporting of communicable diseases, through the use of: (a) Regulations No. 2 of the World Health Organization *(International Sanitary Regulations)*; (b) *Basic Procedures for the Reporting of Communicable Diseases* (Scientific Publications, No. 9, Pan American Sanitary Bureau); and (c) *Guide for the Reporting of Quarantinable and Other Communicable Diseases in the Americas* (Miscellaneous Publications, No. 6, Pan American Sanitary Bureau).

[Resolution XIX]

5. *Statistics on Resources and Services*

CONSIDERING:

That health programs require a knowledge of the economic resources and resources in personnel and equipment, both public and private, that the country provides specifically for such programs;

That an evaluation of the yield and cost of public health programs is of basic importance, and that, for this purpose, statistics on resources and on services provided are indispensable; and

That, in spite of their importance, statistics of this type have not been developed sufficiently in the majority of the American countries,

RESOLVES:

To recommend that the Member States take measures to obtain statistics on the national resources devoted to health and on the services rendered to the community, so that this information may facilitate the planning, development, evaluation, and improvement of health programs.

[Resolution XX]

6. *Socio-economic Statistics Related to Health*

CONSIDERING:

That there is a close interdependence between the economic, cultural, and social development of the community and its health problems;

That health programs should, therefore, form part of a comprehensive governmental plan for the improvement of the living conditions of the population;

That, consequently, those in charge of health programs should have available socio-economic statistics to help give them an over-all view of the problems confronting the community; and

That, despite the fact that information of this type exists in the majority of the countries, it is not used sufficiently by the health agencies,

RESOLVES:

To recommend that the Member States promote the use by health agencies of socio-economic statistics related to health, in order to unify the activities designed to raise the living standards of the population.

[Resolution XXI]

7. *Statistical Services in Health Administrations*

CONSIDERING:

That some of the basic statistical data required by health administrations should be subject in those administrations to such a system of collection, processing, and analysis as will ensure their constant and timely use in the planning, development, evaluation, and improvement of health programs;

That, in addition to the statistical information mentioned above, use should be made of the statistical data produced by other national administrations; and

That, if health programs are to make proper use of statistical data, statisticians having a basic knowledge of health must collaborate closely with those who conduct such programs,

RECOMMENDS:

(1) That the Member States create, or stimulate and strengthen, the statistical services in health administrations, providing them with material facilities and adequately trained statistical personnel.

(2) That, in order to coordinate the various administrations producing statistics of health interest, the Member States promote the establishment and development of National Committees on Vital and Health Statistics, in accordance with the Report on the First International Conference of National Committees on Vital and Health Statistics.

(3) That, in order to produce reliable basic data essential for vital statistics,

local coordination be established between health services, civil registration, and statistical services.

[Resolution XXII]

8. *Dissemination and Teaching of Statistics Applied to Health*

CONSIDERING:

That to improve the reliability of the statistical data needed in the planning, development, evaluation, and improvement of health programs, it is necessary to train the professional workers for such programs (physicians, nurses, sanitary engineers, social workers, health educators, etc.) in statistical methods and their application to health;

That, to the same end, it is equally necessary that the technical knowledge of statistical personnel be increased; and

That it is advisable to stimulate the progressive development of a trained group of statisticians and statistical officials,

RESOLVES:

To recommend that the Member States, with respect to professional health workers: (a) include in the curriculum of the schools of medicine, nursing, social work, etc., the teaching of statistical methods applicable to health; and (b) orient the teaching of statistics given in schools of public health to their practical application in health programs.

To recommend to the Member States that, with respect to the officials in statistical services and according to the national needs, they carry out teaching programs on the following levels: (a) university courses for education of statisticians, with a foundation in mathematics and specialization in various fields, including health; (b) graduate courses for health statisticians who already have completed their undergraduate university education; (c) courses at an intermediate level in the schools of public health for employees in statistical services who have completed secondary education; and (d) in-service training for employees who work in local or central offices in the collection and utilization of original statistical data.

To recommend to the Member States that they establish a professional statistical career, in which there is provision for proper classification of positions and adequate salaries.

To recommend to the Member States that they stimulate teamwork of professional health workers and statisticians, so as to encourage the application of statistical methods in health programs and clinical research.

To request the Pan American Sanitary Bureau to aid the Member States as much as possible in the development of educational and training programs in statistics applied to health.[1]

[Resolution XXIII]

9. *Summary of Reports of the Member States for 1954-1957*

CONSIDERING:

That the "Summary of Reports of the Member States, 1950-1953," [2] prepared

[1] Modified by the Conference at the eighth plenary session.

[2] Document CSP14/7, a revision of which has been published separately as *Summary of Reports on the Health Conditions in the Americas.* Scientific Publication No. 25, June 1956.

by the Pan American Sanitary Bureau, is a valuable document for providing knowledge of the health problems of the Americas and for coordinating health programs, inasmuch as it contains statistical data on population, births, deaths, cases of communicable diseases, personnel and organization of health services, and description of programs; and

That it is evident that the data in these reports are not strictly comparable, because of differences in definitions and procedures followed by the various countries,

RESOLVES:

To recommend that the Member States: (a) immediately begin the improvement of these statistical data, in accordance with the recommendations of international organizations; and (b) agree to increase the statistical information that their reports to the next Pan American Sanitary Conference should contain, and decide upon the procedures for obtaining such information and the methods for ensuring international comparability, with the active participation of the Pan American Sanitary Bureau and through seminars and other activities for the exchange of ideas and procedures.

[Resolution XXIV]

10. *Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the importance of statistics in the planning, development, evaluation, and improvement of health programs; and

Taking into account the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

RESOLVES:

(1) To approve the technical recommendations on the "Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs" contained in the report of the *ad hoc* Working Party (Document CSP14/69, Rev. 1) [1] and the paper prepared by the expert from the Pan American Sanitary Bureau (Document CSP14/26).[2]

(2) To recommend that the Director of the Bureau, insofar as possible, encourage the implementation of the technical recommendations contained in the afore-mentioned report, and present to the Directing Council, at its next meeting, a report on the steps taken by the Bureau in this matter.

(3) To instruct the Director of the Bureau to give wide distribution to the study prepared by Dr. Enrique Pereda (Document CSP14/26) and the report of the *ad hoc* Working Party (Document CSP14/69, Rev. 1).[3]

[Resolution XXV]

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[1] See p. 444.

[2] See p. 502.

[3] Modified by the Conference at the eighth plenary session.

SECOND REPORT (Part I)

(Document CSP14/81)

Report of Working Party D on Eradication of Malaria in the Americas

At its meetings on 18 and 20 October 1954, Committee I examined and approved the report of Working Party D on eradication of malaria in the Americas, presented by the Rapporteur, Dr. Arnoldo Gabaldón (Venezuela), as follows:

The Working Party appointed Dr. N. H. Swellengrebel (Netherlands) as its Moderator, and Dr. Arnoldo Gabaldón (Venezuela) as Rapporteur; it held one meeting on 14 October and two on 15 October. It was decided to set up a drafting committee comprising Dr. Vargas Méndez (Costa Rica), Dr. Montalván (Ecuador), Dr. Floch (France), and the Rapporteur, with the collaboration of Dr. E. J. Pampana (WHO) and Dr. C. A. Alvarado (PASB). This committee met on Sunday, 17 October, in Viña del Mar, and drew up the present report, taking into consideration for this purpose the V Report on the Status of the Antimalaria Campaign in the Americas, by Dr. C. A. Alvarado,[1] and the comments made in the course of the sessions by the members of the Working Party.

It was felt that the following preliminary draft of a proposed resolution, which is submitted to Committee I for consideration, sums up the points of view on which general agreement was reached during the discussions:

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That the possibility of achieving the eradication of malaria has been proved in various regions of the Americas, by means of house spraying with residual-action insecticides, which, acting on the mosquitoes, intercept transmission of the disease without the need for reducing or eradicating the anopheline vector species;

That recent observations indicate the appearance of resistance in the *Anopheles* that enables them to continue transmission, a phenomenon brought to light in certain areas after several years' use of insecticides for antilarval and agricultural purposes, and that this fact tends, in the course of time, to diminish the efficacy of these insecticides in the antimalaria campaign;

That it is, therefore, a matter of the utmost urgency to pursue antimalaria activities so as to achieve eradication of the disease in the shortest possible time, before the appearance of the above phenomenon destroys the effectiveness of residual-action insecticides and results in the loss of the only economical procedure known at present for carrying out antimalaria campaigns on a national scale;

That the progress made by certain countries in the eradication of malaria has given this objective international importance, since the implementation and coordination of antimalaria programs on a continental scale are essential if new cases are not to be imported into areas free from infection;

[1] Published separately as Scientific Publication No. 27.

That the experience acquired in the areas where eradication has been achieved has shown that programs designed to eradicate the disease within a definite period are less costly than programs of continuing control; and

That coordinated over-all action on the part of all governments would make possible the eradication of malaria in the Hemisphere in a period certainly of less than five years,

RECOMMENDS TO THE GOVERNMENTS:

That those governments having no programs for eradicating malaria at the present time proceed to convert their existing programs into eradication campaigns, reorganizing their antimalaria services to this end and granting them authority and complete technical responsibility for the problem, together with the economic resources adequate for the attainment of the established objective in the shortest possible time.

That to achieve the degree of efficiency required by this new line of action, it is essential that the responsible technical personnel be specifically qualified, to which end full advantage should be taken of the training facilities offered by national or international organizations.

That appropriate legal measures be adopted to make immediate and compulsory the notification and parasitological confirmation of malaria cases, and that monthly reports on confirmed cases, and on the course of the programs be submitted to the Pan American Sanitary Bureau.

INSTRUCTS THE PAN AMERICAN SANITARY BUREAU:

To take steps to promote the prompt adoption of the foregoing recommendations by the various countries.

To adopt the necessary measures for providing the various countries with the technical assistance they require, and, where it deems it appropriate and where it is possible, the necessary financial aid.

To study the possibilities of obtaining the financial participation of public or private organizations, national or international, in furthering the development of these programs.

To keep a monthly record on the status of malaria in the Hemisphere and on the progress of the programs.

To take the necessary steps to promote the adoption of measures of an international character designed to ensure the protection of those countries or territories that have achieved eradication.

To encourage the coordination of eradication programs among the various countries and territories, promoting, whenever necessary, the conclusion of regional agreements to this end.

To make use of funds in 1955 up to the sum of $100,000 for the malaria eradication program, over and above the allocations provided for in the resolutions of this Conference, should such funds be available and not already obligated on 1 January 1955, and to ask the Member Governments, in the proposed budget for 1956, for an equal sum specifically for the eradication of malaria.

The points set forth in the above draft were summed up in the following two draft resolutions, which were approved by Committee I at its meeting on 20 October:

Draft Resolutions[1]

1. *Eradication of Malaria in the Americas*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That in the course of the technical discussions on the topic "Eradication of Malaria in the Americas" it was made evident that:

(a) The experience of those countries that have achieved eradication of malaria shows that, once transmission is intercepted, the infection in human beings disappears within a few years, as the result of the natural death of the parasite;

(b) Recent observations indicate the development of resistance by some anopheline species to certain insecticides, phenomenon that, in time, may cause serious difficulties and even failures in antimalaria campaigns; and

(c) The eradication of malaria in some countries calls attention to the international problem of preventing the importation of new cases into areas already free from infection,

RESOLVES:

(1) To declare that it is of the utmost urgency to carry out the terms of Resolution XVIII of the XIII Pan American Sanitary Conference, which recommends that the Pan American Sanitary Bureau promote the intensification and coordination of antimalaria work, with a view to achieving the eradication of this disease in the Western Hemisphere; and that the Member Governments should convert all control programs into eradication campaigns within the shortest possible time, so as to achieve eradication before the appearance of anopheline resistance to insecticides.

(2) To instruct the Pan American Sanitary Bureau to take steps to implement the aforesaid resolution and to study international measures to ensure the protection of those countries or territories that have achieved eradication of the disease.

(3) To authorize the Director of the Pan American Sanitary Bureau to secure the financial participation of public or private organizations, national or international, in order to further the aims set forth in this resolution.

[Resolution XLII]

2. *Utilization of Funds for the Intensification of Antimalaria Activities*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the resolution on eradication of malaria in the Americas, approved at the present meeting; and

Considering that it is necessary to provide the Pan American Sanitary Bureau

[1] Approved by the Conference at the tenth plenary session.

with the financial resources that will enable it to carry out the functions assigned to it by the aforesaid resolution,

RESOLVES:

(1) To authorize the Director of the Pan American Sanitary Bureau to obligate up to $100,000 of the surplus funds available as of 31 December 1954 for the intensification of the antimalaria activities of the Bureau designed to eradicate this disease in the Western Hemisphere.

(2) To approve the preparation by the Executive Committee of a proposed budget for 1956, for consideration by the Directing Council, to include an increase of $100,000 over the present budgetary level, this increase to be allotted specifically for the intensification of the antimalaria activities of the Bureau.

[Resolution XLIII]

SECOND REPORT (Part II)

(Document CSP14/88)

Report of Working Party E on Treponematoses

At its meeting on 20 October 1954, Committee I examined and approved the report of Working Party E on treponematoses, presented by the Rapporteur, Dr. Alberto Bissot, Jr. (Panama), as follows:

Working Party E held a meeting on the morning of 20 October, with all members attending. Dr. Waldemar Coutts (Chile) was appointed Moderator, and Dr. Alberto Bissot, Jr. (Panama) served as Rapporteur.

As the result of its deliberations, the Working Party agreed to submit to Committee I for consideration the following draft resolution:

Draft Resolution

Treponematoses

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That the treponematoses are still important in many countries of the Continent as infecto-contagious diseases;

That many people in the Americas are still suffering from some of the treponematoses in a contagious phase;

That the transmission of the treponematoses is effected only by human beings, and therefore the campaign against the propagation of these diseases is limited exclusively to man; and

That it is necessary to take all measures to encourage the prophylaxis and control of the aforesaid diseases, through concrete and basic preventive programs,

RESOLVES:

(1) To recommend that the Member States, in accordance with their possibilities, resources, and conditions, develop medico-preventive programs, based on the use of penicillin or the application of methods or techniques that science may recommend in the future for the control and the eradication of these diseases.

(2) To recommend that, inasmuch as experiments in the mass treatment with penicillin have proved successful in endemic areas of yaws, this procedure be applied to achieve eradication.[1]

[Resolution XLI]

[1] Approved by the Conference at the tenth plenary session.

TECHNICAL PAPERS

APPLICATION OF HEALTH EDUCATION METHODS IN RURAL AREAS IN LATIN AMERICA[1]

By Miss María Zalduondo

Bureau of Health Education, Department of Health of Puerto Rico

Although nearly all Latin American countries have similar conditions with respect to economy, education, health, etc., it is impossible to lay down specific outlines or fixed standards for the application of health education methods that would serve as a pattern for rural areas in all the countries. Nevertheless, the basic principles of modern health education are alike, the only difference being the form in which they are applied.

Health education programs in rural areas are directed largely toward the adult population, a high percentage of which is illiterate. We know that every human being is capable of learning and, as a matter of fact, continues to learn throughout his life. Learning depends upon the experiences provided by the environment in which an individual develops and upon his intellectual capacity. We have before us the challenge of helping in this process of learning. There is an urgent need to apply the basic principles of education to the programs for rural areas of our countries.

A number of factors must be taken into consideration when deciding upon the methods to be used in a health education program; these include:

(1) the cultural characteristics of the country, region, or community; customs, habits, beliefs, etc.; (2) the general and specific objectives of the program; (3) the qualifications of the persons responsible for the educational activities, including not only their academic training but also their attitude toward and inclination for this type of work; and (4) the available resources.

The purpose of health education is to develop attitudes, habits, and knowledge that will lead to better individual and collective health. Thus, the educator must necessarily ascertain the individual's attitudes, feelings, and habits in order to discover which of them are considered undesirable and need to be improved or changed. In this respect, we should keep in mind the importance of not passing quick judgment in condemning attitudes or habits as undesirable, by using our own habits and attitudes as a criterion, since what we may consider desirable in our cultural milieu might not be in some other.

For desirable changes to be brought about, it is of the utmost importance that the health educator be fully aware of the level of development of the people

[1] Document CSP14/28.

for whom the program is conducted. Educational activities cannot begin at a level higher than that of the people for whom it is intended. We must remember that the pace of development varies from community to community, depending on the individuals making up the community, and that not all individuals learn at the same rate. If we want the benefits derived from health education activities to be permanent in terms of improvement of the individual in the democratic way of life, we must consider the process to be even more important than the results.

This individual and collective improvement can be achieved and is accomplished, individually, in persons with whom we come into contact in our daily work. But it is difficult to reach the rural population as a whole in this manner. Individual educational work requires time, and the available personnel is limited. Although under certain circumstances the individual method is justified, I do not feel that it is the most appropriate for application in rural areas.

In order to reach the greatest number of persons, there is no better method than teaching through groups already organized or groups that are formed for this purpose. The knowledge which, when imparted, is integrated with the practical experience of the community in solving those health problems which concern the people, makes it possible to achieve greater and better results in adult education in rural areas.

We recognize that the group procedure is difficult to carry out and requires a knowledge of special techniques if it is to be applied successfully. In rural areas, where, as a general thing, the inhabitants are not accustomed to this method, the task is arduous. However, experience has shown that it is feasible to use this method and that the results obtained are usually more lasting. The group-work method represents a school where the rural inhabitant acquires independence, confidence in his potentialities, and faith that, by joining his efforts with those of others, he can obtain a possible well-being for himself. The rural inhabitant learns while he is acquiring a sense of responsibility for the improvement of his own health and that of his community.

How can interest be aroused and such groups formed? We cannot lay down specific methods to be followed, because conditions vary greatly. However, we can cite some of the methods used in rural sectors whereby satisfactory results have been achieved.

Interest in health problems can be aroused by having informal interviews with local people. Among such people are those one comes into contact with and from whom a service is requested: the owner of the little store we go into to buy something; the housewife who offers us a chair to rest; or some outstanding leader of the region we are visiting in order to study the situation. It should not be forgotten that rural inhabitants are usually shy and reticent when meeting unknown persons. We should approach them simply and speak of seemingly unrelated matters, so as to gain their confidence. A carefully planned interview made up of questions will lead the individual to recognize his problems. With such informal contact, the person who at first felt ill at ease will open out as the interview progresses. Misgivings and shyness gradually disappear, and later he will talk freely about his problems.

It is possible to attain the objective in one interview, but at times it is neces-

cerning meetings of the Executive Committee, the Directing Council, and the Conference, documents which usually were of no interest to these organizations since they related primarily to internal matters of the Pan American Sanitary Organization. His observation through the years had been that the benefits received by the Organization did not make up for the additional expense and complications involved. As Director, he preferred that it not be an obligation on the part of the Director, the Directing Council, or the Conference, to make one category for international organizations that can establish relations with the Organization and another for nongovernmental organizations that cannot be considered by the Organization for such relations.

Dr. SÁNCHEZ BÁEZ (Dominican Republic) agreed with the Director of the Bureau concerning the steps that should be taken. He pointed out that the document under consideration was composed of three parts, concerning criteria, procedures, and privileges. Since the revision of the Constitution was still pending and since the chapter concerning procedures would have to be modified if the constitutional revision were approved, he suggested that they recommend to the Conference that note be taken of the document, but that no decision be taken until the question of constitutional revision was finally resolved.

Mr. CALDERWOOD (United States) shared some of the concern expressed by the delegate of the Dominican Republic. He stated that his Government would be satisfied with the establishment of relations with nongovernmental organizations and other organizations on the basis of the pertinent article of the present Constitution, with which the proposed article of the new Constitution closely conformed. He did not think it necessary to establish a category of organizations with which the Pan American Sanitary Organization might maintain official relations, thereby entitling those organizations—as Dr. Zozaya had pointed out the preceding day—to include on their letterhead that they were affiliated with PASO. Those organizations would have the right to receive the official records of the Pan American Sanitary Organization, records in which they were not interested. He thought, on the other hand, that the common interest lay in the solution of certain health problems, and felt that collaboration in this field should be broadened and maintained on a continuing basis. Where there was not such collaboration in accomplishing the objectives of the Organization, he did not see the need for continuing official relations. He felt that this was an elaborate procedure that took up the time of the Organization in reviewing applications from numerous organizations that had only a remote interest in the work of the Bureau, and in distinguishing between organizations with which relations might prove useful and others that were not particularly concerned with the work of the Bureau. He stated that he had no objection to Part I of the document, which would establish certain criteria as a guide for the Director and the Executive Committee in the establishment of relations with national organizations.

The CHAIRMAN, considering the opinions expressed by the delegates of Chile, the Dominican Republic, and the United States, thought it advisable for the Committee to recommend that the Conference approve a resolution accepting the general criteria appearing in Document CSP14/7.

Decision: It was unanimously agreed to recommend to the Conference that the

Pan American Sanitary Organization establish and maintain appropriate cooperative relations with other international and inter-American organizations, in accordance with the Constitution in force, and subject to the general criteria appearing in Document CSP14/7.[1]

Topic 13: Proposed Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956 [2]

Dr. GONZÁLEZ (Assistant Director, PASB) reported that the budget of the Region of the Americas for 1956 had been examined by the Executive Committee at its 23rd Meeting. The Executive Committee, after studying the document closely and after asking the officials of the Bureau for the explanations that it deemed pertinent, had approved a resolution in which the budget was adopted and submitted to the Conference for final action. He pointed out that the discussion referred to the program and budget of the Regional Office of the World Health Organization for the Americas.

The CHAIRMAN mentioned Resolution VII of the 23rd Meeting of the Executive Committee, which adopted the proposed program and budget in question and submitted it to the XIV Conference for examination and presentation to the Director-General of the World Health Organization. This resolution included a proposed resolution for consideration by the XIV Conference.

Dr. GONZÁLEZ (Assistant Director, PASB) explained that in the budget document the column for extrabudgetary funds gave figures that were approximate and not definitive. He pointed out that in a document prepared so far in advance it was difficult to give exact figures with relation to funds allocated by other organizations, such as UNICEF. Until the Executive Board of the said organization approved the sums assigned to programs on which technical advice was given by the WHO, it was impossible to know the total amount of the funds available from this source. He pointed out that in this document it was estimated that the funds coming from the Expanded Technical Assistance Program of the United Nations would reach a total of $822,140 for 1956. At the moment, the Bureau was not sure that such a sum would be available. In Part III the Technical Assistance column showed the sum of $750,000, which represented the estimate of the amount available for projects to the best of the Bureau's knowledge at the time the document was prepared.

The CHAIRMAN explained that the document under consideration was a proposed budget prepared at the regional level. The Conference was to authorize the Director to transmit it to the Director-General of the WHO, where it would be studied by the Executive Board at its meeting next January. The budget would then be submitted to the World Health Assembly, which was to meet next May. He outlined the channels for funds of the UN Expanded Technical Assistance Program, which were derived from voluntary contributions of the countries. These

[1] See second report of Committee II, p. 557.

[2] Document CE23/2, published separately.

sary to hold more than one, depending on the individual and on his personality. Slowly the people are convinced that a "friendly" meeting would be helpful, so that matters affecting everyone can be discussed. It is important not to insist on a meeting until the idea has been thought over sufficiently to make sure that the group is genuinely interested in holding it.

In certain rural regions there are people who, one way or another, are deeply rooted in the community. They have a wide circle of acquaintances and are on friendly terms with the other inhabitants. If such persons can become interested, it will be easy for them to interest others. Where there is a school, the teacher might be the contact person to bring parents together and rouse their interest. Usually, the teacher has a great influence in rural areas.

Sometimes it is discovered that there is a specific problem that is troubling the inhabitants of a rural region, something that concerns all or most of them. If advantage is taken of the situation, personal contacts can be made, emphasizing the fact that the problem could perhaps be solved if the people got together and acted as a group.

In one rural region where a school lunchroom had been in operation, the possibility that it would be closed the next year because the premises were inadequate caused the group to take action. Together, they all discussed the problem and how to solve it. Through their own efforts new premises were constructed, and they devoted their holidays and free time after their daily work to the task. The effort expended and the satisfaction of accomplishment provided an incentive to continue working together for the improvement of the community. "If we have solved this problem satisfactorily, why not work together to solve others that also affect us?" was the question they asked. This was not a problem directly concerned with health. However, advantage was taken of their immediate and general interest to teach them the value of joint action, and this served as a basis for a study of the most important health problems in the community.

The Division of Community Education of the Department of Public Education of Puerto Rico, established to develop a joint-action program in rural areas of the island, related to health, education, social work and cooperation, employs the following method: the group organizer (the name by which persons working on this program are known) travels about the sector explaining to the public that a film will be shown at a certain place and, at the same time, putting up posters concerning the performance. These films, the majority of which are produced by the Division, deal with the rural environment and carry a message, either dealing with felt problems in the community or encouraging the community to solve its own problems. After the picture is shown, it is discussed and pamphlets on the subject are distributed. This procedure is repeated with different films until interest is aroused in a number of persons, who, as an organized group, make a study of their problems.

Motivating the group to hold meetings is not enough. It is necessary, once it is organized, to hold its interest in continuing to operate as a group. For this purpose, it is well to remember:

(a) The greatest participation of the group should be sought in the selection and analysis of the problem and in the preparation and development of a plan of action.

(b) We should be sure that the problem selected is of general interest. First, it is advisable to proceed on the basis of existing interests. At the same time, other interests can be aroused until the group recognizes the problems that affect it most.

(c) In the group discussions, an effort should be made to consider the ideas and opinions of each participant. A large number of illiterates in rural areas might, at the beginning, refrain from giving their opinions. By encouraging free expression and showing that their contribution is appreciated, we can help them to feel they are a part of the group and to continue participating freely.

(d) Each group meeting should have a definite purpose.

(e) The plan of action and its development should be a product of the group itself.

The process involved in solving the problem provides an opportunity for helping the individual to improve himself and to develop the necessary and desirable attitudes, habits, and knowledge to promote health. The following will serve as an illustration:

A rural sector chooses the problem of soil sanitation through improvement and construction of sanitary privies. In order to become convinced of the importance of the problem, the group must be informed about the most common diseases in the community that are caused by soil conditions, how such diseases are transmitted, and the measures to be taken to prevent their spread. This can be accomplished through group discussions, supplemented by short talks, films, study of printed material, etc. The group discusses and prepares the plan of action, which includes constructing a sanitary privy and seeing that everyone in the community has one. To do this, it is necessary to instruct the public as to what a sanitary privy is, where it should be placed, and how it should be constructed. As a basis, we depend upon the knowledge which the discussion shows the group to have, further information being added as deemed necessary. Undoubtedly, demonstrations, posters, and slides are very effective in this work. But the mere construction of a privy is not all: The people must know how to keep it in good condition and how to use it. This is another opportunity for the educator to stress what was taught at the beginning of the project and to clarify any erroneous concepts. It is not enough for some individuals to have their own privies; all homes in the rural sector should have them. The group already motivated assumes the responsibility for interesting others and seeing that this work is done.

Thus we see how the solution of one problem achieves the objectives of health education. The necessary knowledge and means have been provided to make a change in attitude and habit possible. The group learns to work, seeking common benefits, and, at the same time, to solve their health problems through their own efforts.

In countries with large rural populations and with a limited staff in the agency carrying out educational activities, it is essential to develop community leaders to help in this task.

In our rural communities, a great number of persons are potential leaders but have never had the opportunity to develop their talents. It is up to us, as educators, to give them the necessary experience that will train them to become leaders. Group work facilitates this task.

The trained rural leader can become the most effective volunteer worker in

the educational activities of the community. The training should be adapted to the level of understanding and ability of the individual. In his own way, each has something to contribute to the educational movement, so long as we have faith in his ability and are able to develop his self-confidence. Since these potential leaders belong to the same community, speak the same language, and share the same ideas and beliefs as the other inhabitants, they are in a position to command a greater influence than we in the life and conduct of the group.

Previous mention has been made in this paper of visual aids used to further the work. Visual aids do not in themselves constitute a health education program. Nevertheless, if they are carefully chosen and used, they serve to supplement the health education methods used. The choice depends on the end pursued and on the group that is to benefit.

In our rural areas the percentage of illiteracy is relatively high and very few persons have had any academic training. Hence, the visual aids used should be simple and adapted to the level of understanding of such groups.

The media generally utilized are simple pamphlets, posters, films, and slides. Special care should be taken in preparing publications for rural areas. If they are to serve their purpose, they should be short, written in simple language and in short sentences, and contain illustrations to clarify the central ideas. Likewise, the posters should illustrate the idea as clearly as possible, so that the message can be conveyed in as few words as possible.

One may ask: "Who is to carry out this work?" There are some who still believe that the health educator is the only person responsible for educational work. Education is an integral part of all aspects of public health and of all health services. Consequently, all members of a public health team should be educators. Public health activities lead us all, in one way or another, into the community, each working in his own specialized field; but all of us, in some way, carry out educational work.

It is believed necessary to train the personnel in basic aspects and principles of health education. The health educator, because of his specialized training, is able to help greatly in this respect.

The work of the health educator includes giving advice and guidance to the personnel on working as a team, assisting them to join and coordinate efforts. In this way, the educational program to be carried out in a rural area will proceed, with all participating in the organization, development, and evaluation of the program. The educator, since he is on the spot and in constant contact with the other members of the team, can assist in determining the methods and means to be utilized in given sectors and under given conditions.

As a member of the team, the health educator participates directly in the program when necessary; but he is mainly the person on whom the team members can depend to advise them in this work.

Frequently, it is possible to persuade other agencies or organized groups working in rural areas to participate in the health education program. The health educator endeavors to become acquainted with them and to establish a cooperative relationship, so that they may give assistance in facilitating the work. At the same time, he should encourage other members of the team to become

familiar with them. Coordination with such agencies and groups will result in benefit to the rural communities.

Conclusions

(1) Just as any other adult, the rural inhabitant is able to learn, if the proper methods are used. In education, the work of the educator is to help accelerate the process through the use of these methods. The methods to be applied depend on the cultural milieu, the objectives of the programs, the ability of those responsible for the educational work, and the resources available for carrying out the task. Audio-visual media supplement the methods used.

(2) Group work, especially when undertaken for the solution of problems, makes for more and better results. The use of leaders facilitates the work and permits educational activities to reach a greater number of persons in the community.

(3) Education is an integral part of all aspects of public health. All public health personnel should participate actively in educational programs in rural areas. The health educator advises the work team and at the same time participates in these programs as a member of the team.

(4) Health education is even more effective when public health personnel join with other agencies engaged in health education activities and work with them for the well-being of the community.

(5) Health education produces greater results if, before a study of the environment is made, a careful plan is drawn up with the active participation of the groups concerned, who should be convinced of the importance of working out solutions to their problem in successive stages.

CONTROL OF INFANT DIARRHEAS IN THE LIGHT OF RECENT SCIENTIFIC PROGRESS[1]

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Part I

Mortality

Introduction

Acute diarrheal diseases either have been or are now the major disease problem of infants and children in all countries. Present wide variations in total mortality in these age groups in different geographical areas are related chiefly to differences in the rapidity with which these preventable diseases have been controlled. In some cities and countries, present mortality from these causes is less

[1] Document CSP14/27.

than one per cent of that of earlier years. In others, for various reasons, there is little evidence that the downward trend has been initiated.

As an example of a country which had a sharp decline, the mortality experience of the United States is considered first, demonstrating the nature of the problem and a record of progress in its control. Illustrative statistical data are given next to indicate the current mortality from diarrheal diseases in other countries of the Americas. The findings appear to be identical to those observed in the United States of America in earlier years. Limited observations from other countries indicate that, on a world-wide basis, the acute diarrheal diseases are still the greatest single cause of death in infants and children. History establishes that these deaths are preventable. The major task in the prevention of diarrheal diseases is for the present and the future, but past accomplishments are assurance that success is attainable.

Mortality from Diarrheal Diseases in the United States of America

While acknowledging inadequacies and inaccuracies in records of mortality, these are still the best index available of past and present incidence of diarrheal diseases. Data for the City of New York are available from 1868 and Table 1 presents mortality from diarrheal diseases by year. Earliest records reveal in excess of 400 and reaching as high as 572 deaths per 100,000 population per annum. In the 25 years following 1875, the mortality declined from the 400 to the 200

TABLE 1.—*Deaths per 100,000 population from acute diarrhea in New York City, by years*

Year	Rate	Year	Rate	Year	Rate	Year	Rate
1868	488	1890	267	1912	92	1934	10
1869	387	1891	279	1913	81	1935	9
1870	475	1892	282	1914	76	1936	9
1871	405	1893	255	1915	81	1937	8
1872	572	1894	236	1916	63	1938	7
1873	456	1895	247	1917	68	1939	6
1874	379	1896	225	1918	52	1940	5
1875	388	1897	204	1919	49	1941	4
1876	379	1898	230	1920	52	1942	4
1877	353	1899	187	1921	39	1943	5
1878	282	1900	201	1922	31	1944	5
1879	279	1901	200	1923	27	1945	4
1880	364	1902	164	1924	21	1946	4
1881	387	1903	140	1925	21	1947	3
1882	363	1904	172	1926	18	1948	2
1883	296	1905	168	1927	14	1949	3
1884	321	1906	160	1928	18	1950	2
1885	297	1907	167	1929	15	1951	2
1886	297	1908	150	1930	14	1952	2
1887	312	1909	127	1931	10	1953	3
1888	287	1910	136	1932	8		
1889	287	1911	106	1933	10		

level. In the first decade of the present century, there was a further fall from 200 to 100. A rapid and progressive reduction brought the mortality from 100 to 10 in the next 20 years. Since 1930, there has been a slow downward drop toward the present level of 2 deaths per 100,000 population from all diarrheal diseases.

Statistical data from a few other cities in the United States of America are available prior to 1900. Table 2 records observations for the 30 years beginning in 1900 for cities selected as representative of those with low, medium, and high mortality. Everywhere there was a problem of similar nature to that in New York City, but in all, during the three decades, there was a rapid decline from excessively high to moderately low mortality from these diseases. In general, rates for states as a whole were appreciably lower than in cities, since at that time the mortality from diarrheal diseases was generally less in rural than in urban populations.

At the turn of the century, mortality from diarrheal diseases was high every-

TABLE 2.—*Deaths per 100,000 from diarrhea and enteritis, for selected cities, 1900–1929*

Year	Rates by cities					
	Minneapolis	St. Louis	Philadelphia	Providence	Pittsburgh	Fall River
1900	67	95	115	165	215	345
1901	70	93	104	190	210	307
1902	42	86	96	165	221	315
1903	49	99	113	182	193	334
1904	45	88	133	153	198	301
1905	56	82	144	119	191	353
1906	69	90	172	155	230	334
1907	57	92	147	154	209	438
1908	60	84	138	129	183	353
1909	52	88	130	110	157	394
1910	93	105	168	140	201	401
1911	51	106	133	90	146	352
1912	41	83	107	87	130	267
1913	48	87	113	89	156	256
1914	52	74	120	89	120	325
1915	36	56	100	77	112	256
1916	42	62	101	72	131	251
1917	32	58	107	68	151	245
1918	25	51	104	74	139	269
1919	20	36	72	33	99	137
1920	21	36	71	50	88	164
1921	15	26	50	56	80	140
1922	13	20	50	28	56	133
1923	11	23	38	40	70	82
1924	10	28	36	24	59	81
1925	16	32	35	16	60	61
1926	11	28	27	17	42	66
1927	5	19	21	14	25	45
1928	8	18	23	23	25	28
1929	3	15	18	10	19	24

where in the United States. In some states there was early and rapid progress in control while, in others, control measures employed were less effective. Thus, in later years, variation in mortality has been great, from high in a few to very low in others. This wide distribution is illustrated by data for 1936. In Puerto Rico, recorded mortality from diarrheal diseases was 480 per 100,000 population; in Arizona and New Mexico, the rates were approximately 100. In the remaining states, they varied from just under 50 to a low of 4.

Furthermore, in individual states there has been a wide variation in different areas and in different population groups. Within the same geographical area, some segments of the population may have little or no enteric disease, while in others the mortality may equal that which generally prevailed more than 50 years ago. In Hidalgo County, Texas, in 1942–45 the mortality rate for diarrheal diseases in permanent residents in comfortable economic circumstances was 12 per 100,000 population, while in the families of recent laborer immigrants it was 400. Similar wide variations have been evident in California on comparing the general population with the families of transient migrating laborers. In the United States, the major remaining problem is to provide effective control measures in such scattered foci of high incidence.

Illustrative age-specific death rates are given in Table 3. These provide full justification for emphasis on the control of diarrheal disease in infants. When there were 200 deaths per 100,000 total population in New York City, there were 4,496 infant deaths per 100,000 population under 1 year of age. It is observed, in contrast, that the death rate in older children and young adults was low, but in individuals of more than 75 years, there was again a substantial rise to a maximum of about 1/10 the rate for infants. An examination of age-specific rates further shows that, in the decline of mortality, there was an earlier and more rapid fall in the mortality in older children and adults as compared with a slow and delayed decline in infants. Thus, the need for control in infants was more urgent and attaining prevention was more difficult.

TABLE 3.—*Age-specific death rates (per 100,000 population) for diarrheal diseases in New York City, by years*

Age	1901	1910	1920	1930	1935
Total	200	136	52	14	8
−1	4496	3806	1796	665	508
1-4	470	295	120	22	10
5-9	23	8	5	2	1
10-14	12	4	1	.3	1
15-19	6	1	1	1	1
20-24	7	2	1	1	2
25-34	14	5	2	1	1
35-44	16	5	3	2	2
45-54	30	16	5	2	1
55-64	100	44	11	4	2
65-74	249	125	29	10	7
75+	529	329	124	15	8

Control of the related enteric infection, typhoid fever, received early and concentrated attention by public health workers. Programs designed specifically to prevent this infection were actively applied. The control of diarrheal diseases has never received similar intensive attention. This is remarkable in view of the striking contrast in the magnitude of the problem. In New York City, the mortality from typhoid fever throughout the years was approximately 1/10 that from the acute diarrheal diseases. While this ratio varies in different cities, in all, the deaths from diarrheal diseases have consistently far exceeded those from typhoid fever. In the light of recent knowledge, it may now be emphasized that the specific enteric infections which give rise to the diarrheal diseases are a much more important cause of mortality than typhoid fever. Future planning demands that the relative importance of problems be accurately weighed. If this is done, it may be anticipated that specific programs for the control of diarrheal diseases will receive even greater emphasis than programs designed to prevent typhoid fever.

When infant mortality is high, many infants ordinarily die without receiving medical attention. The occurrence of these deaths may be reported, but the cause of death will be listed either as undetermined or a symptomatic diagnosis of uncertain reliability, as "diarrhea," may be recorded. This was a problem of earlier decades in the U.S.A. when in some states as many as 1/4 to 1/3 of reported infant deaths had no secure diagnosis as to cause. Under such conditions, the computed mortality rates from diarrheal diseases in infants cannot present a true picture. The problem could be even greater than the rates would indicate. On the other hand, in cases in which the symptomatic diagnosis of "diarrhea" is recorded, there is no evidence whether this is a primary enteric infection or a terminal manifestation of some other major disease. Thus, there have been and still are problems in the interpretation of recorded mortality data, particularly with reference to diarrheal disease in infants. Mortality rates cannot be more accurate than the diagnoses recorded. Despite these limitations, the accumulated observations in the United States clearly indicate the past magnitude of the problem and the progress in its control.

Mortality from Diarrheal Diseases in Other Countries of the Americas

Limited statistical data are at hand for the other countries of the Americas, chiefly from the 4-year reports submitted to the XIV Pan American Sanitary Conference. The five major causes of death in 1952 have been reported by 16 countries. In 9, diarrhea and enteritis, gastroenteritis or diseases of the digestive system were the major cause of all deaths and, in 3 others, these diseases were second in order of importance as a cause of death. In 4 countries only, these diseases did not appear as one of the first five causes of death. On the basis of this evidence, the prevention of diarrheal diseases must be acknowledged as the major public health problem in most of the countries of the Americas.

The magnitude of the present problem is indicated by the mortality data in Table 4. These are taken from a summary of the principal causes of death in 1952 for 16 countries other than the U.S.A. In four (Argentina, Paraguay, Peru and

TABLE 4.—*Deaths from diarrheal disease in 12 countries of the Americas, 1952*

Country	Disease classification	Deaths per 100,000 population
El Salvador	Gastroenteritis	347
Guatemala	Diarrhea and enteritis	298
Mexico	Gastroenteritis	247
Venezuela	Gastroenteritis	183
Costa Rica	Gastroenteritis	170
Honduras	Intestinal infection (94) and diarrhea (53)	147
Colombia	Diarrhea and enteritis	130
Dominican Republic	Gastroenteritis	123
Bolivia	Diarrhea and enteritis (58) and dysentery (20)	78
Panama	Diarrhea and enteritis (under 2 years)	69
Brazil	Diseases of digestive system	306
Chile	Diseases of digestive system	172

Uruguay), the diarrheal diseases were not among the 5 major causes of death and the reported mortality was apparently under 50 deaths per 100,000 population. In two others, as shown in the table, the rates were under 100; in 6 they were between 100 and 200; in 2 between 200 and 300, and in 2 over 300. Considering that these are rates for countries as a whole, the current problem in most of the countries of the Americas apparently exceeds that which prevailed in the United States of America at the turn of the century.

An evaluation of mortality statistics requires consideration of the additional data given in Table 5. Except where laboratory facilities are available and used, the major clinical difference in cases dying of "dysentery," as compared with those attributed to "diarrhea and enteritis," is that the former have grossly bloody

TABLE 5.—*Deaths reported as due to diarrheal disease and proportion of all deaths with cause ill-defined or unknown*

Year	Deaths per 100,000 population			Per cent of all deaths with cause ill-defined or unknown
	Dysentery	Diarrhea and enteritis	Diarrheal diseases, total	
		Venezuela		
1933	26	120	146	41
1938	11	101	112	62
1942	10	101	111	59
1948	8	98	106	49
		Colombia		
1935	24	155	179	16
1938	23	161	184	13
1941	17	141	158	19
1948	11	143	154	24

stools at some time in the illness. In assessing the problem, all diarrheal diseases must be considered together. Furthermore, the proportion of deaths when the cause is ill-defined or unknown must be weighed. For example, reported mortality due to dysentery and diarrhea and enteritis combined was lower in Venezuela than in Colombia (Table 5). However, in the former, the cause of death was classified as ill-defined or unknown in about one half of all reported deaths, while in the latter, the proportion with cause unknown was much less. Considering these percentages of deaths with cause unknown, it may be estimated that true mortality from diarrheal diseases was at least as high in Venezuela as in Colombia.

The age distribution of deaths from diarrheal diseases for selected countries is given in Table 6. As in the United States, the excessive mortality is in infants and children, and to a much less extent, in the aged. Furthermore, reporting of causes of death, in general, is less complete in the young and aged. As mentioned earlier, to evaluate reports adequately one should know for each age group the per cent of deaths at that age with cause ill-defined or unknown, but these data were unavailable.

Diarrheal Diseases Elsewhere

Highly favorable mortality reports have been presented consistently by New Zealand, Australia, the Scandinavian countries, Canada and, to a lesser extent, by the northern European countries. The population of these countries combined is small as compared with that of Asia and Africa where, insofar as is known, the mortality from infant diarrhea continues to be excessive. On a world-wide basis, the acute diarrheal diseases almost certainly still remain as the greatest single cause of infant mortality and possibly as the greatest single cause of death.

Discussion

The public health history of numerous cities and several countries establishes beyond doubt that the mortality and morbidity from diarrheal disease of infants

TABLE 6.—*Deaths from gastroenteritis per 100,000 population, by age*

Age group	Venezuela 1951	Dominican Republic 1949	Colombia 1948	Costa Rica 1953
Total	85	118	144	155
−1	1517	2116	2302	2642
1-4	193	220	363	326
5-9	14	19	28	24
10-14	3	6	10	2
15-24	2	4	12	4
25-34	3	5	15	3
35-44	4	9	26	4
45-54	11	10	23	14
55-64	17	28	55	47
65-74	37	46	141	165
75+	71	96	379	313

and children are almost entirely preventable. However, in the past, preventive measures were initiated when there was meager knowledge of the etiology or epidemiology of the disorders. Progress in control was laborious and slow. The battle was virtually won in some areas before any highly effective specific therapeutic agents became available. Now there is at hand a body of highly useful new scientific knowledge and it is therefore reasonable to believe that the gratifying progress of some areas in preceding decades may now be attained elsewhere in a very much shorter time.

In general, where diarrheal diseases are most prevalent, the medical and public health facilities are underdeveloped and vital statistics are least dependable. Thus, an evaluation of the magnitude of the problem cannot rest on computed mortality rates alone. These are likely to understate rather than overemphasize the task. Certainly, available evidence indicates that the control of diarrheal diseases is the foremost public health problem in most of the American countries. Is this conclusion being given adequate attention in developing public health programs?

Subsequent evidence will support the opinion that severe diarrheal diseases are predominantly specific primary intestinal infections most commonly due to *Shigella* or *Salmonella*. Hence the task before us is to evolve specific programs designed to prevent these specific infectious diseases. Advances in medical science have provided new tools. Are there practicable public health programs which will assure an effective application of this new knowledge?

A measure of our success in the years ahead will be the rapidity of decline in mortality from the acute diarrheal diseases of infants and children.

Part II

Etiological Considerations

An Etiological Classification of Acute Diarrheal Diseases

The acute diarrheal diseases etiologically fall into three groups as shown in Table 7. Primary infectious diarrhea is caused by different pathogens which establish themselves and grow in the lumen or wall of the enteric tract. These include *Shigella*, *Salmonella*, the *Vibrio comma*, and, possibly also, strains of coliform organisms and the slow lactose-fermenting paracolon organisms. Amebic dysentery is a primary infectious diarrhea and other parasitic agents are known to give rise to a diarrheal disease occasionally. Knowledge of the etiological role of filterable agents is meager. In the laboratories of the New York State Health Department, specific diseases with major enteric manifestation have been proven to be due to filterable agents, presumably viral. With newer tissue culture techniques in virological study, it may be anticipated that there will be a rapid accumulation of scientific data on the role of viruses as independent or associated agents in the production of primary infectious diarrheal disease.

In secondary and parenteral diarrhea, the gastroenteric disturbance is one part of a symptom complex. There may be a true secondary invasion of the enteric tract as tuberculous enteritis. The pathogenesis of the diarrhea which frequently

TABLE 7.—*A Clinical and Etiologic Classification of Diarrheal Diseases*

Group	Clinical entities	Usual course	Usual severity	Etiologic agent
Primary infectious diarrhea	Bacillary dysentery (acute shigellosis)	Acute	Mild to very severe	*Shigella dysenteriae* and *paradysenteriae*, chiefly varieties Shiga, Flexner, Sonne, Newcastle (Boyd 88) and Schmitz (ambigua)
	Salmonellosis	Acute	Mild to very severe	*Salmonella*—chiefly varieties in groups B and C
	Cholera	Very acute	Very severe	*Vibrio cholerae*
	"Diarrhea of the Newborn"	Acute	Severe	Variety of ill-defined agents, including possibly virus, "Pathogenic" coliform organisms
	Other bacterial infections	Variable	Mild	Slow lactose fermenting paracoli and pseudomonas are under suspicion
	Amebic dysentery	Acute to chronic	Severe	*Endamoeba histolytica*
	Parasitic diseases	Variable	Variable	Various helminths and flagellates
	Virus diseases	Variable	Variable	Unidentified viruses
Secondary and parenteral diarrhea	Tuberculous enteritis	Chronic	Severe	Tubercle bacilli
	Parenteral diarrhea	Acute	Moderate to severe	Various acute generalized and localized non-enteric infections due to staphylococci, streptococci, pneumococci and others
	Generalized infections	Variable	Variable	Variable
Non-infectious diarrhea	"Food poisoning"	Acute	Moderate to severe	Toxin producing staphylococci and possibly other organisms
	Nutritional diarrhea	Sub-acute	Mild	Dietary deficiency and "insults"
	Allergic diseases	Acute to chronic	Variable	Variable
	Neuropsychiatric disorders	Chronic	Variable	Variable
	Other	Chronic	Severe	Local ulcerative or obstructive lesions as those due to neoplasm and lymphogranuloma venereum

occurs in acute infectious disease, in paranasal sinusitis, in otitis media and in other localized or general infections is not clearly understood.

Acute non-infectious diarrhea may be caused by the ingestion of toxic or irritating substances. The classical example is epidemic staphylococcal food poisoning; the symptoms, which appear early and may be very severe, are due to the in-

gestion of pre-formed toxin. Characteristically, this disease involves adults rather than infants or children. Gross nutritional defects are undoubtedly of substantial importance in the cause of diarrheal diseases in infants, particularly in the economically poor populations. Diarrhea may be a manifestation of a specific nutritional deficiency, as for example in pellagra, although more commonly a nutritional diarrhea in infants will be due to the ingestion of food of inappropriate quality. Such disorders tend to be mild but prolonged. The other non-infectious diarrheal diseases all tend to be chronic and ordinarily involve adults. They are of little quantitative importance in the study and control of infant diarrhea as a public health problem.

Having in mind these causes of diarrhea, the first problem is to determine the relative importance of each. It is now evident that the etiology of diarrheal diseases varies by area, by season, and by the age of the individuals concerned. There can be no statement generally applicable as to the relative importance of etiological entities. Data from the United States, therefore, are presented only as illustrative.

During recent years, the National Institutes of Health of the U. S. Public Health Service have maintained field laboratories for the investigation of diarrheal diseases in representative areas. Studies have been conducted in New Mexico, Louisiana, Georgia, New York City and Puerto Rico. Institutional inmates, among whom clinical disease and sub-clinical infections were relatively common, were studied also. These investigations have provided evidence as to the relative importance of the various etiological groups of diarrheal diseases in the populations examined.

The proportion of endemic diarrheal diseases found culturally positive for *Shigella,* using newer techniques to be described, is shown in Table 8. The findings in New Mexico and Georgia were similar and these data are shown together.

TABLE 8.—*The cultural findings for Shigella paradysenteriae in endemic diarrheal disorders, by age, severity of disease and area*

	New Mexico and Georgia cases[a]						New York City cases[b]		
	Severe			Milder					
	Exam.	Positive		Exam.	Positive		Exam.	Positive	
		No.	%		No.	%		No.	%
Under 6 mo.	41	26	63	27	9	33	57	4	7
6-12 mo.	45	31	69	44	23	52	21	4	19
1 yr.	55	43	78	56	37	66	27	9	33
2-4	30	28	93	61	42	69	38	26	68
5-14	9	9	100	22	15	68	37	28	76
15-44	49	37	76	43	25	58	7	5	71
45 and over	18	12	66	11	2	18	3	2	67
Unknown	2	2	100	4	2	50	1	0	0
	249	188	76	268	155	58	191	78	41

[a] Cases first examined during acute phase of illness.

[b] All cases—chiefly first examined during acute phase of illness.

These cases were examined culturally at least once during the acute phase of the disease. It is noted that 76 per cent of the severe and 58 per cent of the milder cases were culturally positive for some variety of *Shigella*. Furthermore, there was an increase in the proportion of positive cases as the number of examinations during illness increased, from 62 per cent in severe cases with one examination to 90 per cent in those with more than three examinations. In New York City, where the total incidence is low, in contrast, *Shigella* infections were relatively rare, particularly in infants and children. Throughout these studies, the percentage of positive findings was lower in infants under six months and particularly so in those with mild disorders.

The study of endemic acute diarrheal diseases in Louisiana emphasized the variability in etiology of acute diarrhea. Of 174 cases admitted to the Charity Hospital in the northern section of the state, 133 (76%) were positive for some variety of pathogenic *Shigella*. Cases due to *Salmonella* were not found. In the New Orleans Charity Hospital some 300 miles distant, by identical methods of study during the same months, of 428 cases, 107 (25%) were positive for *Salmonella* and 202 (47%) were positive for *Shigella*. The total proportion of culturally positive cases in the two hospitals was similar, but in one region there was little or no *Salmonella* infection and in the other it was of substantial importance.

There is no secure evidence concerning the true etiology of the minority of cases which were not positive for either *Shigella* or *Salmonella*. Undoubtedly, some were additional cases of shigellosis or salmonellosis, even though careful laboratory examinations had been negative. Some cases may have been due to less well defined pathogens, such as strains of coliform organisms now considered by many to be pathogenic. In these investigations the cases ordinarily were not examined for *E. histolytica*. From recent findings in the study of diarrheal diseases of infants in Puerto Rico it is clear that this etiological agent must be considered. There was little clinical evidence that these cases of diarrheal disease were secondary either to other infections or to nutritional disorders. As a whole, however, despite the admitted inadequacies of knowledge as to the true etiology of some of the cases under observation, it was still evident that the major problem was specific enteric infections, due primarily to *Shigella* and, to a less extent, to *Salmonella*.

The early American medical literature concerning the diarrheal diseases is notable for the variability in findings and conclusions. The investigation by Flexner and Holt in northeastern United States cities in 1903 is, however, of high significance. In their bacteriological study of 421 cases of acute diarrheal diseases, 273 (66%) were positive for the Shiga or Flexner bacillus or for both. These results were obtained with early culture procedures at the cost of painstaking and tedious labor. It must be assumed that use of selective cultural media, as now available, would have very substantially increased the proportion of positive findings. These data provide strong historical evidence that the usual cause of the severe acute diarrheal diseases of infants in that period was *Shigella* infection.

There is, therefore, a substantial body of evidence from studies in the United States which clearly establishes that the serious diarrheal diseases of infants and children are predominantly specific primary enteric infections usually due to

Shigella, occasionally to *Salmonella*. The problem of control is, therefore, that of the prevention of specific infectious diseases.

The nature of the problem in one country or locality does not necessarily indicate the observations to be anticipated in another. It is not unreasonable, however, to assume, by analogy with the early experience in the United States of America, that when diarrheal disease is very prevalent in infants, it is almost always a primary infection and the major etiologic agent is *Shigella*. Specific data, nevertheless, are notably inadequate for countries with very high mortality. A limited investigation in Puerto Rico, at a time when the reported mortality was between 300 and 400 deaths per 100,000 population from diarrheal disease, clearly established that problems of study mount with increasing mortality. The population involved tends to be relatively inaccessible, and effective medical and public health services not readily available. The limited laboratory studies in Puerto Rico indicated that primary infectious diarrhea was common, but secure data as to the various etiological factors involved were not obtained. There is still need for further studies in populations with high mortality from these diseases.

It is beyond the scope of this introductory paper to review and report on the important work which has been done on the diarrheal diseases in many Latin American countries, but it is hoped that those with first-hand knowledge of this work will report on it at the Conference.

Laboratory Studies of Etiology

There are no differential manifestations in acute diarrheal diseases which permit reasonably dependable etiological diagnoses based on clinical findings alone. Laboratory studies are essential. Only the general nature of required procedures, which should be understood by the administrator and clinician, are described here.

Shipped specimens are not satisfactory for the laboratory examination of acute diarrheal diseases. Bacteriological tests on other than very fresh specimens are misleading rather than helpful, since *Shigellae* do not survive for long in passed feces. Thus, the diagnostic facilities must be readily available to the patient. Furthermore, to be of clinical value, techniques must provide dependable findings at the earliest possible time. The initial work, if it is to be handled effectively, must be done in local laboratories.

The fecal specimens required may be obtained in two ways. In hospital practice, passed specimens may be taken promptly to the laboratory. These should be cultured within minutes of passage. With delay, the possibility of obtaining positive cultures becomes progressively less. The alternative procedure is the collection of specimens by rectal swabs. This procedure is very simple. The usual cotton-tipped applicator is employed. In infants, particularly those with diarrheal diseases, the anal sphincter is relaxed. With the child lying on its stomach, and with the buttocks held widely apart, the swab is easily inserted beyond the anal sphincter. Material for culture is collected by rotating the swab as it is swept in a circular motion. Mucopurulent exudate is collected directly from the rectal mucuous membrane. This swab is used directly and immediately for the inoculation of culture media as described below.

In older children, and particularly in adults, it may be practicable to collect material for culture during sigmoidoscopic examination. That obtained by swabbing areas of maximum pathology has superior value for bacteriological purposes. In comparative studies, approximately six positive cultures were obtained from these specimens, as compared with five when the same cases were cultured by rectal swab. The latter gave a few more positive cultures than inoculations from freshly passed fecal specimens. On the basis of convenience and reliability, the rectal swab technique may be used with confidence in the culture examination of cases of acute diarrheal diseases.

Highly selective culture media are now available for enteric bacteriology. The most valuable and reliable single plating medium is the S.S. *(Shigella-Salmonella)* agar. This grows readily all common species of *Shigella* and *Salmonella* and, in general, inhibits coliform organisms and other non-pathogenic species. This medium should be used in all examinations of acute diarrheal diseases. It alone is adequate in testing for shigellosis. A less selective medium, as MacConkey's or desoxycholate agar, is needed for special studies of possibly pathogenic coliform organisms. Two specialized media which greatly increase the reliability of examinations for *Salmonella* are also available. The initial inoculation is into an enrichment broth, either tetrathionate or selenite F. *Salmonellae* multiply readily in this, whereas most other enteric organisms grow poorly if at all. After incubation, inoculation to an additional solid selective medium is required. S.S. agar may be used but, in our hands, brilliant green agar has been of superior value for this. Thus, a dependable examination for *Shigella* is provided by the use of one culture medium, but in studying for *Salmonella* and other organisms additional media are needed.

It is a convenient practice in hospitals to take a plate of S.S. agar, and, where possible, also a tube of enrichment broth, to the bedside and immediately on taking specimens to inoculate the media. The swab employed for the collection of the specimen is used directly to streak the plate and it is then placed in the enrichment broth. The inoculation must be carefully regulated to provide the maximum amount of inoculum which will still give the desired distribution of isolated colonies on the plate being used. The laboratory worker must be fully familiar with approved procedures and be expert in the application of these. This bedside inoculation of culture media is the procedure of choice.

Representative suspicious colonies on the plates inoculated from the initial specimen, or from the enrichment broth, are picked to a differential solid medium. The best now available, in our opinion, is Kligler's iron agar with 1 per cent sucrose added. The most important and the most difficult step in the isolation of enteric pathogens is the picking of plates. This must be done by a carefully trained and very dependable worker. Reliable enteric bacteriology demands that appropriate culture media be properly inoculated and that the suspicious colonies on these be carefully picked by a competent worker.

The reactions after overnight incubation of Kligler's iron agar permit an identification of the possible *Shigella* and possible *Salmonella*. The prevalent proteus organisms may provide a reaction on Kligler's which is identical to that given by *Salmonella*. A simple rapid urease test which may be read after one hour

provides a ready method of eliminating most of these. The remaining cultures require further examination for *Salmonella*. In general, most cases from the same geographic region tend to be caused by a very few varieties of organisms. Thus appropriate antisera can be made available, and using a slide agglutination technique the laboratory can readily provide a presumptive diagnosis which has a high reliability.

After this preliminary screening, and the presumptive serology tests, a small number of organisms of uncertain significance usually remain. Preferably the identification of these should be left to a central public health laboratory.

It is economical to perform the definitive diagnostic studies of enteric pathogens in a larger central laboratory. Organisms known or presumed to be pathogens may be sent from the small local to the larger central laboratory on the Kligler's slants used for initial isolations. The appropriate biochemical and serological studies may be performed to provide the specific typing of *Shigella, Salmonella* and coliform organisms. To perform this requires the availability of approximately 100 different antisera as well as specialized media used for biochemical studies. The exact information so obtained is valuable for epidemiological purposes, whereas the early presumptive report has high importance for the direction of clinical therapy.

The *in vitro* testing of sensitivity is becoming of increasing importance. If practicable, this should be a part of the work of the local laboratory, but it is often necessary to leave these tests to the larger central laboratory.

The Organization of Laboratory Services

The diagnosis of enteric infections calls for a cooperative organization of laboratory services. Diagnostic responsibility should be shared by a local and a central laboratory. A "reference laboratory" is needed also. In the United States, laboratories at these levels are represented, first, by the hospital, local public health, and private laboratories; second, by the central state public health laboratories and; thirdly, by the laboratories of the Communicable Disease Center of the U. S. Public Health Service.

It has been emphasized that bacteriological studies of the diarrheal diseases must be performed on assuredly fresh specimens. Thus, to provide available services many laboratories must be prepared to handle the initial diagnostic service. Of particular importance are the laboratories in the hospitals with pediatric services. Likewise, health departments with clinics to which ill children are admitted should have suitable laboratory service available. The provision of such local laboratories comprises a part of the problem of bringing adequate medical services to all communities. With appropriate cooperation, such local laboratories can provide needed service with modest facilities and with personnel of limited training. In the central public health laboratory, in contrast, there must be professional personnel and facilities which will permit the application of all diagnostic tests needed for the detailed identification and for the typing of enteric pathogens. It is their responsibility, likewise, to aid the smaller laboratories by providing both guidance and diagnostic materials not easily available as, for example, antisera. A true spirit of partnership and cooperation is essential.

A reference laboratory to serve a wide area is also of high importance. The scientific qualities of the laboratory's performance and the scientific enthusiasm of its workers may be greatly elevated by a reference laboratory. Its function should be both educational and consultive. Its staff should be prepared to provide short courses of intensive instruction both at the reference laboratory and in conveniently located central or local laboratories. The reference laboratory also receives problem cultures for study. These provide a continuing contact with workers in other laboratories in the area served. Thus, there should grow up a closely related group of laboratory workers drawing their scientific leadership from highly competent scientists and teachers within the reference laboratories.

The specific nature and location of the local, central and reference laboratories may vary widely. The latter, for example, might be organized independently, might function within a school of public health or by cooperative agreement could be affiliated with some selected central public health laboratory. It is to be emphasized, however, that the provision of laboratory services calls for a balanced development of local and central laboratories with at least one accessible reference laboratory.

A field laboratory also may serve special purposes. It may be designed to meet emergency needs when other facilities are inadequate or it may be primarily a research activity. It has served well in making practicable the detailed epidemiological, clinical, and laboratory studies upon which more effective programs of control are based. It could be the initial laboratory in an area which would give guidance to the control program for the region.

Effective application of newer knowledge needs the participation of a laboratory. There is, however, general realization that in some countries of the Americas, often in those with high death rates from diarrheal diseases, laboratory services are seriously inadquate. Improvement in laboratory service is an essential part of the program of the Pan American Sanitary Bureau for strengthening national and local health services and it is to be hoped that in the not too distant future all countries will have the network of laboratories described above.

Nevertheless it is not to be inferred that nothing can be done if laboratory services are not available to examine all cases. What is needed is knowledge of the nature of the problem to permit effective application of therapeutic and control measures. Guiding knowledge may be obtained by a dependable examination of a sample of representative cases. Even though only a small percentage of all cases may have a definitive diagnosis established by laboratory tests, this knowledge will help handle more effectively those which are not tested.

Comment and Questions Warranting Consideration

In developing a program for the control of diarrheal diseases the first step is an assessment of the adequacy of knowledge as to etiology in the particular country and area. On the basis of findings in the United States it can be assumed that severe diarrheal diseases are predominantly specific enteric infections. Is there any conclusive evidence that this is not true elsewhere? What proportion of cases have been found due to *Shigella* or *Salmonella* in other countries? To what

extent are the remaining cases apparently due to other infections? How important are nutritional factors as the primary causes of illness in fatal cases of diarrheal diseases?

Since laboratory studies are essential for an etiological diagnosis of diarrheal diseases, the development of laboratory services in countries with high mortality demands critical consideration. This is a part of the problem of planning for adequate medical and public health services. In the United States local diagnostic, central public health, and an area reference laboratory have all been found to be essential. These have been supplemented by laboratories for special studies. Is this or some other plan of development desirable and practicable for other American countries? What are the immediate and pressing laboratory needs? Are trained workers available if physical facilities could be provided?

The needs are great. In other public health crusades, as against yellow fever or malaria, special facilities for special programs were provided. The activities were notably successful. Should there not be a comparable emphasis on the current major problem of the control of diarrheal diseases? The newer scientific knowledge gives strong assurance that such a special program also would be highly effective.

Part III

Epidemiology

The epidemiology of the acute diarrheal diseases is the separate and distinct epidemiology of the different etiological entities. Attention will be limited here to shigellosis and salmonellosis for the reasons stated in the two preceding sections.

Shigellosis

An outstanding feature of *Shigella* infections is the variability in manifestations in infected individuals. Previously generally held belief that bacillary dysentery is always severe is not correct. Shigellosis may result in severe to mild clinical disease, or in disturbance so trivial that the individual suffers little inconvenience. Furthermore, infection without any clinical manifestations whatsoever is common, particularly in adults. Thus an understanding of the natural history of *Shigella* infections must involve extensive studies of the healthy as well as those who are or have been ill.

Shigella are encountered frequently in monkeys in captivity and at rare intervals have been isolated from domestic pets. Shigellosis as it ordinarily occurs, however, is an infection which involves humans exclusively and spreads only from man to man.

Incidence

In the course of studies in the United States culture surveys of normal population groups were conducted. Those examined were selected without prior knowledge of the presence or absence of diarrheal disease. Clinical histories were obtained, however, at the time of the examinations. In New Mexico the mortality

from diarrheal diseases was approximately 100 per 100,000 population in 1937 and 1938. During these years, 2,198 "normal" individuals were examined bacteriologically for *Shigella* and 239 (11%) were positive. In different communities and groups the percentage varied from 3 to 20. Comparable examinations in Georgia, when mortality from diarrheal diseases was about 20 per 100,000, established a 3 per cent prevalence rate. In Puerto Rico, with a high mortality rate, very limited studies revealed a 4 per cent prevalence rate for shigellosis in the general population. In New York City, by contrast, positive findings were very rare. Knowing that the average duration of untreated *Shigella* infection is about 6 weeks, it is evident that, where diarrheal diseases were moderately or highly prevalent, the annual incidence of infection must be very high. In institutional populations, where cultures could be taken at frequent intervals, virtually all persons acquired *Shigella* infection at least once in a year's observation.

The ratio of clinical and sub-clinical infection varied markedly with age. Infants if infected usually but not always were ill. As age increased, the proportion of passive carriers increased. At 3 years of age and over, there were always more passive carriers than current or recent (within 3 months) cases. In general, for each current clinical case, a total of 9 convalescent or passive carriers were found concurrently.

Of the 380 culturally positive persons encountered in these surveys only 2 were under the care of a physician. One, acutely ill when found on the survey, was admitted to the hospital the following day and died 2 days later. In the absence of a special study, these 2 might have been tested culturally and thus there would have been 2 demonstrated and 378 undetected infections with *Shigellae.* Thus, for every known infection (manifest source) there are numerous unrecognized infections (hidden source). In the light of these findings it is not surprising that endemic diarrheal diseases commonly appear to be scattered sporadic cases. These seemingly unrelated infections may arise from a single source or be joined by a series of undetected infections. This knowledge is essential for the interpretation of the epidemiology of the acute diarrheal diseases.

The true incidence of clinical disease due to *Shigella* is not indicated by morbidity or mortality data even with superior reporting procedures. For each death there are several clinical cases. For each severe clinical case there are many mild clinical infections; for each clinical case of any degree of severity there are about two passive carriers. Thus, one death from shigellosis suggests the occurrence of scores of infections of other degrees of severity, including the subclinical infections.

Household Attack Rates

The attack rates for shigellosis in affected households were studied in New Mexico, Georgia, and New York. Based largely on single culture tests, about one half of the members of affected households were found positive. It seems certain that the majority of the household contacts of shigellosis would have been found infected if these tests had been repeated and continued through a period adequate to measure incidence rates. There was similar evidence in the study of small communities and institutional groups with known clinical cases.

Age

Infection with *Shigella* organisms shows a relatively characteristic age distribution in the general population of areas with a moderate to high endemic occurrence. Prevalence rates are low in the first six months of life, rising during the next six months to a level which remains fairly constant during the next few years. About the fourth year the prevalence rate gradually declines, reaching a second level at about age 15, after which it remains at a fairly constant level.

Clinical disease produced by *Shigellae* has a different age distribution pattern. It is relatively infrequent in the first few months of life, has its greatest frequency between 6 to 18 months, and thereafter falls rapidly to a much lower level. Thus, when infants acquire *Shigella* infection, most of them become ill, many with severe disorders or even fatal illnesses. At three years of age, severe illnesses are uncommon, mild illnesses are frequent but more than one half of the infections are subclinical. An even higher proportion of the infections in adults are subclinical.

Season

Shigellosis is largely a "summer diarrhea." In general, the colder the winter months, the later in the summer do high rates appear. In those sections of the southern United States where the winters are mild, a rise in *Shigella* prevalence usually begins in March, April, or May. This is frequently followed by a sharp drop in prevalence in the very hot months (when there are few flies) followed by a secondary rise in the fall. In areas which have colder winters, there is usually a single peak occurring in the latter half of summer. The explanation of this high prevalence in the warm seasons is not fully understood. In part, but not entirely, it appears related to the variations in fly prevalence.

Modes of Spread

Shigellosis is almost limited to humans. The organisms are discharged in the feces, often in profuse numbers. Consequently, the maintenance of a high level of *Shigella* infection in a group depends upon the more or less direct transfer of human feces containing *Shigellae* from one person to another. The major question concerns the relative importance of the various modes of spread.

Direct person-to-person transmission is regarded as the mode of spread of first importance. Cases were found with notable frequency in homes defective in personal and environmental cleanliness. The infection among institutional inmates commonly became prevalent and troublesome in buildings for the low-grade mental defectives and the deteriorated and disturbed inmates of mental hospitals. Also, in military groups, high prevalence coincided with a lack of personal cleanliness. Finger contamination with feces would be assumed under these conditions and was demonstrated culturally. *E. coli* was recovered in 82 per cent of 235 finger cultures obtained from clean inmates of mental hospitals. Furthermore, *Shigellae* were isolated from the fingers of 4 (10%) of 39 persons with positive fecal cultures and from 2 (1%) of 229 with negative fecal cultures. Having reached the fingers the organisms could be transferred from person to person directly or by

articles handled in common. In several institutional outbreaks there was strong evidence against other possible channels of spread.

The role of the mild and unrecognized cases and the subclinical cases in the spread of shigellosis calls for emphasis. These far outnumber the identified and suspected cases combined. Clinical shigellosis usually appears in individuals with no history of exposure to preceding cases. The unsuspected human source, however, may be close at hand and the organisms may be passed relatively directly from this person to the one who develops manifest disease.

Other modes of transmission occasionally occur and assist the person-to-person spread. Water-borne outbreaks of shigellosis are rarely reported. Historically, the change from an unsatisfactory to a safe water supply was repeatedly marked by an immediate and deep decline in typhoid mortality, but without a comparable sharp drop in deaths from the diarrheal diseases.

Milk *per se* as a means of introducing *Shigellae* into homes is notably free from suspicion. In the United States of America the poor, who suffer most from diarrheal diseases, commonly use the highly sanitary canned and dehydrated products which in the United States of America are less expensive than the bottled fresh milk. On the other hand, although milk may not have significance as a mass means of spread, it, like any other food or substance which enters the mouth, may be the vehicle for transmitting infection from one member of the household to another.

Food-borne outbreaks have been reported. Although explosive outbreaks of shigellosis are rare, when they occur they are most frequently food-borne outbreaks. Feig, in a study of 476 outbreaks of bacterial gastrointestinal disease which occurred in the U.S.A. during the period 1945–1947, found only that 14 (2.9%) were due to *Shigella* organisms and of these 14 outbreaks, 9 were food-borne. In a few of the institutional outbreaks studied, carriers among the food handlers and kitchen helpers evidently contributed to the spread of infection, but there was no indication of heavy contamination of a particular article of food.

Shigellosis and flies appear at the same seasons and in the same general environment. The Public Health Service studies in Hidalgo County, Texas, established that in that area fly control on a community-wide basis resulted in about a 50 per cent reduction of *Shigella* infections. However, an appreciable amount of shigellosis did remain in this area in spite of the intensive efforts at fly control. In a community in which flies do not have ready access to human excrement or in which houses are well screened, flies can play only a minor role in the spread of *Shigella* organisms. Furthermore, among institutional inmates, a ready spread of this infection, for which neither water nor food was responsible, has been observed frequently in the absence of flies. Considering all the evidence, it may be concluded that flies do spread shigellosis, that in some communities its incidence may be reduced by 50 per cent by effective fly control, but shigellosis can and does spread in the absence of flies.

Salmonellosis

The natural habitat of *Salmonella,* other than *S. typhosa* and related paratyphoid organisms, is lower animals or birds. The infection in man is an acci-

dental and an unusual occurrence. Of major significance in the epidemiology of salmonellosis is the determination of modes of spread from lower animals or birds to man.

Early studies of salmonellosis gave exaggerated emphasis to the role of rodents. Contamination by the excreta of mice or rats was thought to be of high epidemiological importance. It is now appreciated that this is of minor significance.

Explosive food-borne outbreaks gradually called attention to the role of fowl. It is now known that domestic fowl are often infected with varieties of *Salmonella* in addition to *S. pullorum*. Furthermore, eggs from infected birds often carry the infecting organism. Thus, dissemination to humans was frequently attained in foods containing uncooked or under cooked egg as, for example, in salad dressing. The problem was accentuated through the commercial dehydration of pooled eggs. The heat required for processing did not kill the *Salmonella* and, in the pooling, the infection in a few eggs contaminated the large volumes processed at one time. Thus, it was found that relatively high percentages of the dehydrated eggs were culturally positive for *Salmonella*. Numerous epidemics attributable to this food product were studied. Here, the source of the infection was fowl but the major feature of the problem was in the wide dissemination of this infection in the commercial processing of the food.

Recent studies in Florida have demonstrated essentially the same problem in the processing of meats. Prior to slaughter a comparatively small proportion of birds were infected with *Salmonella*. However, these few provided contamination to the tables, utensils and instruments used in the processing plants. It was clearly shown that this contamination spread to the edible meat. Though few of the living birds were infected, a substantial portion of the fowl prepared for the markets were contaminated with *Salmonella*.

To an even more marked degree, salmonellosis was spread among swine in the day or two before slaughter, during the course of marketing, transportation, and in the "holding pens" at the abattoirs. Furthermore, within the abattoirs a wide distribution of contamination with *Salmonella* was readily demonstrated. Thus, edible meats and especially the pooled and mixed meat used in sausage were frequently found positive for *Salmonella*. In and on such food products the viable organisms reach the kitchens. Some survive the cooking process and may account for epidemics attributed to the consumption of pork or fowl. Through other channels the contaminant may reach other foods, thus causing sporadic cases or family outbreaks.

Commercially prepared dog meals which contain meat were frequently positive for *Salmonella* also. This may partially explain the wide dissemination of this infection in domestic pets in the U.S.A. Of 1,626 normal household dogs cultured in Florida, 15 per cent were positive for *Salmonella*. Limited examinations indicated that the infection was prevalent in cats also.

Through these various channels, therefore, it is evident that there is frequent exposure to salmonellosis. The rarity of the clinical disease, rather than its occurrence, needs explanation. McCullough and Eisele clearly demonstrated, through feeding varying doses of *Salmonella* to human volunteers, that the frequency of

clinical disease increased with the increasing dosage of organisms. Very low dosages could be given without the organisms being demonstrable later in the feces. With increasing numbers, subclinical infection with repeatedly positive stools tended to occur, while with higher doses there was clinical disease in some or all of the volunteers. All *Salmonella* tested were found to be pathogenic for humans, but there was clinical disease in *S. pullorum* infection only with massive doses. Under natural conditions, clinical disease is most likely to be acquired when *Salmonella* multiply in human food, thus providing massive doses of the infecting agent. However, bacteriological examination of food handlers has demonstrated that subclinical infection is both widespread and common. Presumably the numbers of organisms commonly acquired at one time is less than that required to initiate disease.

In clinical and public health practice, salmonellosis comes to attention chiefly as food-borne epidemics or as sporadic infection in infants. The latter are probably explained by spread from infected adults, from contaminated kitchens or from domestic pets. Evidently, as in shigellosis, the infant is more highly susceptible than the adult.

The dissimilarity in the epidemiology of these two enteric infections was illustrated by the studies of Watt and Lindsay in Texas. Fly control reduced the prevalence of shigellosis by approximately 50 per cent, but had no effect on the prevalence of salmonellosis.

Comment and Questions Warranting Consideration

Etiological diagnosis is the beginning of epidemiological study. There can be no adequate understanding of the occurrence of acute diarrheal diseases without a knowledge of etiology and of the natural history of the etiological agent. This has been attained in the United States by special studies. The conclusions for one area cannot be applied entirely to another. Thus, there is the problem in each country to examine critically, in the light of findings elsewhere, the epidemiology of diarrheal disease occurring within its area.

Administrative control of specific infections is based on their epidemiology. Methods must differ, since the epidemiology of different enteric infections differs. However, in shigellosis and salmonellosis, the recognized clinical case is but one of many sources for the spread of infection. Safe disposal of known infectious excreta is essential, but there is no evidence to suggest that a rigid isolation of cases occurring in a community would provide effective control. Is there justification for using public health time to control the isolation of these infections which spread from so many sources?

The improvement of water supply has been given credit for reducing the incidence of diarrheal diseases. The effect however appears to be due to improved cleanliness from more readily available water. Is there evidence that viable *Shigella* or *Salmonella* (other than typhoid and paratyphoid) are often acquired through drinking water?

Poverty and a high prevalence of acute diarrheal diseases are commonly associated. Can this be explained on the basis of the effect of crowding, flies, and lack of personal and environmental cleanliness?

The epidemiology of typhoid fever has been studied in detail in many countries. Should we not give at least comparable attention to the enteric infections which give rise to diarrheal diseases and which commonly produce about ten times as many deaths as typhoid fever?

Part IV

Clinical

The clinical descriptions of diarrheal diseases usually found in medical texts are those of hospitalized cases. During the course of field studies of these disorders carried out during the past fifteen years in the United States, clinical cases of all degrees of severity have been studied. Detailed histories were recorded and all cases were examined bacteriologically. Subsequently, they were separated into their etiological groups on the basis of the bacteriologic findings. The description following is based on the study of more than 1,000 culturally positive clinical cases.

Shigellosis

An outstanding observation in these studies was the wide variation of clinical severity. There was a full range from fulminating rapidly fatal illnesses due to *Shigella* to, at the other extreme, "just a few loose stools." Asymptomatic carriers with no history of preceding disease were identified frequently also.

Three clinical types of shigellosis have been described and were seen: (a) In *fulminating infections,* a previously healthy infant or child rapidly becomes gravely ill and the total course of the illness may be less than 24 hours until death. Fortunately, these cases are very unusual and stand apart from the less severe clinical illnesses. (b) The *dysenteric* type is bacillary dysentery as ordinarily described. The bloody, mucopurulent evacuations, tenesmus, abdominal pain and severe general manifestations point clearly to bacillary dysentery. A relatively high proportion of hospitalized cases fall in this group, due to the apprehension caused by bloody stools. (c) The *diarrheic* type of shigellosis, a simple diarrhea, is the most common manifestation of these infections in the United States. Grossly, the stools are free from blood and exudate but often contain mucus. General symptoms, as fever, nausea, and anorexia, tend to be mild if present at all. Of the varying causes of this common complaint, *Shigella* infections are of high importance.

After an incubation period of from one day to one week, the clinical illness in shigellosis has a relatively abrupt onset. The initiating symptoms ordinarily are diarrhea, vomiting, and abdominal pain. In infants, convulsions are not infrequent as one of the symptoms of onset. The prominent manifestation is the diarrhea. The number and character of stools vary in accordance with the degree of severity. In very severe infections, there is almost continuous straining. Associated complaints include fever, particularly at the onset. A protracted fever is not unusual in infants who receive no specific therapy. Anorexia, nausea and vomiting are troublesome and contribute substantially to the marked dehydration. Abnormal physical findings are notably few, other than abdominal tenderness

and the signs of dehydration. Prolapse of the rectum and meningismus are occasionally observed.

Other Diarrheal Diseases

In our studies there were no distinctive clinical findings which permitted a dependable differentiation of *Shigella* and *Salmonella* infections in the individual case. In groups of cases, the general manifestations, notably the fever, were more pronounced in salmonellosis than in shigellosis. Dysenteric stools were observed occasionally in salmonellosis but much less frequently than in shigellosis. Grave complications as meningitis occasionally were associated with salmonellosis but not with shigellosis. Apart from laboratory observations, therefore, there was no secure method of differentiating between shigellosis and salmonellosis.

Epidemics of diarrhea in nurseries for the newborn have been reported, in some countries, with distinctive epidemiological characteristics. In the individual case, however, there were no differential clinical features of importance. The illnesses were an acute diarrhea with an early dehydration frequently proceeding to a fatal termination. It is to be hoped that by maintaining existing practices of keeping babies with mothers and not constructing large nurseries, Latin American countries will avoid such epidemics.

E. histolytica infection of young children has not been studied adequately. A distinctive feature of these cases is the mildness of clinical manifestations as contrasted with the gross abnormality in the stool. Though these signs are clinically suggestive, dependable diagnosis requires laboratory examination.

Acute infectious diarrhea commonly involves infants or children in preceding good health. A child in vigorous health one day will be acutely ill the next. This is in contrast to the diarrheal disorders occurring in association with malnutrition. The initial condition of the patient is much less satisfactory and the diarrhea, itself, tends to be milder. It is known, however, that there is increased susceptibility to specific infections in children of poor general health. It is necessary, therefore, to rule out by negative laboratory findings the occurrence of specific enteric infections before accepting a diagnosis of a non-infectious diarrheal disorder.

Laboratory Observations other than Bacteriological

Microscopic examination of fresh feces in a portion of the cases reveals many leucocytes, red blood cells and some macrophages. This finding suggests shigellosis, but a similar exudate may be observed in salmonellosis or other primary enteric infections. Furthermore, the absence of this exudate has little weight in excluding a diagnosis of shigellosis. Microscopic findings are of high importance in identifying promptly cases of acute amebic disease.

The total white count and the differential remain within normal limits as a rule. Secondary anemia becomes apparent if the illness is protracted. There are the chemical changes in the blood which are associated with dehydration.

The important laboratory procedure is the bacteriologic examination for enteric pathogens. Simplified techniques have been described. This test is essential in the diagnosis of diarrheal diseases.

Prognosis

The case fatality rates prior to modern methods of combating dehydration and before the availability of specific therapeutic agents varied widely. In our study, there were 38 (9.4%) deaths in 406 cases of proven *Shigella* infection in New Mexico, one (1.5%) in 67 in Georgia and none in the 82 positive cases in New York City. In these cases the fatality rate in infants under one year was 30.7% and in the second year of life, 10.2%. There were no deaths in older children or adults.

With the recent advances in the treatment of dehydration, and with the advent of sulfonamides and antibiotics, the prognosis of shigellosis has greatly improved. In fact treatment is usually so effective that occurrence of a death from this infection suggests delay in seeking medical attention or some defect in the medical care provided.

There is a wide range in the duration of the illness. In general, older children and adults usually recover after two to four days even in the absence of treatment. In infants without treatment the symptoms frequently persist for two to six weeks. Specific therapy of shigellosis is ordinarily followed by prompt recovery.

Differential Diagnosis

Acknowledged enteric disorders are, on the whole, inadequately diagnosed rather than erroneously diagnosed. A mere description of the illness as "diarrhea and enteritis," "dysentery" or "simple diarrhea" cannot be accepted as satisfactory when etiologic diagnoses are possible. In clinical medicine, the latter is a basic requirement as a guide to specific therapy, and in preventive medicine and public health, it is essential for effective control.

A positive diagnosis of the etiology of acute diarrheal diseases can be made only in the laboratory by the isolation of the causative agent. This involves delay. Moreover, laboratory facilities are not always available. Therefore, as a guide to the prompt initiation of specific therapy, satisfactory working impressions are needed.

An accurate knowledge of the nature of a disease and of the entities from which it must be differentiated is a prerequisite for clinical diagnoses. A marked adjustment of the prevailing concept of the findings which warrant a consideration of shigellosis is needed. It must be appreciated that the varieties of *Shigella* which prevail rarely give rise to the bacillary dysentery ordinarily described in medical texts. A simple diarrhea with watery fecal movements is the common manifestation of shigellosis and, when this occurs, this specific enteric infection is to be considered.

Of first importance in differential diagnosis is a secure knowledge of the prevailing types of diarrheal diseases in the particular area and group concerned. In the United States of America, for example, prior to special studies of diarrheal diseases in New Mexico and Georgia, bacillary dysentery was regarded as a rare tropical disease and *Shigella* infections were diagnosed infrequently. After demonstration that a high percentage of the usual endemic cases of diarrhea, particu-

larly those which came to the attention of physicians, were shigellosis, this diagnosis was made more often. Since the nature of diarrheal diseases occurring in various countries and areas may differ widely, this type of information needs to be accumulated in representative localities. This may be obtained through the cooperation of practitioners and health departments with an effective bacteriological laboratory. Without such studies, the diarrheal disorders will continue to be inadequately diagnosed.

Treatment

1. *Fluids and electrolytes*

Effective therapy of diarrheal disease in infants requires recognition that the major difficulty is the metabolic disturbance, disorder in body fluids and electrolytes, which is produced. Thus, immediate emergency attention needs to be given to correction of this disturbance and prevention of further losses. Detailed description of therapy of dehydration is beyond the scope of this paper, but excellent references are available and a typical plan followed at one university is reproduced as an appendix.

The essential principles of treatment of severe cases are:

(a) Immediate treatment of "shock," restoration of normal circulation. This is accomplished through the use of whole blood transfusions or intravenous plasma, in combination with glucose solution.

(b) Replacement of previous losses and correction of metabolic imbalance. This is accomplished through administration of balanced solutions of electrolytes, including potassium and glucose in water. The parenteral route is usually necessary, at least at the beginning, but the oral route has been used successfully far more extensively in recent years. Therapy can begin according to general rules, but control through measurement of serum CO_2 and chloride is highly desirable.

(c) Gradual resumption of feeding, utilizing a standard milk mixture or breast feeding.

2. *Sulfonamides and antibiotics*

While "chemical therapy is more important in infant diarrhea than chemotherapy," proper administration of the latter in cases of shigellosis will materially shorten the duration of the infection and usually of the diarrhea itself. Sulfadiazine is the sulfonamide of choice, being more effective than the so-called slowly absorbed drugs such as sulfasuxidine or sulfaguanidine. An important consideration is that an early and dangerous accompaniment of dehydration in infants is depressed circulation, which in turn is conducive to crystallization of the sulfadiazine in the kidneys, leading to renal blockage. Thus, sulfadiazine should not be administered until the child is urinating.

Appearance of sulfonamide-resistant *Shigella* occurred in a United Nations prisoner-of-war camp in Korea, necessitating use of various antibiotics. Under the direction of a "Joint Dysentery Unit," sponsored by the Commission on Enteric Infections of the Armed Forces Epidemiological Board of the United States

of America, it was established that chlortetracycline (aureomycin), chloramphenicol (chloromycetin) and oxytetracycline (terramycin) were all effective against *Shigella.*

Dividing the daily dose into 3 portions at 8-hour intervals was the most effective schedule. Since the problem of renal blockage does not arise with the antibiotics it is probably desirable to use one of them first, although usual effectiveness and low cost of sulfadiazine still makes it a very useful drug for shigellosis.

In vitro sensitivity tests are highly important as a guide to therapy. Laboratory tests rather than clinical trial can indicate the therapeutic preparation of choice in the prevailing infections.

3. *"Symptomatic" therapy*

Drugs for the purpose of controlling the symptoms of diarrhea do not appear to be useful in children. Metals such as bismuth are not effective in the severe case and unnecessary in the mild one. Absorbents and materials like pectin may decrease the frequency of stool excretion but do not affect the crucial loss of fluid into the bowel.

The problem of the specific treatment of *Salmonella* infections is markedly different. These infections remain relatively or highly resistant to virtually all available antibacterial therapeutic agents. Chloramphenicol has been used widely due to its demonstrated effect in typhoid, but clear-cut evidence of efficacy in other *Salmonella* infections is lacking. In salmonellosis, therefore, reliance must be placed on therapy of the dehydration.

Comment

Control of infant diarrheas calls primarily for prevention, but it is important also to prevent deaths through proper early treatment. In general, infantile diarrhea requires, primarily, treatment of the fluid and electrolyte disturbance, for which highly effective routines have been developed. When the diarrhea is due to *Shigella*, most common etiological agent, specific therapy with certain antibiotics and sulfadiazine is very useful. Recent emergence of resistant strains makes desirable *in vitro* testing to discover the most useful agent. Unfortunately, except for typhoid fever, no effective antibiotic or chemotherapeutic agent has been found for salmonellosis.

Part V

Preventing Mortality and Reducing Morbidity

Control Measures in the Past

The methods used in the control of many communicable diseases can be stated simply. For example, in smallpox, there is vaccination and, in many insect-borne infections, eradication of the vector is the method of choice. However, considering the reasons for decline of diarrheal diseases in the countries which now have low rates it is evident that multiple factors were involved. There is no

quantitative measure of the relative importance of these various influences which contributed to the progressive reduction of mortality and morbidity. Conclusions must be based on a critical evaluation of all available evidence.

It is assumed widely that where diarrheal diseases have been controlled this was predominantly a by-product of the programs of community sanitation which have almost eliminated typhoid fever. Major credit is given to the installation of safe public water systems. Historically, the importance of public water supplies in the spread of cholera and typhoid fever is beyond question. In numerous cities in the United States of America, there was an immediate and marked decline in typhoid mortality and morbidity with the availability of safe water supplies. It may be predicted with confidence that under similar conditions there would be the same decline elsewhere. However, with the change in water supply, there was no comparable evidence of any prompt decline in the mortality from diarrheal diseases. This is well illustrated by the experience of Pittsburgh and Philadelphia, as shown in Table 9. There is substantial evidence that the infections which produce the acute diarrheal diseases of childhood are rarely water-borne. *Shigella*, the predominating causative agent, dies rapidly outside of the human body and authentic reports of water-borne outbreaks of shigellosis are rare

TABLE 9.—*Mortality per 100,000 population from typhoid fever, diarrhea and enteritis in Philadelphia and Pittsburgh, 1900-1919*

Year	Deaths per 100,000 population			
	Pittsburgh		Philadelphia	
	Typhoid	Diarrheal diseases	Typhoid	Diarrheal diseases
1900	144	215	37	115
1901	120	210	35	104
1902	136	221	47	96
1903	133	193	72	113
1904	136	198	55	133
1905	107	191	51	144
1906	141	230	74	172
1907	131	209	60	147
1908	49	183	35	138
1909	25	157	22	130
1910	28	201	18	168
1911	26	146	15	133
1912	13	130	13	107
1913	20	156	16	113
1914	15	120	8	120
1915	11	112	7	100
1916	9	131	8	101
1917	12	151	6	107
1918	11	139	5	104
1919	7	99	4	72

indeed. *Salmonella* is spread predominantly in foods. Important as was the purification of water supplies, this cannot be credited with any major contribution to the prevention of the diarrheal diseases of infants in the United States.

There is some evidence that the availability of water for personal cleanliness does correlate with the incidence of diarrheal diseases. Limited studies in labor camps in California indicated that *Shigella* infections were 8 times as prevalent in families who had to carry water for domestic use as compared with those who had water immediately available from faucets by or in the house.

A community water supply may contribute to the control of diarrheal diseases in two ways. Flush toilets for the disposal of human feces are usually installed soon after the water is available. Then enteric pathogens from human carriers, mild and unrecognized cases, as well as from the acknowledged case, are disposed of safely. Concurrently, a basin with running water is installed conveniently. Epidemiological evidence indicates that a relatively direct person-to-person spread of contamination by soiled hands is of substantial importance in the spread of shigellosis. Undoubtedly, improved hand-washing habits resulting from convenient facilities contributes effectively to the control of diarrheal diseases. Thus, community water supplies apparently aided in the control of diarrheal diseases, not by preventing the ingestion of *Shigella* and related pathogens in impure water, but by providing means for a safe disposal of human feces and conveniences which resulted in an improvement of personal cleanliness.

The installation of sanitary privies for rural homes had general importance also, but the downward decline in diarrheal diseases was well advanced before there was any public health emphasis on the importance of these sanitary devices.

It has long been recognized that a high incidence of diarrheal disease and a high prevalence of flies are usually associated. The characteristic high incidence in summer has suggested that flies must have an important role in the spread of infection. The studies in Hidalgo County, Texas, have established what was suspected previously. There the control of flies resulted in approximately a 50 per cent reduction in the prevalence of shigellosis. Historically, fly control in urban areas was brought about slowly by industrial and community development, quite as much as by public health activity. The horse gave way to the motor car. With the disappearance of stables, the most prolific source of fly breeding was removed. Programs for garbage disposal and general community cleanliness further reduced fly breeding. An increase in screening and a widespread concern with the protection of human food from flies were important. Public education, as for example, through the popularization of the slogan "Swat the fly," gave a general appreciation of the fly hazard. Their control undoubtedly did have an important part in reducing the prevalence of diarrheal diseases. In the light of findings in Hidalgo County, Texas, it is reasonable to believe that in many areas the control of flies accounted for about one-half of the reduction of shigellosis, and of the severe acute diarrheal diseases.

As pointed out in the section on epidemiology, shigellosis is often a serious endemic disease in the absence of flies. Yet when flies are numerous, reduction of their prevalence will very likely have a favorable effect on the spread of the disease. Fly control is not easy. It involves general sanitation, disposal of gar-

bage and industrial and agricultural wastes, and, for the individual home, adequate screening. Insecticides, such as DDT and dieldrin, are of only limited usefulness because of the relatively rapid emergence of resistant strains of flies. Constant attention is necessary; in the Hidalgo County studies, even after two years, when the special program was stopped, both fly prevalence and *Shigella* infections returned promptly to their previous high levels.

Developing interest in the special problems of children resulted in the simultaneous development of pediatrics as a division of clinical medicine and of child hygiene as a community interest. Thus, pediatricians from the beginning were as much interested in preventive as in curative medicine. In the preventive field, the early French leadership, in seeking to provide health supervision for all children, was paralleled by similar developments in other countries. Networks of child health clinics were gradually established, watching over the health of infants and instructing mothers in safe methods of care and in the importance of cleanliness in preparing and giving the child food. General practitioners, as well as pediatricians, have gradually adopted supervision of the well child as an integral part of their practice. Public health nurses visited homes, giving the same message and providing individual instruction and demonstration. Obviously, like other essential components of the public health program, there has been considerable variation in the degree to which child health services have been developed in different countries. It is of importance to note that in the long-range program adopted by the First World Health Assembly, maternal and child health was included in the list of first priorities. This type of program is an essential part of the broad preventive attack on infant diarrhea.

Concurrently with the decline in mortality from diarrheal diseases in the United States of America, there were broad changes in socio-economic conditions which affected a high percentage of the population to a variable degree. There were improvements in housing and less overcrowding, refrigeration became generally available with consequent marked changes in food supply, and mothers with more available time had fewer children to care for. The public health significance of such changes can be acknowledged but their relative importance is not measurable.

Thus, in the control of diarrheal diseases in the United States, many influences were active. The factors of major importance appear to be the safer disposal of human feces, better personal cleanliness (both facilitated by installation of public water supplies), the control of flies, and marked improvement in infant hygiene in the home. The accomplishment was remarkable in view of uncertainty as to etiology, lack of knowledge of epidemiology, without specific medication, and with limited help from organized public health.

Presently Available Control Measures

The advances in scientific knowledge which contribute most to the control of the diarrheal diseases are: (a) Etiology. Using new highly sensitive bacteriological techniques, it is now known that the acute diarrheal diseases are predominantly specific enteric infections due chiefly to *Shigella,* to a much lesser

exte[redacted] *Salmonella* and in a small percentage of cases to other ill-defined pathogens[redacted]ably including pathogenic strains of coliform organisms and viruses. (b) Epidemiology. The most common source for *Shigella* is the mild unrecognized human case and the asymptomatic carrier. Spread is from person-to-person usually through relatively direct contact, and rarely by common vehicles as water, milk or food. Flies play an important role, though of varying significance in different areas. Fecal contamination spreads much more readily than previously believed, even in modern hospital nurseries. *Salmonella* is disseminated from lower animals and birds, particularly through edible fowl, eggs, and meat products and, to a degree, through contact with domestic pets. (c) Therapy. There have been equally important advances in two lines. (i) It is now known that deaths from diarrheal diseases are due chiefly to disturbances in fluid and electrolyte balance. Proper replacement therapy can prevent deaths. (ii) The most common cause of severe acute diarrheal disease, *Shigella*, responded readily to sulfonamide or antibiotic therapy or to both. *Salmonella* is however quite resistant.

In addition to this accumulation of new scientific knowledge, the practice of public health has matured markedly in recent years. New competency in the application of knowledge obviously has high practical significance.

In the light of the advances in scientific knowledge and public health practice, and with a consideration of available resources, control measures may be selected to satisfy varying situations. There will be two objectives: to prevent deaths of those already ill, and to prevent the occurrence of cases. The former will call for a prompt use of effective therapeutic procedures; the latter primarily will demand the use of appropriate public health measures to prevent the spread of specific enteric infections. In the former, attention will be concentrated on the sick individual and his care, and in the latter, the concern will be with broad population groups where improvements in community and home sanitation, in personal cleanliness, and infant hygiene, will need to be attained.

The activities designed to attain these objectives will flow through three different but interconnected channels, namely, organized public health, medical service and socio-economic development.

Organized Public Health

The responsibility for the control of diarrheal diseases cannot be delegated to any one division. There are essential activities which should and must involve virtually all components of organized public health. A broad team approach is required.

Measures of proven value may be applied immediately. Human feces must be disposed of safely and facilities which favor personal cleanliness are to be improved. Both of these are facilitated by the installation of public water supplies. Control of flies and particularly the protection of infants from flies is of major importance. All measures which will promote better infant hygiene are indicated. To these may now be added the adoption of every device to assure that infants and children with acute diarrheal disease receive appropriate therapy promptly. This program may be initiated with limited staff and without added

knowledge. These are only the beginning and immediate activities, which should be followed by a more adequate program as soon as it can be developed. For descriptive purposes, these later activities may be grouped as follows:

(1) Epidemiology, laboratory and vital statistics. These essentially comprise the fact-finding activities. The etiology and epidemiology of diarrheal diseases vary from area to area. Preventive programs to meet particular needs can be devised only on the basis of adequate information on the local problem. Representative situations will need to be examined in the light of accumulated knowledge. The endemically occurring diarrheal diseases deserve the same epidemiological study which they would receive if they occurred in explosive outbreaks. Intensive field studies are particularly important. The diarrheal diseases, as compared with the other enteric infections—cholera and typhoid fever—have received little epidemiological attention, and evidence to guide in control is correspondingly limited. It is particularly urgent that dependable data be collected in areas of very high mortality. Often this can be best accomplished by the technique of mass survey of representative samples of the population.

Laboratory studies are essential to epidemiology, but they are required also for diagnosis and the guidance of therapy. This public health laboratory service must be made readily accessible both to clinicians and to public health clinics. The laboratory played a key role in the control of diphtheria; it has a different but no less important place in the control of acute diarrheal diseases.

Vital statistics provide a relative measure of the extent of the problem and, equally important, a continuing record of progress in control. Greater reliability of findings can be obtained only through fostering a more complete reporting with more liable diagnoses.

(2) Sanitation. The availability of water, the means of disposal of feces, garbage collection and community fly control all require attention. For the latter, reliance should be on sanitary measures to prevent fly breeding since experience has established that insecticides will have temporary value only.

(3) Maternal and child health activities, public health nursing and health education. The public health physician trained in infant and child hygiene will have a key role in the control of diarrheal diseases. He and the public health nurse establish contact with parents at clinics and at home. Initially, problems in therapy as well as in infant and child hygiene will need to be handled. Certainly every necessary means will be required to assure that the ill child receives appropriate treatment promptly.

Education will be as important as the provision of individual health service. Parents must be taught how best to care for infants under existing conditions. Instruction is required on the essentials of infant and child feeding and care, the hazard of flies and the means of their control, and the importance of personal cleanliness and environmental sanitation. These must be so taught that people will act in accordance with teaching. This can be done, in part, by physicians and nurses in clinic and home. In larger and well-organized health departments, the participation of a qualified health educator will be a valuable asset.

(4) Public health administration. This administration has the responsibility for organization, direction and providing the means for accomplishing work. The

form of organization may vary, but efficiency of operation must be assured. A comprehensive and stable official public health agency, national and local, is essential to accomplish the broad program required for the control of diarrheal diseases, including all of the above activities.

Medical Service

Knowledge is now adequate for the prevention of death in almost all cases of acute diarrheal disease. This represents a most important advance. Personnel and facilities to permit the application of this knowledge are as yet inadequate in many areas. Programs to provide these essential services will need to be developed on a national or local basis. This may call for a consideration of the better training of more physicians and their distribution and support in areas inadequately served. More readily available clinics and pediatric hospital beds presumably will be required. It requires time, even under ideal conditions, to obtain basic developments of this type.

The acute diarrheal diseases are predominantly specific enteric infections. Effective treatment to prevent deaths and to rapidly control sources of infection is an acknowledged concern of public health. Thus, there should be cooperative participation of practitioners and health departments in making available the needed medical service required for the diarrheal diseases. The effective programs will be those designed to fit local conditions and to meet particular needs.

Socio-Economic Development

In multiple ways, infant health is beneficially influenced by socio-economic improvement. This is an effective method for the control of diarrheal diseases, but these changes also come slowly and the immediate problem is to control diarrheal diseases under existing conditions.

Supporting Aid

The control of diarrheal diseases, involving as it does problems in home hygiene, personal cleanliness and infant care, calls predominantly for local action, but certain needed aid may properly be a part of the supporting national or international public health organization.

There is sound guidance for planning in other programs of established value. In venereal disease control in the United States, the V. D. Research Laboratory has provided leadership. The nature and present high quality of laboratory service is related to the investigation, teaching and evaluation programs of this public health organization. The first demonstration of the value of penicillin in syphilis came from this laboratory. Regional laboratories of comparable nature have been developed to serve other countries of the Americas. There is need for a similar reference, research and training center to give leadership in the control of infant diarrhea.

The functions of such an "Infant Hygiene Training Center and Laboratory" should include: (a) Research. Again, it must be emphasized that the nature of the problem varies and there are marked inadequacies in present knowledge, particularly in areas with very high mortality. (b) Development and operation of a demonstration program. This is essential both to test and to teach effective methods as part of the general public health program. (c) A reference laboratory for enteric infections. (d) The training of clinicians and laboratory workers both at the center and elsewhere.

A favorable location for such a center would be in connection with a school of public health and children's hospital. But of great importance is accessibility to problems in the field. The staff would need to combine the interests and abilities of the investigator, teacher, and practical public health worker.

Further aid could be provided through the fellowship program. To help to meet the problem of the control of diarrheal diseases, more pediatricians will need to obtain their basic training in public health and to have additional training in this specialty. It is to be stressed, however, that there should be provision for supplementary field training in some area where the control of diarrheal diseases is a continuing major problem.

Thus, the supporting aid for the control of the diarrheal diseases would be primarily educational. More physicians with better training will be a basic need. Able leadership in pediatrics and the maternal and child health activities in public health will be required. A wide distribution in laboratory service will call for additional qualified workers in this field. In the competition for public health funds, these activities directed toward the prevention of diarrheal diseases should be given a very high priority.

Comment

A major need in the control of diarrheal diseases is a general appreciation of the importance of the problem. There should be high concern with disease producing excessive mortality in adults, particularly if this occurred in epidemics. The loss of infant life from diarrheal disease has never aroused the same concern, partly because it occurs regularly without startling epidemic waves. Possibly the importance of this work should be measured in "person-years" of productive life conserved. The high importance of protecting the lives of the young must be stressed. Here, there is a conservation of individuals for the complete productive life ahead, not as in the aged merely adding years to a life already spent.

If the problem is viewed as sufficiently important, it will receive special attention. Up to the present, this has not been true of the diarrheal diseases. It is contended that the control of diarrheal diseases, due to its magnitude and to the need for evolving new programs to use new knowledge, should receive the special attention of a selected group of clinicians and laboratory workers. The training of these must receive careful consideration. With such leadership in a broad program of public health and pediatric care, there is the possibility of attaining in one decade the degree of effective control of these diseases which was reached elsewhere only during the first half of this century.

Addendum I

MANAGEMENT OF METABOLIC DISTURBANCE IN DIARRHEAL DISEASE IN INFANTS [1]

I. Principles:

1. Treat or prevent disturbance in blood circulation and renal function.
2. Repair losses in water and electrolytes.
3. Maintain in equilibrium as feeding is gradually restored.

II. Moderately ill case:

1. Discontinue food and milk.
2. Offer by mouth, every 3 to 4 hours, 25 ml/kilo body weight, *diluted* glucose-electrolyte solution:

Concentrated sodium:

NaCl	1.5 grams
KCl	2.0 grams
H_2O	15.0 ml.
Syrup q. s.ad.	75.0 ml.

(Dissolve salts in water, then add syrup.)

Before use, *dilute* 1 teaspoonful to 60 ml. or the whole amount to 1 liter.

In home situations, where no pharmacist is available, some benefit will result from a solution of:

Salt	1 level teaspoonful
Corn syrup or sugar	2 level tablespoonsful
Water	1 liter

The mixture should be boiled.

3. After 12 to 24 hours, if child is urinating, taking solution eagerly, and looks well, replace ¼ of solution at each feeding with a standard milk mixture; or if baby is breast-fed, resume nursing for one to two minutes.
4. Gradually, over 3 to 4 days, replace solution completely with milk mixture or breast feeding.

III. Severely ill case:

1. Discontinue all oral intake.
2. Immediate intravenous infusion, in 30 to 60 minutes, 40 ml/kilo body weight, of either:
   a. Equal parts 0.9% NaCl and 5% Glucose in H_2O, or
   b. 1 part M/6 Sodium Lactate, 2 parts 0.9% NaCl, 3 parts 5% Glucose in water.
3. In extremely ill children follow with plasma or blood, 20 ml/kilo body weight.
4. Repeat step 2, giving 60 ml/kilo body weight, over next 4 to 8 hours.
5. Offer by mouth, every 3 to 4 hours, the diluted glucose-electrolyte solution described in II, 2, above.

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[1] Adapted from Department of Pediatrics, School of Medicine, Louisiana State University, U. S. A.

If oral fluids are not tolerated, but the child is urinating, a sterile solution of

NaCl	1.5
KCl	2.0
Glucose	100.0
H_2O to make	1000.0

may be given by intravenous drip, 150 ml/kilo body weight each 24 hours. This solution cannot be given subcutaneously, but a similar one, containing only 33 grams of glucose, can be given subcutaneously.

NOTE: Potassium solutions, important to recovery, may be toxic if the kidneys are not functioning well. They should not be given until urination is established.

6. During first 24 hours, total intake should be about 200 ml/kilo body weight.
7. Feeding should be resumed as under II, 3, above.

Addendum II

SUMMARY

The problem

The acute diarrheal diseases have been, or are, a major disease hazard to infants and children in all countries. The present variation in infant and child mortality is due chiefly to differences in the rapidity with which these preventable diseases have been controlled.

Data on the major causes of death in 1952 in the countries of the Americas have been reported to the Pan American Sanitary Bureau as a part of the preparation for this Conference. Enteric disorders, variously designated as diarrhea and enteritis, gastroenteritis or dysentery, or grouped as diseases of the digestive system, were the major cause of death in 9 of the 17 countries reporting, and in 3 others they were second in importance. In Argentina, Paraguay, Peru, Uruguay and the United States the diarrheal diseases were not among the 5 major causes of death. The reported mortality in these 5 countries was under 50 deaths per 100,000 population. Of the others, in 2 the rates were between 50 and 100, in 6 between 100 and 200 and in 4 above 200, with a maximum of 347 reported deaths from gastroenteritis per 100,000 population. Even these figures understate the problem, since in some countries a substantial portion of the death certificates have no usable diagnosis, and not all deaths, particularly of infants, are reported. On the basis of available mortality data, the prevention of diarrheal diseases must be acknowledged as a major current public health problem in most of the countries of the Americas.

Experience of earlier years in the U.S.A. provides a historical perspective with important general implications. At and before the turn of the century, mortality from the diarrheal diseases was high everywhere in the United States. Data for New York City, available from 1868, revealed for the earliest years in excess of 400 and reaching as high as 572 deaths per 100,000 population. There was a decline to 200 between 1875 and 1900, to 100 in the first decade of this century, to 10 by 1930, and, finally, to the present level of 2 deaths from all diarrheal diseases per 100,000 population per year. Available records of mortality in other cities and in the various states are generally similar to those for New York City. At the turn of the century, in most the death rates from diarrheal disease were between 100 to 200, occasionally higher, rarely lower. Within the following 30 years the mortality from diarrheal diseases declined by about 90 per cent and the downward trend continued; present rates are often no

more than 1 per cent of previous years. There is the evidence of history, therefore, that these diseases are almost totally preventable.

Data from the U.S.A. also emphasize the wide variation in distribution of the problem. Not only is there geographic variation in incidence, but within the same area major segments of the population may have very little enteric disease, while the economically very poor families continue to have an excessive mortality from diarrheal disease. Moreover, age-specific death rates reveal a great concentration in infants under 1 year. These rates for the second year of life are lower, but still high. Thereafter, there are comparatively few deaths except in the aged. Thus, in the control of diarrheal diseases there is urgent need for particular attention to the young and to those living under less favorable economic circumstances.

Newer knowledge

In this introductory statement, selected observations by my associates and me in studies supported by the U. S. Public Health Service will be used for illustrative purposes. It is hoped that during the discussion sessions to follow, the important work by investigators in Latin America will be kept to the fore.

Data now available indicate that the serious diarrheal diseases of infants and children are predominantly specific enteric infections. The major etiological agents are the *Shigellae*. As early as 1903, when mortality was almost 200 per 100,000 population and only primitive, relatively insensitive bacteriological techniques were available, *Shigellae* were isolated by Flexner and Holt from 66 per cent of severe hospitalized cases in cities of the northeastern United States. Recently in our studies using the more sensitive techniques now available, but working with the milder infections now prevailing, *Shigellae* were isolated from 76 per cent of the moderately severe but rarely fatal cases and from 58 per cent of mild illnesses. When there were three or more examinations per case, up to 90 per cent were positive for *Shigella*. Accumulating evidence indicates that, where diarrheal diseases are prevalent and when previously healthy infants or children rapidly become ill with severe diarrhea, the most common cause is *Shigella*.

The *Salmonellae* are of lesser quantitative importance, though the frequency of their occurrence varies by area. The investigations in Montevideo have demonstrated that the role of these organisms in individual cases, and as a cause of diarrheal disease in an area, must be assessed through careful field studies.

Other infectious agents, while occurring in certain cases and in particular localities, are of little quantitative importance in the broad public health problem of diarrheal disease as a leading cause of death. *Endamoeba histolytica* may be involved in some cases. Two specific types of coliform organisms and certain of the paracolons are under suspicion, particularly regarding institutional outbreaks in the newborn. The role of viruses is not established, but in view of their etiological importance in specific diarrheal diseases of animals, as for example, in hog cholera, it is reasonable to believe that they also may be of importance in humans. This is being investigated, using the newer tissue culture techniques now available.

Concerning other possible causes of these enteric disorders, it is now acknowledged that diarrhea due to parenteral infections is of less importance than previously thought. Gross defects in feeding or specific nutritional deficiencies may give rise to diarrhea, but without an associated enteric infection this is likely to be a comparatively mild though persisting diarrhea. Other non-infectious causes appear to be of minor significance in children.

The etiology of diarrheal diseases varies by area, by season, and by the age of the individual concerned. Though there cannot be a simple statement of a single cause, still it is amply established that the problem of the control of diarrheal diseases is predominantly the prevention of specific communicable diseases.

In the laboratory there have been major advances in enteric bacteriology. Now more highly specific media are available which markedly increase the sensitivity of tests for *Shigella* and *Salmonella.* Furthermore, these and other new procedures simplify culture techniques and make it practicable to handle relatively large numbers of diagnostic bacteriological examinations. The major limitation is that a dependable examination for *Shigella* must be performed on assuredly fresh specimens. The use of rectal swabs for the collection of material is simple and highly effective, and such specimens proved superior to freshly passed feces. Immediate inoculation of a plate of S.S. agar and a tube of enrichment broth is recommended. Relatively inexperienced persons may be trained to collect specimens and inoculate media. Subsequent culture techniques, however, are exacting and, for dependability, carefully trained laboratory workers in well-organized laboratories are essential. A particularly important step is a proper picking of an adequate number of suspicious colonies from the original plates.

Increased sensitivity of bacteriological tests for *Shigella* has been of particular importance in epidemiological investigations. It became productive to conduct culture surveys, examining all members of selected population groups. Many thousands of persons have been tested in these survey examinations. All persons in small communities, children in representative families of large communities, institutional populations, and military personnel have been so tested. This established the common occurrence of subclinical *Shigella* infections. In general, the total prevalence of shigellosis varied with the incidence of diarrheal diseases. In areas where there was little or no troublesome disease, little or no infection was discovered in the population; when endemic diarrheal disease required clinical or public health attention, the prevalence rates in the general population varied from about 3 to 20 per cent, with even higher findings in institutional populations. Further, single culture examinations of family contacts of known cases showed that about one half were positive.

These survey examinations of all persons in a population group further served to reveal the broad range of clinical manifestations of shigellosis. There were the totally asymptomatic infections, the clinically insignificant disorders, the troublesome cases of simple diarrhea, and the severer dysentery commonly described in medical texts.

There were wide differences in shigellosis in patients of different ages. *Shigella* infection of infants under 6 months was comparatively infrequent, but when this occurred there was commonly, but not always, severe clinical disease. Infections in those from 6 months to 2 years were more numerous, but the severity decreased and subclinical infections were more frequent. Total prevalence of infection continued high in children of two, three, and four years of age but severe clinical cases were rare, mild ones not infrequent, and subclinical infections common. In latter childhood total prevalence declined slowly, so that prevalence among adolescents and adults was about half that of young children. In these older age groups a higher proportion of the infections was subclinical; there were some mild clinical cases but virtually no severe clinical dysentery. Most fatalities were in the first year of life, with some in the second but few thereafter.

Epidemiological studies have led to the conclusion that dissemination of shigellosis commonly involves a more or less direct transfer from one person to another of human feces containing *Shigella.* Finger contamination was readily demonstrated and this

is considered of high importance in the direct person-to-person transmission. The role of flies in the spread of shigellosis has been securely established. In test communities, the prevalence of infection was reduced by 50 per cent by effective fly control. Direct person-to-person transfer and flies appear to be the usual channels for the spread of this infection. *Shigellae* die rapidly in fecal discharges or in water and epidemics due to polluted water have been notably rare. Milk as a means of introducing *Shigella* into the homes appears to be free of suspicion, and food-borne outbreaks are a rarity.

In contrast to shigellosis, were the natural habitat is man alone, in salmonellosis most of the infections occur in lower animals and fowl. Dissemination from the latter is through eggs and inadequately cooked fowl. Hogs are frequently infected and, in processing, contamination of edible meat is common. Through these channels viable organisms may reach kitchens, the hands of those preparing food, and food ready for consumption. Transmission from infected domestic pets may occur also.

In the clinical field the major new evidence is that what has been considered heretofore as just a simple diarrhea with symptoms limited to a few loose or watery stools is often due to *Shigella*, occasionally to *Salmonella*. By contrast, the classical signs of bacillary dysentery are rare in the shigellosis observed in the United States. It must be emphasized, in order to correct prevailing erroneous medical opinion, that the typical bloody muco-purulent stools occur in only a minority of *Shigella* infections. Furthermore, there are no clinical signs which indicate dependably an etiological diagnosis. Laboratory examinations are required for specific diagnoses.

There have been equally important advances in two aspects of therapy. The importance of fluid and electrolyte replacement therapy was established, and effective therapeutic procedures were developed. Regardless of etiology, prompt and adequate therapy of this type is often successful. In antibacterial therapy the sulfonamides and broad-spectrum antibiotics were found highly specific and rapidly effective in shigellosis, but it is important to note that specific therapy has little or no value in salmonellosis. These advances in treatment provide means for the successful therapeutic management of a very high percentage of all cases of diarrheal disease, provided the cases are seen without undue delay.

There is, therefore, a new body of scientific knowledge which is adequate for the prevention of mortality and which provides a sound basis for the planning of control measures.

Control of diarrheal diseases

Here we can do no more than state briefly the measures which appear to have been effective in the past and the more important preventive procedures now available. The relative value and practicability of these in meeting current problems under present conditions will demand detailed and critical consideration. It is presumed that this will be the major field of discussion in the technical sessions following.

It is clearly evident that multiple factors were involved in the decline of the mortality and morbidity from diarrheal diseases in the United States. Those of chief importance appear to have been the safer disposal of human feces, better personal cleanliness (both of which were facilitated by installation of public water supplies), the control of flies, and marked improvement in infant hygiene in the home. The changes were brought about by community development and industrial change as well as by direct public health activity. With the introduction of the motor car, for example, there was a reduction in the use of horses, and stables disappeared from cities and urban centers; with this the most prolific source of fly breeding was removed. Programs for garbage

disposal and general community cleanliness further limited fly breeding. In addition to a reduction in their numbers, there was a new emphasis on the hazard of flies and as a result better methods were used for protection against them. The more recently available insecticides, which have had such great importance in mosquito control, had little permanent value in fly control due to the relatively rapid development of resistant strains.

Installation of safe public water systems has received more credit than is warranted for a major contribution to the prevention of diarrheal diseases. There are numerous instances of an immediate and marked decline in typhoid fever with the change from a polluted to a safe water supply, but there were no corresponding prompt drops in the mortality from diarrheal diseases. This is in line with current knowledge that viable *Shigella* are rarely disseminated in polluted water. The improvement of water supplies did aid in the control of diarrheal diseases by making available convenient facilities for the improvement of personal cleanliness and by providing for flush toilets and a safe disposal of human feces. Thus, construction of safe community water supplies will have little significance without adequate distribution to individual living quarters.

The growth of pediatrics, with its active concern for disease prevention and care of the healthy child, and the concurrent development of child health and welfare activities in official and voluntary health organizations both had their effect. Likewise, socio-economic improvements had public health significance.

These varying general measures together were slowly effective in the past in the control of diarrheal diseases. However, the present knowledge of etiology, epidemiology, and therapy permits the adoption of more specific control measures which promise to be more rapidly effective.

As heretofore, socio-economic development will contribute to the prevention of diarrheal diseases, but these changes come slowly and the immediate problem is control under existing conditions.

Knowledge is now adequate for the prevention of deaths in almost all cases of acute diarrheal diseases. Programs for medical care to effectively apply this knowledge will be required. This may call for a consideration of the training, distribution, and support of more physicians and the development of readily available clinics and pediatric hospitals, all of which requires time.

The chief responsibility for the immediate prevention of diarrheal diseases must rest with organized public health. In some diseases, as malaria, a single point of attack and a limited but intensive program is effective. However, in the diarrheal diseases multiple procedures are indicated and a broad and well-organized program is required.

In public health, as in clinical medicine, the first step is to accurately diagnose specific needs. For this, laboratory service will be required, primarily so that public health departments may make the needed epidemiological investigations. Endemic diarrheal diseases received little epidemiological study in the past, but they deserve as much attention by epidemiologists as they would receive if the same number of cases and deaths occurred in explosive outbreaks. Knowledge needed to guide in the establishment of specific control procedures may be obtained promptly through adequate epidemiological surveys, including laboratory studies, in representative areas. Laboratory service needs to be provided to clinicians, also, to aid in obtaining specific diagnoses and more effective treatment of individual cases. Such studies have public health significance, since often the only available estimate of the nature of the local problem of diarrheal disease will be found in clinical or hospital records. Such

records, though valuable, are admittedly inadequate for an evaluation of the total community picture.

For the diagnosis of public health needs and progress, the importance of dependable vital statistics warrants emphasis also. It is fortunate that improvement of *raw* statistical data is the subject of one of the other technical discussions, since accuracy of the *original* report is the basis of accurate statistics.

In the application of control measures, a broad program of community and home sanitation, with emphasis on the availability of water, the safe disposal of human feces, garbage disposal, and fly control, will be required. It is gratifying to note that the Seventh World Health Assembly and the Executive Board of the World Health Organization have taken renewed interest in this field and have directed the various regional offices to stimulate governmental interest in environmental sanitation.

Knowledge must also be applied directly to the individual. On a broad scale, responsibility for this will rest primarily with public health physicians and public health nurses. Initially, problems in therapy as well as in infant hygiene will be involved; hence adequate attention must be given to pediatrics and child hygiene in training these public health workers. Education of parents will be a major task, and in this the participation of qualified health educators will be a valuable asset.

Thus, at the local and on a national level, a broad program by an effective public health agency is essential for rapid control of the acute diarrheal diseases. The nature of the problem must be accurately diagnosed, this requiring the participation of the public health laboratory, epidemiology, and vital statistics. Environmental preventive measures must be applied through programs of community sanitation, and this will demand the services of sanitary engineers and sanitarians. Knowledge must also be applied directly to individuals, and this will be the responsibility of public health physicians, public health nurses, and health educators. All this must be organized and coordinated by the public health administrator.

The contribution of international public health activities to the solution of this problem will have particular consideration at this Conference. Supplementary aid from this source presumably will be primarily educational. The importance of a combined reference and research laboratory and training center in giving leadership in communicable disease control has been clearly demonstrated in the venereal disease program. There is a comparable need for an "infant hygiene training center and laboratory," to develop, test, and operate a demonstration program, to provide leadership and assistance in the provision of laboratory services, and to be a major focus for medical and public health education in this field. Such a center, strategically located, as in connection with a school of public health, and adequately supported, should prove of major value in evolving and maintaining programs adequate to meet one of the major public health problems in most of the countries of the Americas.

Allocation of public health activities

Public health resources are never adequate to meet all public health needs. Necessarily there must be a decision as to priority of varying activities. In the past, the diarrheal diseases have not received attention comparable to the relative magnitude of the problem. Early public health activities were directed to the control of epidemic diseases; later activities were directed to prevention of all communicable diseases. Diarrhea in infants heretofore was considered to be related to defective feeding, and deaths of infants were regarded as unavoidable. Now we know that the problem is one of the control of infectious diseases which are virtually entirely preventable. Thus,

these communicable diseases which are the major cause of illness and deaths in many countries warrant major public health attention.

Medical history suggests that, with general improvement in homes and communities, the diarrheal diseases of infants and children will decline slowly. It is reasonable to believe that, with the application of newer knowledge by effective public health and medical measures, there could be attained in one decade the same control of diarrheal diseases which resulted from five decades of slow improvement in the United States. A measure of our effectiveness in public health in the years ahead will be the rapidity of decline in the mortality and morbidity from the acute diarrheal diseases of infants and children.

METHODS FOR IMPROVING THE RELIABILITY OF RAW STATISTICAL DATA REQUIRED FOR HEALTH PROGRAMS[1]

By Dr. ENRIQUE PEREDA O.

Chief, Division of Biostatistics, National Health Service, Chile

Great progress has been made in recent years in appreciating the importance of statistics in the planning and development of public health programs. However, it must be admitted that the need for statistics is not yet generally accepted by those in charge of executing such programs. This probably is due to the fact that, in medicine, everyday thinking continues to be based on empiricism, that is, the personal experience of the physician and other professional workers. Although in regard to medicine many professional workers, engaged in other fields of research, invariably seek the explanation of natural phenomena in the mere significance of figures, they continue to be wary of statisticians, who are humorously supposed to be able to prove everything, including the truth.

However, it is not only the professional public health workers who seem to be responsible for this attitude, but also the statisticians themselves. In many countries statisticians have not reached an adequate professional standing, nor grasped the language and basic concepts of the scientific field in which they must work, namely public health, and are thus unprepared to sell their product—statistical data—to practising and public health physicians, nurses, sanitary inspectors, social workers, health educators, etc.

These two factors: the skepticism of the public health professional workers regarding the usefulness of statistics and the lack of technical training of the statisticians are contributing to the perpetuation of major errors in the information compiled, processed, and analyzed, and to the lack of interest in the inadequate utilization of data.

A. UTILIZATION OF STATISTICAL DATA IN PUBLIC HEALTH PROGRAMS

It is unnecessary to stress the arguments that prove the importance of statistical information in the public health field, since these are well known. It should suffice, therefore, to recall that such data are indispensable to the planning, de-

[1] Document CSP14/26

velopment, evaluation, and improvement of health programs, both technically and administratively.

B. Types of Statistical Data Required

These may be summarized as follows:

1. Vital Statistics.—If the improvement of health is the primary objective of public health, it is easily seen that the first task of the public health agencies is to obtain vital data relative to the people as a whole. For this purpose, censuses of deaths, births, marriages, divorces, etc. are indispensable.

2. Morbidity Statistics.—Man, whether living alone or in a community, is constantly exposed to the deleterious effects of environment. Throughout the history of the people, cultural factors expressed by creativeness in all realms of thought have left a residue of progress that enables man better to defend himself against aggressive factors. Thus, for example, the death rate among the younger generations has decreased, while there is a gradual increase in the life expectancy. It is possible that this natural evolution of the races, faced with the risks of premature illness, death, and disability, can be accelerated through specific public health action. But if this is to be effective, such action should not be carried out blindly, but should rather follow a pre-established plan, based on statistical data which show the magnitude and the relative importance of the various risks that are to be diminished.

The difficulties of obtaining more or less extact morbidity indices are, however, well known. These have been stressed at congresses and meetings of experts and it does not seem necessary to repeat them here. Nevertheless, it is advisable to keep in mind that there is a need for compiling at least some types of morbidity statistics when planning public health programs. The extent and detail of such information should depend upon the particular factors in each country, which factors are summarized in the report presented by the expert committee on statistics of the World Health Organization (WHO Technical Report Series No. 53, Nov. 1953).

3. Resources on Statistics.—Vital and morbidity statistics may be used to determine the magnitude and relative importance of the problems that should be solved by a public health service. It is equally important to have data showing the amount of material resources and personnel available to initiate the activities agreed upon.

4. Statistics of Services Rendered to the Community.—In the development of a health program, the personnel and the equipment provide a certain volume of services that are of benefit to the community. These services represent large sums of money provided directly or indirectly by the inhabitants themselves, and it is the responsibility of those in charge of such programs to render a complete account of the funds received and of the benefits derived therefrom. It is indispensable, therefore, that those in charge of the health programs keep a record of the services provided to the community.

Itemized statistical data provide the basis on which sound health programs can be planned, developed, and evaluated.

5. Socio-economic Statistics.—The concept that health is closely linked to other aspects inherent in community life is more and more widely accepted. There is a close interrelationship among the economic, cultural, and social developments and the health problems of a community. Hence, it would be illogical to formulate plans that would tend to promote, protect, and improve health if at the same time solutions to other community problems are not analyzed and tested, such as: the economic situation of its inhabitants, means of communication, housing, the nature of industrial and agricultural production, the need for child education, the habits of the population, etc.

Perhaps the day is not far off when physicians will invite, as a matter of course, professors, industrialists, agricultural experts, and engineers to participate in their technical discussions. Perhaps it will not seem strange if in such discussions the agenda of a maternal and child program, for example, includes, in addition to specific headings on the subject, other items pertaining to schools, roads, agricultural production, etc.

It would seem that the foregoing explains why it is necessary for the public health services to plan progressively for the compilation of statistical data that will provide information on these subjects.

C. Sources of Error

Errors in the statistical information used by the public health services occur at two levels: the local level, where the data are collected, and the central, where the departments of statistics process the data collected by the local units.

1. Sources of Error at the Local Level.—The following are the most outstanding:

(a) *The community itself.* For various reasons, among which the most outstanding are economic, cultural, educational and psychological, the members of a community either fail to record data having a direct bearing on health programs (vital statistics, for instance) or refrain from applying for treatment at health centers, where the services so rendered provide the basic source of statistical information needed when health programs are planned and developed.

(b) *Professional health workers.* The professional workers are also responsible for the number of errors found in the data. For example, when physicians do not report cases of diseases or when, misinterpreting the *International List of Diseases, Injuries and Causes of Death,* they underestimate and distort statistical data. Likewise, nurses, social workers, educators and sanitary inspectors, either for lack of technical training in such matters, or for some of the reasons mentioned in this report, constantly introduce errors of a greater or lesser degree when recording their daily activities.

(c) *Statistical and auxiliary personnel.* A large number of these workers lack sufficient technical training to discover the errors contained in the original information and to adopt procedures that will tend to decrease them.

2. Sources of Error at the Central Level.—The departments of statistics, which are the offices in charge of the preparation, analysis, and publication of statistical data, are also responsible for the number of errors to be found in the data. Such errors are incorporated in the various stages of the prepara-

tion process: revision, coding, transfer to punch cards, mechanical verification, classification, manual and mechanical tabulation, and publication.

D. PROCEDURES TO IMPROVE THE ACCURACY AND RELIABILITY OF THE DATA

As a basis for discussion, it would be worth mentioning, in general terms, what procedure should be followed to improve the accuracy and reliability of the statistical data necessary in the planning and development of public health programs. In accordance with the ideas expressed elsewhere in this paper, the following points, at least, should be considered:

1. Improving Original Data.—This includes various phases:

(a) *Definition of the statistical systems used in health programs.* The definition of the statistical systems that are used is an essential step if the quality of the data is to be improved. From this standpoint, the following systems should be defined: vital statistics, morbidity statistics, statistics of resources, statistics of services rendered to the community, and socio-economic statistics.

(b) *Definition of the functions of the agencies responsible for the statistical systems.* Within a country there are generally various agencies responsible for the collection and preparation of statistical information which is used by the health services. And there are legal, traditional, or other reasons to justify this. It is plain that a multiplicity of services performing similar functions tend to increase the number of errors found in statistical data. It is therefore advisable to establish the specific functions that each of the agencies concerned is to perform.

(c) *Coordination of the agencies responsible for the statistical systems.* For the reasons given in the preceding paragraph, it is essential that the most practical and effective coordination be established, among the different agencies responsible for the statistical systems, to prevent duplication of work, improve the quality of the data, and facilitate the timely use of the information provided by each agency.

(d) *Standards for the collection, recording, and transmittal of data.* Most of the chiefs of the departments of statistics in each country, and particularly the directors of international organizations interested in such matters, have emphasized the difficulties of obtaining current data and the impossibility of using them as a basis to establish valid international statistical comparisons. Such difficulties arise from the lack of uniformity in the methods of collecting, recording, and transmitting the original information. Among the procedures that could be used to circumvent such difficulties, the following are worth mentioning: the correct definition of the facts recorded; determination of the types of data to be collected; standardization and uniformity of the design and use of forms, so as to record only such information as will effectively serve in the planning, development, and evaluation of public health programs; standardization in the preparation of reports and establishment of time schedules for the transmittal of the original information to the central department of statistics; demarcation of the geographic areas covered by the offices or centers that collect data. The progressive application of these principles should greatly contribute to increase the accuracy of statistical information and, at the same time, to facilitate the comparison of data on a national or international level.

(e) *Principles for the processing of data.* The departments of statistics that

process the data may contribute effectively to the accuracy of the information by following certain principles of organization and establishing well-defined standards in the planning and control of the different stages involved in the preparation, analysis, publication, and establishment of time limits for the receipt of data.

2. Dissemination of Information, Among Professional Public Health Workers, on the Importance of Statistics.—As previously stated, professional public health workers give little importance to statistics in the planning and development of health programs, hence their lack of interest in their regular use. This means the rejection of a valuable tool that would tend to increase the accuracy of the data: such as the constant check of errors made by thousands of persons, and their subsequent decrease, either as a result of the trustworthiness of the professionals themselves, as they process and record statistical data, or the influence these exert upon the personnel in the offices of statistics.

Some of the means by which the collaboration of professional public health workers could be enlisted are:

(a) To produce statistics of the best possible quality, putting into practice the procedures described in the preceding paragraphs.

(b) To ensure that the data is not only good but current. It is not surprising that physicians and allied professional workers discard the statistical publications they receive when, at first glance, they find that the contents therein refer to events that occurred two, three or more years ago. It is obvious, then, that the central departments should transmit up-to-date material for publication.

(c) To teach and disseminate information on statistical methods and their application to health programs, at the various levels: schools of medicine, of nursing, and others; courses for specialists on public health; short-term courses on statistics for practicing physicians, nurses, etc.; programs for direct collaboration between statisticians and professional health workers in problems relating to the planning, development, and evaluation of health programs, or in the clinical (design and development of experiments, tabulation and analysis of data, etc.) and administrative fields; dissemination of information on the application of statistical methods to scientific societies, seminars, etc.

3. Technical Training for Statisticians.—In the majority of the countries in the Americas, educational institutions, universities, or specialized schools do not grant a degree in biostatistics. Consequently, work in this field is, in the public health services, performed by persons whose educational background ranges from those who have taken regular liberal arts courses, without special studies in statistics, to those whose university training included special courses in public health and public health statistics. This fact has led to confusion and inaccuracy in defining what constitutes a statistician. For this reason, the classification and rating of statisticians in the public health services vary widely: at times they are classified as administrative personnel; at others, as technical-auxiliary workers; and a few institutions give them a rating equal to that of a university graduate. Such a situation has been responsible for their very low salaries, which, in turn, destroys the major incentive that would attract qualified personnel.

A vicious circle is thus established: a lack of interest on the part of the workers, because of the low salaries, to obtain professional status; and negligence on the part of the authorities in the health services to increase the salaries of the workers, because their technical training does not warrant such increases.

If statistics are to be given the recognition they deserve; if the desire is to increase the utilization of such valuable information, in the public health field as well as in all other community activities by those who seek a better future, then it is necessary to break this vicious circle without delay. The two factors responsible for this vicious circle could be simultaneously overcome by means of a long-range program, the first and immediate phase of which should be: (1) better remuneration and the establishment of a functional system of classification and ratings for statisticians; and (2) advanced technical training for statisticians.

Such principles can be only outlined in very general terms, in order that each country may undertake, in accordance with its economic, social and cultural resources, the task of defining and developing the various stages of the process.

In any case, it should be borne in mind, with regard to advanced training of statisticians, that these workers fall into two categories: (1) those who act as consultants and analysts; and (2) those who collect data. The former should have advanced technical training, while the latter should have the necessary training to record and handle original data, to keep the various types of indices up to date, to make preliminary tabulations and simple calculations.

Consultants and analysts should have a higher education, if possible at the university level, together with specialized courses in schools of public health or in cultural institutions having international programs for advanced training. As a temporary measure, schools of public health could offer courses at an intermediate level, specifically designed for statisticians.

Advanced training for auxiliary personnel could be given in the schools of public health, by means of short-term elementary courses which include theoretical instruction and intensive practical work in the statistical offices of the public health services.

ERADICATION OF MALARIA IN THE AMERICAS[1]

General Statement[2]

By the Director of the Pan American Sanitary Bureau

The problem of malaria has been receiving preferential attention by the Pan American Sanitary Bureau. As a means of maintaining interest in the problem, which, for many years was the most serious one in extensive areas of the Continent, the Bureau has been sponsoring the periodic presentation of special reports on the achievements and expectations for the future of the antimalaria campaign in the American Continent. Such reports were presented to the XI Pan American

[1] The V Report on the Status of the Antimalaria Campaign in the Americas, by Dr. C. A. Alvarado is published separately as Scientific Publication No. 27.

[2] Document CSP14/36.

Sanitary Conference (1942), the V Meeting of the National Directors of Health (1944), and the XII Pan American Sanitary Conference (1947), by the Pan American Malaria Committee, and to the XIII Pan American Sanitary Conference (1950), by Dr. Carlos A. Alvarado, as Special Consultant of the Bureau.

In view of the favorable reception given to these reports and the usefulness of continuing them, the Bureau considered it appropriate and timely to issue a fifth report covering the period 1950 to 1953, and entrusted to the same Consultant the task of preparing this report for presentation to the XIV Pan American Sanitary Conference.

Since the introduction of residual insecticides, and to the extent that these have been available, the Bureau has endeavored to stimulate the development of antimalaria programs in the Continent, being convinced that the proper use of such insecticides would replace former campaign methods—which were slow, costly, and of limited effectiveness—thus enabling the countries to reach once and for all an economic solution to the malaria problem, which has been hampering progress in extensive regions of the Hemisphere and reducing the beneficial effects of the general public health programs.

The XIII Pan American Sanitary Conference recognized that, owing to "the adoption of new techniques in malaria control and to sufficiently intensive and coordinated efforts on the part of Member Countries and territories," it would be possible to eradicate malaria from the American Continent; and recommended that the Bureau continue "the development of such activities as are necessary to provide for greatest intensification and coordination of antimalaria work in the Hemisphere, stimulating existing programs, facilitating interchange of information, and furnishing technical and, whenever possible, economic assistance to the various countries, with a view to achieving the eradication of malaria from the Western Hemisphere." (Resolution XVIII, XIII Pan American Sanitary Conference, Ciudad Trujillo, 1950). To carry out the terms of this resolution, the Bureau has been placing increasing emphasis on the antimalaria campaign, utilizing the resources of its regular budgets and those of the Technical Assistance Program of the United Nations as well. Thus, it has been able to collaborate with a good many countries and territories, the majority of which have also received the collaboration of UNICEF, which has provided the materials and equipment needed for field activities.

The V Report, as well as the summary of the four-year reports of the Member Governments, present information that shows the remarkable advances made by some countries in their programs against malaria. However, it will be noted also that there are extensive and important areas of the Continent where the situation has remained static and where malaria still constitutes one of the chief causes of mortality and morbidity and is an impending factor in social and economic progress of the population. If the hopes expressed by the XIII Pan American Sanitary Conference are to be realized, the perseverance and amplification of our efforts become an imperative necessity so as to achieve this objective on a continent-wide scale.

Particular attention is called to the possibility of the development by the

Anopheles of resistance to residual insecticides. Information is available to the effect that such resistance has become evident under natural conditions in certain regions of the world after several years of repeated sprayings; and there are some indications that the appearance of the same phenomenon in American vectors is possible. Therefore, there are strong reasons for considering that the "time factor" is vital and that it is necessary to eliminate all "sources of infection" without delay, before the biological phenomenon of resistance develops in *Anopheles* throughout the New World. Consequently, there is a grave responsibility that must be resolutely faced in a relatively short period of time, in which all possible efforts should be concentrated if the countries wish to put an end to malaria.

Furthermore, there is information that indicates that, once malaria transmission is interrupted, the infection disappears more rapidly than had previously been believed, as the result of the natural dying out of the parasite, even in the absence of chemotherapeutic measures.

A strong economic reason should be added to the above. The operations cost of a program simply for the control of malaria amounts, in the long run, to a high figure, since annual expenditures must be made if low transmission indices are to be maintained. The cost of an eradication program, although high during a certain period, decreases with the relatively lower cost of the surveillance necessary to obtain the definite assurance that eradication has been achieved. Moreover, it is worth while recalling the well-known fact that the cost of a malaria eradication program is repaid in the long run, and with interest in the form of gains made in all aspects of living.

Malaria eradication can no longer be considered merely as a local or a national problem. It should be undertaken on a continent-wide scale, since the persistence of "malaria foci" in any region of the Hemisphere is a threat to those countries that have succeeded in eradicating the disease. It should be recognized that this danger arises not only from the importation of the malaria infection itself, but also from the importation of *Anopheles* resistant to insecticides.

It is difficult to obtain general acceptance of the absolute and urgent need for eradication programs as the only rational solution to the problem of certain communicable diseases or their vectors. This difficulty is due largely to the belief that there is no justification for continuing expenses after partial beneficial results have been obtained and the prevalence indices have been substantially reduced. However, it should be remembered that such partial results may lead to failure when, owing to circumstances that could have been avoided, a disease or vector reappears with the same or greater intensity.

It is hoped that the XIV Pan American Sanitary Conference will give this matter the attention it deserves and take the steps it deems appropriate, so that the eradication of malaria throughout the Continent may become a reality as soon as possible. One of the steps of major importance in achieving this objective would be to provide the necessary financial resources to the Bureau, which is ready to assume the responsibilities of "central coordinating sanitary agency" of the countries of the Western Hemisphere, as stated in the Pan American Sanitary Code.

However, it should be emphasized that the Bureau cannot adequately carry out such responsibilities with the personnel and regular financial resources that

are available to it at the present time. It is essential that it have available trained technical personnel to give the direct technical aid requested by the countries, for the duration of the program, and sufficient funds to enable it to cover other pertinent costs. Such funds should be especially earmarked, that is, not subject to the regular budgetary processes, so as to permit long-range planning and the administrative flexibility required to meet the various circumstances that might arise. It should be added that the long experience of the Bureau would enable it to administer those funds in such a way as to ensure the speediest and best results at the least possible cost.

It is incumbent upon the XIV Pan American Sanitary Conference to decide whether the aspiration of achieving total eradication of malaria in the Americas can become a reality.

STATEMENT [1]

By Dr. N. H. SWELLENGREBEL

Chief of the Delegation of the Netherlands

In the first part of his report on progress in the antimalaria campaign in this hemisphere, Dr. Carlos Alvarado made a statement that I should like to quote:

"Malariology, with its out-dated malariometry, based on measures that were useful in the days of antilarval campaigns . . . has not yet devised evaluation methods to suit the strategy and fast action of imagocide. . . . Public health responsibility was considered fulfilled when indices dropped below a certain figure. . . . It was not realized that this was comparable to detaching merely a segment of a tapeworm and that any parasite index lower than 0.0, but not absolute zero, meant the survival of the 'head of the taenia.' "

I must confess that at first I did not understand this statement. Later, after listening to Dr. Alvarado's explanation and reading Dr. Pampana's article on the "changing strategy of the antimalaria campaign," I believe I now understand Dr. Alvarado's words. I also think that the modern experiments carried out in my country—although it lies outside the Americas—may be useful in solving one of the American problems.

Here we find ourselves face to face with the difficulty that our malariometry, which we believed to be accurate, is not; it is inaccurate, and therefore useless. This is not the first time we have known it: In Kampala (Uganda, Africa), we realized that malariometry becomes inaccurate as soon as endemic malaria infections increase in frequency, reaching a great degree of intensity. In a word, malariometry was failing us because of too high an incidence of endemic malaria. I shall not waste precious time recalling how malariometry has been adapted to such conditions of "holo-endemicity" (a term which is, as you know, a coinage of Dr. Pampana's.) On the contrary, I shall pass straight on to the problem now under consideration.

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[1] Document CSP14/82.

This problem is how to measure too low an incidence of endemic malaria, a malaria that is dying, perhaps, but not yet dead.

It is this problem to which Dr. Alvarado's statement, which I have just quoted, refers. It is this problem, too, that is a source of concern to us in Holland.

The sad history of malaria in our country since the year 1880, the history of a period of over seventy years, is as follows:

An outbreak of malaria caused by *Plasmodium vivax* (seldom by *P. malariae*, never by *P. falciparum*), involving no mortality, but the loss of many work days. The Government orders certain measures to be taken—it does not matter for the moment what they are. Suffice it to say that they prove efficacious: Malaria disappears in about three years and the Government immediately refuses to spend any more money on a campaign against a disease that no longer exists. Malaria, however, continues to survive; but there are few in the malarial zones to track down the four or five cases that crop up every year, and nobody takes any interest in the efforts of those poor lunatics who still go on chasing chimeras.

Then suddenly, about twenty years later, there is a fresh and totally unexpected outbreak. People think it is a new disease and try to find extraordinary causes that will explain it. There is no need whatever to invoke extraordinary influences. It is nothing but an aggravation of an endemic condition that has never disappeared.

Once again an anitmalaria campaign is launched, once again the measures adopted achieve excellent results, once again malaria disappears in some three years, and once again the campaign comes to an end, although malaria has not been eradicated.

Circumstances such as I have described occurred in the years 1880, 1903, and 1923. But after the last outbreak of malaria, in 1946, our Government embarked upon a new antimalaria policy, based upon the search not only for the last patient but also for the last carrier of parasites. It became evident that it was not enough to rely upon compulsory reporting by physicians. The antimalaria service itself seeks out the cases of which the physician never hears. The first stage in its investigations is regular inspection of schools, in order to discover any children suffering from splenomegaly. This investigation is not carried out so as to establish a splenic index. The splenic index is of no value to us. But the splenomegalic child shows us the way to his home. In other words, inspection of schools is the first step toward tracing suspected dwellings, where parasite carriers may be found. Such dwellings, like those already identified through the reports received from physicians, will be subject to spraying.

What we are trying to achieve is, not the eradication of the *Anopheles*, but the total destruction of infected *Anopheles*, for these are found only in the homes of parasite carriers, sick or in good health. Although malaria has disappeared, the Government is continuing to pursue this line of action and will continue to do so for three or four years more.

TREPONEMATOSES [1]

I

General Statement

By Dr. Waldemar E. Coutts

Professor of Urology, Chief of the Social Hygiene Department, National Health Service, and Alternate Delegate of Chile

The antiquity of the treponematoses, the origin of these diseases, and other factors of no less importance are problems that have given rise to numerous and age-old discussions. There are some who trace their origin to Vedaic and Biblical times; some attribute them to an American, European, Asiastic, or African origin. But despite ancient records of human history, data inscribed on hardened clay or anthropomorphic ceramics of vanished civilizations that provide a basis for supporting hypotheses, the truth is that we have as yet nothing to confirm the age of these diseases or the point of their origin. Historical records have on many occasions cited them as a serious problem in large groups of people. Outbreaks of disease with all the symptoms characteristic of the treponematoses were a well-known occurrence, outstanding among them being the epidemic in Europe following the voyages of the discoverers of the New World.

The three types of treponematoses that cause the greatest damage to human beings are syphilis (*Treponema pallidum*), yaws (*T. pertenue*), and pinta or carate (*T. carateum*). Morphologically, it is not possible to distinguish between these treponemes in fresh or unstained fixed preparations examined on dark-field,[2] nor are distinctive characteristics observed under the electron microscope (Angulo and colleagues).[3] With respect to their distribution by population groups and geographic areas, while syphilis is a cosmopolitan disease and predominantly urban, yaws and pinta are found exclusively in regions within the tropics and are most prevalent in rural areas.

One of the peculiarities of yaws and pinta is that, while the first is a disease found in intertropical zones throughout the world, pinta is observed only in the intertropical zones of Central and South America. In this regard, it is interesting to note the existence of the so-called "Cuban pinta," which some consider to be a pigmentary form of yaws, a hypothesis that would seem to be confirmed by the studies by Guimarães,[4] who has presented epidemiological and clinical evidence of the existence of pinta forms of yaws in Brazil. These cases are similar to the ones studied in Cuba. Syphilis, moreover, is capable also of producing pigmentary

[1] Document CSP14/33, Rev. 1.

[2] Coutts, W. E., Silva-Inzunza, E., and Morales-Silva, G.: "Unstained Slides for the Diagnosis of Certain Treponematoses," *Public Health Rep.*, 67:442. 1952.

[3] Angulo, J. J. Watson, J. H. L., Wedderburn, C. C., León Blanco, F., and Varela, G.: "Electronmicrography of Treponemas from Cases of Yaws, Pinta and so-called Cuban form of Pinta," *Amer. Jour. Trop. Med.* 31:458. 1951.

[4] Guimarães, F. N.: "Manifestações boubáticas tarias, semelhando quadro clínico de pinta terciária," *Mem. Inst. Oswaldo Cruz.* 43:307. 1947.

skin manifestations of the melanoid or leukodermic type. In our experimental studies we have been able to depigment the iris of rabbits' eyes by inoculating *T. pallidum* in the anterior chamber of the eye.[1]

Some authors have held to the possibility that the different types of treponematoses stem from a common ancestral root and, through the ages, have adapted to different environments, both climatic and ethnological. The similarity of some clinical manifestations of the treponematoses we have studied would make it possible to accept such a hypothesis. Different strains of the same pathogenic agent, growing and multiplying in an individual, can give rise to forms having common properties, some of them accentuated, thereby facilitating genetic interactions the characteristics of which can be maintained so long as local and environmental conditions are favorable, as has been shown by some authors in the case of certain viruses (Burnet et al, Hirst, and Gottlied). This fact could, to a certain extent, explain the atypical clinical forms of certain treponematoses. On the other hand, the evidence obtained up to the present time seems to indicate that there is a cross immunity between "venereal" syphilis and yaws. This immunity is more marked in syphilis and yaws cases in which the period of activity or of latency is prolonged. In addition, the investigations made by R. L. Kahn and L. G. Villegas with the "universal" Kahn test in Mexican pinta cases demonstrated that the type of serological response was identical to that of syphilis and similar, although not identical, to that of yaws. Recently, the treponematoses are being classified as "venereal" and "non-venereal." Included among the former are acquired syphilis and syphilis transmitted by sexual contact. Among the latter are certain forms of syphilis: "endemic" (Bosnia, Serbia, etc.), bejel or syphilis of the Arabs, dichuchwa (Rhodesia), njovera (Bechuanaland); and yaws and pinta. Although in general terms and for epidemiological purposes, this division can be accepted, it is not so clear-cut, since syphilis in these different forms and yaws can be transmitted by sexual contact.

There are no essential differences between the tegumentary lesions that accompany them.

There is evidence, although not indisputable at present, that some of them, as in the case of syphilis, may be accompanied by cardiovascular and neurological lesions.

Contagion in the majority of cases of "non-venereal" syphilis and of yaws goes back to infancy (6 months to 4 years); it is therefore difficult to determine whether there are forms that can be considered congenital. Nevertheless, the consensus is that yaws is not acquired congenitally. Despite facts pointing to the contrary, it is possible that newborn babies have a certain amount of transmitted immunity, since the infection occurs only exceptionally in the first three months of life. These points are not as yet well clarified. In certain cases of syphilis and yaws, the mother may have large quantities of antibodies that are not transmitted to her offspring, while in others the mother's antibodies may be of low titer and the newborn baby may be serologically positive.

The treponemes that produce syphilis, yaws, and pinta are very sensitive to

[1] Coutts, W. E.: "Depigmentation of the Iris in Experimental Rabbit Syphilis," *Amer. Jour. Syphilis.* 22:381. 1938.

the action of penicillin. An effective level of penicillin action maintained for several hours is sufficient, in the great majority of cases, to produce a sterilizing effect. Since no resistance or adaptation of these microorganisms to the drug have as yet been confirmed, all action taken against them should be exclusively with penicillin.

As an outcome of the studies of the WHO Expert Committee on Venereal Diseases and Treponematoses, mass campaigns against syphilis and yaws were either initiated or assisted (Poland and Haiti), and at the same time pilot projects were undertaken in different regions of the world, based recently on the exclusive use of penicillin, preferably PAM.

The second part of this paper covers the report of the National Antivenereal Campaign Committee of Chile on the results obtained in the antisyphilis campaign, conducted in recent years exclusively with PAM.

Considerations

The treponematoses are diseases that have no transmittor other than man. The campaign against the propagation of such diseases, therefore, narrows down to a single sphere of action: man. The bases on which any campaign against treponematoses should rest are: treatment of the patient; search for the source of contagion and for contacts, and their treatment; and, in general, education and the raising of standards of living.

The treponematoses can be cured with penicillin. The sterilizing action of this drug on the various disease-producing treponemes is very rapid, and up to the present no adaptation of these pathogenic agents to the drug has been shown.

Consequently, on the basis of the wide experience at present available, it can be recommended that all campaigns against the treponematoses should be carried out exclusively with penicillin. For better results, and in view of the fact that the majority of cases are treated as outpatients, it is advisable to institute, insofar as possible, a uniform therapeutic criterion based on the smallest number of injections in the shortest period of time possible and compatible with safety.

II

The Campaign against Syphilis in Chile

By Waldemar E. Coutts, Florencio Prats G.,[1] Roberto Vargas-Zalazar,[2] and Luis Infante Varas [3]

> When progress becomes apparent, as with syphilis, funds should be held level until it becomes clear that the battle, rather than the first skirmish, is won.—J. Earle Moore.

The campaign against syphilis in Chile may be divided into three stages,

[1] Professor of dermosyphilography and member of the committee representing the former Public Welfare Services.

[2] Professor of urology, Ex-Chief Executive of the Antivenereal Campaign, committee member representing the former Public Health Department.

[3] Member of the committee representing the former Workers' Insurance Services, and present Chief of the Subdivision of Venereal Diseases of the National Health Service.

according to the therapy in use and the time in which the medico-social activity was or is being carried out.

The first stage was that of the heroic era of the salvarsans, with hospitalization of patients and administration of the drug in large doses. This was soon followed by outpatient treatment using neosalvarsans in fractional and progressively larger doses, associated or not with mercurials and bismuth. Various schedules were used, in periods ranging from three to five years of consecutive treatment, the treatments being suspended for periods varying according to the different schools or the personal judgment of the syphilis specialists. During this time no effort was made to locate sources of contagion or possible contacts.

While it is quite true that during this stage there was a decrease in morbidity rates in some of the more populated centers, the indices could not be called even moderately satisfactory. The little or no work with rural populations resulted in their being permanent potential foci for new onslaughts of the *Treponema* on neighboring towns and cities. This fact became even more evident with the steady improvement of means of transportation.

The campaign undertaken in 1927, although local, was better organized. There was an increase in the number of treatment centers of the Health Service and the Workers' Insurance Services. Through them, a search was begun, with a limited staff, for sources of contagion, and the public was openly informed of the significance and scope of syphilis and other venereal diseases. Despite the enthusiasm and the efforts and money expended, the results—although they improved year by year—did not compensate for the sacrifices made.

Health control of prostitutes, abolished by the 1925 Sanitary Code, was resumed and included control of women engaged in commercialized prostitution.

Initiation of so-called mass treatments brought about the first success in the campaign against *T. pallidum*. Centers for mass therapy were established in Santiago, Valparaiso, and Concepción and were later opened in other cities and workers' centers. In addition to the short duration of these treatments, there was another factor of great epidemiological importance, namely, the hospitalization of the patient, whereby it was possible to isolate the focus during the period of greatest contagiousness. From 1930 to 1953, inclusive, 5,550 patients were treated in this manner and 29 deaths (0.52%) were reported (Table 1).

When mass therapy was in full operation, Decree 440 of 23 March 1943 created a National Antivenereal Campaign Committee, whose function it was to coordinate the activities of the Antivenereal Services of the Health Department and of the Workers' Insurance and the Public Welfare Services. Forces were united, more or less uniform technical treatment patterns were drawn up with a view to eliminating existing confusion, and a definite joint epidemiological program was laid out to locate sources of contagion and contacts.

This strong, well-planned organization found us ready to embark immediately, in 1948, upon the final stage of our program: the campaign against syphilis through rapid, outpatient treatment with penicillin. Technical patterns were changed, centers for mass treatment were closed, and an intensive campaign with PAM was started on the basis of one or two injections, with a total of 3,000,000 units for cases of acute or contagious syphilis. For those persons who, because

TABLE 1—*Mass treatment of syphilis. Summary table of experience in Chile (1938-1943)*

Authors	City	System	Drugs	Total Dose[a]	Treatment		Total cases	Total accidents
					Days Treat.	Supplem.		
Prunés and Hevia	Santiago	Phleboclysis	Neoarsphenamine	4.5[b]	3	[c]	546	1
Vicuña and González	Valparaiso	Phlebocl.	Neoars.	5	5	none	18	3
Vicuña and Giacaman	Valparaiso	Phlebocl.	Neoars.	5	5	none	21	0
Vicuña and Giacaman	Valparaiso	Phlebocl.	Mapharsen	1.2	5	none	23	0
Echiburú	La Serena	Phlebocl.	Neoars.	4.5	3	none	19	1
Grimberg	Rancagua	Phlebocl.	Neoars.	4.05[d]	4	none	459	2
Rodas	Chillán	Phlebocl.	Neoars.	4.5	3	none	170	2
Rodas	Chillán	Phlebocl.	Oxyarsphenamine	1.2	5	none	8	1
Weinstein and Barria	Santiago	Phlebocl.	Neoars.	5	5	none	31	0
Weinstein and Barria	Santiago	Phlebocl.	Maphars.	1.2	5	none	15	0
Weinstein and Barria	Santiago	Fraction	Oxyars.	1.2	5	[e]	815	5
Tallmann	Valdivia	Fraction	Oxyars.	1.2	5	[e]	94	0
Castillo	L. Angeles	Fraction	Oxyars.	1.2	5	none	26	0
Prats and Infante	Santiago	Phlebocl.	Oxyars.	1.2[f]	5	none	1248	4
Figueroa and Haraszti	Valparaiso	Phlebocl.	Oxyars.	1.2[f]	5	none	500	5
Cerda and González	Talcahuano	Phlebocl.	Oxyars.	1.2[f]	5	none	323	2
Coutts, Castro, and Gaete	Santiago	Phlebocl.	Oxyars.	0.24	1	Electro-pyrexia	20	2
Jaramillo and others	Santiago	Intensive	Neoars.	0.3-0.6	10-30	Biolog. pyrexia	231	1
Prats, Infante and Chaná	Santiago	Intensive	Oxyars.	1.2-1.8	20-30	none	563	0
Chaná and others	Santiago	Intensive	Oxyars.	0.6-1.2	40	Electro-pyrexia	48	0
Vicuña	Valparaiso	Intensive	Oxyars.	1.2	40	none	33	0
Figueroa and Haraszti	Valparaiso	Intensive	Oxyars.	1.2	40	Bismuth	39	0
Figueroa and Haraszti	Valparaiso	Intensive	Oxyars.	1.2	40	none	60	0
Vicuña	Valparaiso	Intensive	Oxyars.	1.2	40	Bismuth	240	0
Total							5,550	29
Rate of fatal cases							0.52%	

[a] The dose is calculated for a man weighing 60 kilos.

[b] In some cases the neoarsphenamine was dissolved in a 5% sodium iodide solution.

[c] In some cases a 0.90 injection was added, total dose being 5.40 g.

[d] First day: 0.45 g; 2nd, 3rd, and 4th days: 1.20 g. Total 4.05 g.

[e] In some cases biological pyretotherapy was applied, using Eberth H. pyretogen.

[f] In some cases a total dose equivalent to 1.5 centigrams per kilogram of weight was applied.

of the nature of their occupation, were unable to apply for their second injection, the whole amount was administered in doses of 1,500,000 in each buttock.

Contacts who have been located are treated as early syphilis patients and all genital ulcerations showing negative ultramicroscopic tests immediately receive 1,500,000 units of the drug. Experience has shown this to be the preferred procedure, as penicillin given in small doses, in the form of dentrifrices or tablets, during the syphilis incubation period may retard skin or mucous membrane manifestations, which often are not clinically typical and, because they are few, it is difficult to discern the *T. pallidum* by darkfield or phase-difference microscope. In such cases "comma"-shaped or encysted granular forms are more frequently found, which can be seen only by darkfield in 10% formol fixed preparations.

Generally speaking, an epidemiological campaign is carried out using treatment, often disregarding the clinic, to ensure success. Blood samples are taken from all patients having primary or secondary syphilis, from all individuals with genital ulcers that are not confirmed as syphilitic, and from all contacts, before beginning the treatment.

Among nonspecialized physicians there is a feeling that syphilis has been vanquished, a view that has spread to the nation as a whole and brought about a dangerous feeling of confidence. This is a false idea, and if it becomes widespread it will be very detrimental to the successful outcome of the campaign

TABLE 2.—*Coordinated Antivenereal Campaign*
(Decree 440 of 23 March 1943)

Year	General morbidity due to syphilis in Chile (1945-1953)						
	Primary			Secondary			Grand total
	M	F	Total	M	F	Total	
1945	3,026	879	3,905	2,411	2,394	4,805	8,710
1946	3,154	1,042	4,196	2,544	2,250	4,794	8,990
1947	3,432	842	4,274	2,991	2,270	5,261	9,535
1948	2,342	1,274	3,616	1,942	1,851	3,793	7,409
1949	2,685	685	3,312	1,708	1,636	3,344	6,656
1950	2,222	593	2,815	1,133	1,154	2,287	5,102
1951	2,072	618	2,690	1,048	1,078	2,126	4,816
1952	2,430	1,514	3,944	1,084	761	1,845	5,789
1953	1,233	390	1,623	663	660	1,323	2,946
	22,596	7,779	30,375	15,524	14,054	29,578	59,953

TABLE 3.—*Serological Tests*

Year	Men			Women			Both sexes	
	Neg.	Pos.	Total	Neg.	Pos.	Total	Total tests	% positive
1950	8,533	617 (6.9%)	9,150	10,387	1,028 (9.0%)	11,415	20,565	7.9
1951	8,358	352 (4.0%)	8,710	9,578	349 (3.5%)	9,927	18,637	3.7
1952	6,151	281 (4.3%)	6,432	7,861	323 (3.9%)	8,184	14,616	4.7
1953	7,920	289 (3.5%)	8,209	9,435	377 (3.8%)	9,812	18,021	3.7

against syphilis. We are prevailing over the enemy, but it is not conquered; with just a little carelessness, an epidemiological chain from an urban or rural starting point can make the problem acute again, if organized forces are not kept on active duty and well supplied with the therapeutic agents and financial resources necessary to meet any contingency.

A desirable policy is to reduce expenditures to a figure that will ensure the safety of society; but, in our opinion, to do away with an organization that should be kept permanently on the alert is a grave error. Although nothing has happened so far to give rise to the assumption that *T. pallidum* will become penicillin-resistant, a decade is too short a time in which to affirm the fact as definitive and to fold our arms, trusting that, because we now have the fungus drug, syphilis is a word that refers to an evil of the past.

COMMITTEE II (ADMINISTRATION, FINANCE, AND LEGAL MATTERS)

FIRST REPORT

(Document CSP14/67, Rev. 1)

At the first session of Committee II, held on 9 October 1954, Working Party 1 was established to study the Revision of the Constitution (Document CSP14/18),[1] and will present its report in due course. At the second and third sessions, held on 13 and 14 October, the following topics were considered: 16, 17, 18, 20, 21, 30, 31, 33, 37, and 39, assigned to Committee II by the General Committee.

In the course of these last two sessions, the following draft resolutions were approved:

Draft Resolution [2]

1. *Financial Report of the Director and Report of the External Auditor for 1953*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having studied the Financial Report of the Director and Report of the External Auditor for 1953 (Document CE22/4;[3] and

Noting that the Executive Committee approved the aforesaid reports at its 22nd Meeting,

RESOLVES:

(1) To approve the Financial Report of the Director and Report of the External Auditor for 1953.

(2) To congratulate the Director of the Pan American Sanitary Bureau and his associates on the manner in which the reports were presented.

[Resolution III]

2. *Report of the Permanent Subcommittee on Buildings and Installations*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having studied the report of the Permanent Subcommittee on Buildings and Installations (Document CE22/10);[4] and

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[1] See p. 587.

[2] The draft resolutions in this report were approved by the Conference at the seventh plenary session, with the exceptions indicated.

[3] See p. 523.

[4] Unpublished working document.

Noting the action taken by the Executive Committee on this subject at its 22nd Meeting,

RESOLVES:

(1) To approve the action taken by the Permanent Subcommittee.

(2) To express its appreciation to the members of the Permanent Subcommittee on Buildings and Installations, who will continue to give collaboration to the Director of the Pan American Sanitary Bureau.

[Resolution IV]

3. *Revision of the Staff Rules of the Pan American Sanitary Bureau*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the action taken by the Executive Committee at its 22nd Meeting regarding the revised Staff Rules of the Pan American Sanitary Bureau;

Having been informed that the Seventh World Health Assembly made no changes in the revision of its Staff Rules;

Noting that, in accordance with the instructions contained in the first paragraph of Resolution XVIII adopted by the Executive Committee at its 22nd Meeting, the Director put the revised Staff Rules of the Pan American Sanitary Bureau into effect on 1 June 1954, the date on which those of the World Health Organization came into force; and

Considering that Article 12.2 of the Staff Regulations of the Pan American Sanitary Bureau provides that "the Director shall report annually to the Directing Council such staff rules and amendments thereto as he may make to implement these regulations after confirmation by the Executive Committee,"

RESOLVES:

To take note of the adoption of the revised Staff Rules of the Pan American Sanitary Bureau as recommended by the Director and confirmed by the Executive Committee at its 22nd Meeting.

[Resolution V]

4. *Working Capital Fund*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the previous decisions of the Directing Council and the recommendations of the Director and the External Auditor that an amount of $1,200,000 is sufficient to carry out the purposes of the Working Capital Fund;

In view of the Financial Regulations, which stipulate that the Working Capital Fund shall be established in an amount and for the purpose to be determined from time to time by the Directing Council; and

Considering the recommendation of the 22nd Meeting of the Executive Committee,

RESOLVES:

To establish the level of the Working Capital Fund at $1,200,000 until such time as the budgetary position of the Bureau warrants a change.

[Resolution VI]

5. *Reimbursement of Travel Expenses of Representatives to Regional Committee Meetings*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the action taken by the Seventh World Health Assembly on the subjects: "Sessions of Regional Committees at Regional Headquarters" and "Payment of Travel Expenses of Representatives to Sessions of the Regional Committees" (Resolutions WHA7.26 and WHA7.27, respectively),

RESOLVES:

To take note of the decision taken by the Seventh World Health Assembly to the effect that the travel expenses of representatives to Regional Committee meetings shall not be reimbursed by the Organization.

[Resolution VII]

6. *Expenditure from the Emergency Revolving Fund in connection with a Flood Disaster in a Member Country*

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

To take note of Resolution II adopted by the Executive Committee at its 23rd Meeting, approving the expenditure of $4,661.97 from the Emergency Fund in connection with the flood disaster in a Member Country and authorizing the Director to reimburse the Fund in that amount from the general funds of the Pan American Sanitary Bureau for the year 1954.

[Resolution VIII]

7. *Financial Participation of France, the Netherlands, and the United Kingdom, on behalf of their Territories in the Region of the Americas, in the Budget of the Pan American Sanitary Organization*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having noted the provisions of Resolution XL of the V Meeting of the Directing Council; and

Considering the report (Document CE22/12) [1] submitted by the Director to the 22nd Meeting of the Executive Committee, pursuant to the aforesaid resolution, and the decision of the said Committee on this matter (Resolution XIII),

RESOLVES:

(1) To take note of the report of the Director on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization.

(2) To instruct the Director to present future reports to the Executive Committee when circumstances so require.

[Resolution IX]

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[1] See p. 552.

8. *Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau*

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

To take note of the fact that, in accordance with Resolution VI adopted by the Executive Committee at its 23rd Meeting, the Director will continue to carry out the studies on stipends paid to recipients of fellowships from the Pan American Sanitary Bureau.[1]

9. *Status of the Collection of Quota Contributions*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Noting the decision of the Directing Council at its VII Meeting, which instructed the Director to request in its name, that Member Governments make the necessary financial arrangements for payment of all arrearages and the maintenance of future years' contributions on a current annual basis;

Recognizing that delays in the receipts of contributions limit the development of long-range programs to be undertaken in the Americas; and

Noting the report submitted by the Director, reflecting the current status of outstanding contributions,

RESOLVES:

To request Member Governments having outstanding quota balances to make the necessary financial arrangements for the payment thereof, and to emphasize the importance of maintaining future contributions on a current annual basis.

[Resolution X]

10. *Emergency Revolving Fund*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that certain standards should be established for the use of and reimbursement to the Emergency Revolving Fund,

RESOLVES:

(1) That the Emergency Revolving Fund is available for the purpose of enabling the Pan American Sanitary Bureau to make emergency disbursements in the interest of areas in the Western Hemisphere.

(2) That the country receiving the emergency assistance should reimburse the funds so used at an early date, unless extraordinary circumstances prevent it.

(3) That in such extraordinary cases, the Conference or the Council authorize reimbursement of the amounts expended to the Emergency Revolving Fund from other available funds of the organization.[2]

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[1] Returned by the Conference to Committee II for further study. See minutes sixth session of Committee II, p. 399.

[2] Returned by the Conference for further study to Committee II, which decided not to present a new draft resolution, as the U. S. delegation withdrew its original proposal on this topic. See minutes sixth session of Committee II, pp. 399-401.

This Committee did not accept the proposal presented by the Government of Cuba in regard to the organization of a service unit in Mexico City during the Eighth World Health Assembly.[1]

In conformity with Article 40 of the Rules of Procedure of the Conference, this report is submitted to the General Committee for final consideration at a plenary session.

WORKING DOCUMENTS

FINANCIAL REPORT OF THE DIRECTOR AND REPORT OF THE EXTERNAL AUDITOR FOR 1953

(Document CE22/4)

FINANCIAL REPORT OF THE DIRECTOR FOR THE YEAR 1 JANUARY—31 DECEMBER 1953

The financial statements of the Pan American Sanitary Bureau are presented herewith together with the report of the External Auditor.

The principal statements are as follows:

(1) Statement of Appropriations, Obligations and Unobligated Balances of Appropriations for the year 1953 (Exhibit I).
(2) Statement of Income, Expenditures and Surplus for the year 1953 (Exhibit II).
(3) Statement of Assets and Liabilities as at 31 December 1953 (Exhibit III).

Statement of Appropriations, Obligations and Unobligated Balances for the year 1953 (Exhibit I)

Against the appropriation of $2,060,000 an amount of $1,924,110 has been obligated leaving an unexpended balance of $135,890 or 6.6% as compared to $223,942 or 11.3% in 1952. Details of obligations incurred are given in the attachment to this report. It will be noted that no transfer between parts in the budget has taken place in 1953.

Statement of Income, Expenditures and Surplus for the year 1953 (Exhibit II)

Total cash income amounted to $2,083,910 representing the following:

(1) Collection of Quotas on behalf of Member States for 1953.....	$1,743,702
(2) Collection of Quotas on behalf of Member States for Previous Years	260,383
(3) Collection of Quotas on behalf of Non-Self-Governing Territories	4,647
(4) Miscellaneous Income	60,390
(5) Unused balances of Obligations, Refunds, etc., relating to previous years	14,788

The greater part of Miscellaneous Income represents the 3% charge amounting to $34,199 collected for Procurement Services of equipment and supplies on

[1] Text of the proposal appears in the minutes of the seventh plenary session, p. 192.

behalf of government agencies and institutions, etc., as compared to $80,055 in 1952.

The reason for the decrease in income in 1953 is explained under Paragraph 4 in the report of the External Auditor. Interest earned during 1953 amounted to $19,132 against $25,346 in 1952. Other Miscellaneous Income, as detailed in Exhibit II, amounted to $7,059.

Unused balances of obligations, refunds, etc., relating to previous years amounted to $14,788 and should, in accordance with the Financial Regulations of the Bureau, be credited to the Working Capital Fund. However, as explained in Paragraph 19 in the report of the External Auditor, the fund has been established at the level of $1,200,000 as resolved at the VII Meeting of the Directing Council and, therefore, any cash surplus is to be carried to a Special Fund at the disposal of the Directing Council.

Expenditures

Expenditures against the 1953 budget amounted to $1,924,110. Outside the budgeted expenditures is an amount of $15,710 representing adjustment of funds in cruzeiros. Explanation of this amount is given in Paragraph 6 of the report of the External Auditor.

The total funds expended by the Bureau in 1952 and 1953, as shown in Paragraph 3 of the report of the External Auditor, were $5,192,707 and $4,043,702, respectively, including expenditures for purchases for governments, and for the Aftosa and INCAP programs.

It may also be mentioned that in addition to these funds, the funds expended in respect of the Regional Office of the World Health Organization for the Americas were as follows:

	1952	1953
	$	$
WHO/Regular	827,141	900,787
WHO/UNICEF	23,173	8,135
WHO/TAP	822,021	859,526
	1,672,335	1,768,448

Thus, the funds spent by the Pan American Sanitary Bureau for the combined PASB/WHO program, for government purchases, and for Special Projects altogether amounted to:

	1952	1953
	$	$
PASB	5,192,707	4,043,702
WHO	1,672,335	1,768,448
	6,865,042	5,812,150

Surplus

The excess of income over expenditures amounting to $144,089 has been transferred to a Special Fund at the disposal of the Directing Council, and is subject to a separate report with recommendations as to the utilization of this amount.

Statement of Assets and Liabilities (Exhibit III)

The statement is divided in five parts, viz.:

(1) General Fund
(2) Working Capital Fund
(3) Special Funds
(4) Trust Funds
(5) Technical Assistance—Organization of American States

The first three represent the Pan American Sanitary Bureau's own funds while the two others are held in trust for purposes indicated in the financial statements.

From Exhibit III it will be noted that the Bureau's liquid funds were as follows:

(1) General Fund—Cash in Banks and on hand		$ 176,344
(2) Working Capital Fund		
Cash in Banks	$ 780,000	
Investments	420,000	1,200,000
(3) Special Funds—Cash in Banks		301,792
(4) Trust Funds—Cash in Banks		322,287
(5) Technical Assistance—OAS		
Cash in Banks		47,907
Total		$2,068,330

Certificates of Indebtedness amounting to $850,000 matured late in December and are the reason for the relatively small amount of investments. However, an amount of $900,000 was reinvested early in January 1954 in US Treasury Certificates of Indebtedness.

Appropriations for Unbudgeted Expenditures

By resolution of the VI Meeting of the Directing Council an amount of $306,000 was appropriated as follows:

(1) Building Alterations	$ 135,180
(2) Translation and Publication of a Book on Public Health Administration	10,900
(3) Smallpox Eradication	75,000
(4) Fellowships	84,920
	$ 306,000

It will be seen from Schedule D that the following amounts are still unobligated:

(1) Building Alterations	$ 15,076
(2) Translation and Publication of a Book on Public Health Administration	815
(3) Smallpox Eradication	63,874
(4) Fellowships	—
	$ 79,765

The improvements to the buildings in Washington are being carried out as planned. The plans for the utilization of the balance is explained in the Report of the Permanent Subcommittee on Buildings and Installations.

As to the translation and publication of a Public Health Administration book, a small balance of $815 remains unobligated at 31 December 1953. This balance will be utilized for forwarding charges in connection with the distribution of the complimentary copies.

Of the amount of $75,000 for the purpose of smallpox eradication, an amount of $5,961 has been expended for supplies and equipment, and an amount of $5,165 for the salary and travel expenses for a consultant. The remaining unobligated balance of $63,874 will be utilized as needed.

The unobligated balance of $4,224.37 of the amount appropriated for fellowships is included in the 1953 surplus of $144,089 placed at the disposal of the Directing Council, in view of the fact that fellowships for 1953 only were to be expended from this appropriation.

Respectfully submitted,

FRED L. SOPER,
Director

Summary of Obligations Incurred in Respect of the Budget for the Year 1 January - 31 December 1953

Part I

Pan American Sanitary Organization

	Liquidated	Unliquidated	Total
Conference Section Personnel	$	$	$
Office of the Conference Chief	44,933.37	142.94	45,076.31
Translating Unit	35,102.35	.....	35,102.35
	80,035.72	142.94	80,178.66
Organizational Meetings			
Meeting of the Directing Council	19,258.41	933.00	20,191.41
Meetings of the Executive Committee	18,901.54	.....	18,901.54
	38,159.95	933.00	39,092.95
Repatriation Grant	616.00	.....	616.00
Total Part I	118,811.67	1,075.94	119,887.61

Summary of Obligations Incurred in Respect of the Budget for the Year 1 January - 31 December 1953

Part II

Pan American Sanitary Bureau—Headquarters

	Liquidated	Unliquidated	Total
Executive Office	$	$	$
Office of the Director	68,307.87	.....	68,307.87
Office of Public Information	15,145.01	74.50	15,219.51
Unit of Coordination	6,600.00	.....	6,600.00
Library	30,149.75	1,590.43	31,740.18
Editorial Office	54,315.31	.....	54,315.31
Travel—Executive Office	6,788.95	300.24	7,089.19
	181,306.89	1,965.17	183,272.06
Division of Education and Training			
Office of the Chief	8,707.23	.....	8,707.23
Fellowships Branch	11,218.72	.....	11,218.72
Professional Education Branch	26,863.37	100.95	26,964.32
Travel—Division of Education and Training	11,770.51	13.70	11,784.21
	58,559.83	114.65	58,674.48
Division of Public Health			
Office of the Chief	13,171.89	.....	13,171.89
Health Promotion Branch	17,659.78	.....	17,659.78
Communicable Diseases Branch	81,175.95	.....	81,175.95
Environmental Sanitation Branch	12,600.96	51.62	12,652.58
Travel—Division of Public Health	23,058.52	354.71	23,413.23
	147,667.10	406.33	148,073.43
Division of Administration			
Office of the Chief	25,336.36	.....	25,336.36
Legal Office	2,587.50	.....	2,587.50
Supply Office	52,469.79	15.00	52,484.79
Administrative Management and Personnel Branch	24,868.67	.....	24,868.67
Budget and Finance Branch	66,762.73	.....	66,762.73
General Services	130,090.13	.....	130,090.13
Travel—Division of Administration	6,791.46	.....	6,791.46
	308,906.64	15.00	308,921.64
Common Services—Headquarters			
Space and Equipment Services	20,971.53	3,838.97	24,810.50
Other Services	21,559.61	1,403.05	22,962.66
Supplies and Materials	14,078.48	834.47	14,912.95
Fixed Charges and Claims	497.88	69,500.00	69,997.88
Acquisition of Capital Assets	6,465.27	276.35	6,741.62
Hospitality	208.28	.....	208.28
Repatriation Grant	12,108.00	.....	12,108.00
External Audit	.....	4,400.00	4,400.00
	75,889.05	80,252.84	156,141.89
Total Part II	772,329.51	82,753.99	855,083.50

Summary of Obligations Incurred in Respect of the Budget for the Year 1 January - 31 December 1953

Part III

Pan American Sanitary Bureau—Field and Other Programs

	Liquidated	Unliquidated	Total
Zone Offices	$	$	$
Jamaica Field Office	19,320.37	2,558.26	21,878.63
El Paso Field Office	18,322.20	943.82	19,266.02
Mexico (Zone II)	57,667.31	4,092.28	61,759.59
Guatemala (Zone III)	96,607.14	2,870.87	99,478.01
Lima (Zone IV)	89,207.69	3,035.17	92,242.86
Rio de Janeiro (Zone V)	49,212.21	661.25	49,873.46
Buenos Aires (Zone VI)	77,643.30	10,360.53	88,003.83
Hospitality—Above Offices	957.50	350.54	1,308.04
	408,937.72	24,872.72	433,810.44
Country Programs			
Insect Control	43,026.40	14,205.65	57,232.05
Venereal Diseases	58,902.70	3,600.63	62,503.33
Endemo-Epidemic Diseases	92,345.62	21,405.07	113,750.69
Public Health Administration	29,589.44	82,830.76	112,420.20
Nursing	6,809.88	12,700.00	19,509.88
Health Education of the Public	7,798.18	33.33	7,831.51
Maternal and Child Health	1,642.49	1,245.35	2,887.84
Nutrition	7,268.27	578.05	7,846.32
Environmental Sanitation	4,364.65	3,983.49	8,348.14
	251,747.63	140,582.33	392,329.96
Repatriation Grant	22,404.00	.....	22,404.00
Publications of the PASB			
Special Publications	2,867.66	10,630.75	13,498.41
PASB Bulletin	22,432.62	5,939.10	28,371.72
Epidemiology Report	1,053.37	8.45	1,061.82
Aidis Journal	1,521.40	.....	1,521.40
	27,875.05	16,578.30	44,453.35
Total Part III	710,964.40	182,033.35	892,997.75

Summary of Obligations Incurred in Respect of the Budget for the Year 1 January - 31 December 1953

Part IV

Pan American Sanitary Bureau—Other Expenditures

	Liquidated	Unliquidated	Total
	$	$	$
Building Loan Amortization	29,271.54	.....	29,271.54
Terminal Leave	26,103.13	766.94	26,870.07
Total Part IV	55,374.67	766.94	56,141.61
Total all parts	1,657,480.25	266,630.22	1,924,110.47

Summary of 1953 Expenditures by Object Groups

	Pan American Sanitary Organization Part I	Pan American Sanitary Bureau			Total
		Headquarters Part II	Field and other Programs Part III	Other Expenditures Part IV	
	$	$	$	$	$
Personal Services	78,261.79	553,241.44	317,974.39	26,870.07	976,347.69
Personal Allowances	12,080.68	95,239.28	91,723.39	.....	199,043.35
Travel	17,423.84	49,078.09	118,509.81	.....	185,011.74
Space and Equipment Services	1,721.09	24,834.85	15,697.62	.....	42,253.56
Other Services	1,184.78	29,978.37	40,284.43	.....	71,447.58
Supplies and Material	9,162.55	21,687.65	66,440.40	.....	97,290.60
Fixed Charges and Claims	.....	69,997.88	12,842.21	.....	82,840.09
Grants and Contracted Technical Services	.....	.....	201,983.51	.....	201,983.51
Acquisition of Capital Assets	52.88	11,025.94	27,541.99	.....	38,620.81
Loan Amortization	.....	.....	.....	29,271.54	29,271.54
Total	119,887.61	855,083.50	892,997.75	56,141.61	1,924,110.47

Financial Statements for the Year 1953

Exhibit I

Statement of Appropriations, Obligations Incurred and Unobligated Balance of Appropriations for the Year 1953

Part of the Budget	Purpose of Appropriation	Appropriated by the Directing Council	Obligations Incurred			Unobligated Balance of Appropriations
			Liquidated by Disbursements	Unliquidated	Total	
		$	$	$	$	$
I	Pan American Sanitary Organization	144,657.00	118,811.67	1,075.94	119,887.61	24,769.39
II	Pan American Sanitary Bureau—Headquarters	914,438.00	772,329.51	82,753.99	855,083.50	59,354.50
III	Pan American Sanitary Bureau—Field and Other Programs	930,905.00	710,964.40	182,033.35	892,997.75	37,907.25
IV	Pan American Sanitary Bureau—Other Expenditures	70,000.00	55,374.67	766.94	56,141.61	13,858.39
	Total	2,060,000.00	1,657,480.25	266,630.22	1,924,110.47	135,889.53

For the Director,
Pan American Sanitary Bureau

Harry A. Hinderer
Chief, Division of Administration

The above statement has been examined in accordance with my directions. I have obtained all the information and explanations I have required, and I certify, as a result of the audit, that in my opinion the above statement is correct subject to the observations in my report.

Uno Brunskog
External Auditor

Exhibit II

Statement of Income, Expenditures and Surplus for the Year 1953

Income		
Contributions from Member States:		
Amounts collected in respect of the 1953 Assessments....		$ 1,743,701.62
Amounts collected in respect of arrears for previous years		260,383.30
Contributions on behalf of Non-Self-Governing Territories:		
Amounts collected in respect of the 1953 Assessments		4,647.00
Miscellaneous Income:		
3% Procurement Charge	$ 34,199.29	
Interest Earned	19,132.45	
Sale of old Capital Assets	4,768.83	
Sale of Publications	355.20	
U. S. Public Health Service:		
Contribution for administration of Onchocerciasis Project	1,582.00	
Sundries	351.97	60,389.74
Unused balances of obligations, etc.:		
Unused budgetary provisions for 1951	5,321.90	
Credits against previous years expenditures	5,242.02	
Unused balance of reserve for 1953 fellowships, appropriated by Resolution of the VI Meeting of the Directing Council	4,224.37	14,788.29
		$2,083,909.95
Expenditures		
Obligations Incurred	1,924,110.47	
Adjustment of funds in cruzeiros due to devaluation	15,710.35	1,939,820.82
Surplus		
Excess of Income over Expenditures		$ 144,089.13
(Carried to Special Funds at disposal of the Directing Council)		

For the Director,
Pan American Sanitary Bureau

Harry A. Hinderer
Chief, Division of Administration

The above statement has been examined in accordance with my directions. I have obtained all the information and explanations that I have required, and I certify, as a result of the audit, that in my opinion the above statement is correct subject to the observations in my report.

Uno Brunskog
External Auditor

Exhibit III

Statement of Assets and Liabilities as at 31 December 1953

Assets			Liabilities		
General Fund					
Contribution Receivable from Member States (Schedule A)	$665,759.17		Contribution from Chile received in advance		$ 1,891.34
Less: Reserves for non-collected Contributions	665,759.17	$ —	Obligations Payable:		
			Unliquidated Obligations in respect of:		
Contributions Receivable on behalf of Non-Self-Governing Territories (Schedule A)	$ 2,523.00		1953 Budget $266,630.22		
			Less: Advance Income Tax Payments 54,193.09	$212,437.13	
Less: Reserves for non-collected Contributions	2,523.00	—	1952 Budget	9,171.00	221,608.13
Accounts Receivable:			Accounts Payable:		
Governments, Institutions and Individuals on account of procurements (Schedule E)	$ 17,401.16		World Health Organization in respect of Pension and Insurance Contributions	8,902.84	
World Health Organization	21,825.26		Sundry Creditors	301.81	9,204.65
Sundry Debtors	10,966.70				
Interest Accrued	6,166.67	$ 56,359.79			
Capital Assets:					
Buildings in Washington	$511,495.00				
Less: Equity in Buildings	511,495.00	—			
Cash in Banks and on Hand:					
U. S. Dollar Currency	$167,140.46				
Other Currencies	9,203.87	$ 176,344.33			
		$ 232,704.12			$ 232,704.12
Working Capital Fund					
Cash in Banks		$ 780,000.00	Established Working Capital (Schedule B)		$ 1,200,000.00
Investments (Schedule C)		420,000.00			
		$ 1,200,000.00			$ 1,200,000.00

Special Funds

Cash in Banks		$ 301,791.53	Emergency Procurement Revolving Fund (Schedule D)		$ 50,000.00
			Appropriation for Unbudgeted Expenditures (Schedule D)		107,702.40
			1953 Cash Surplus at disposal of Directing Council (Schedule D)		144,089.13
		$ 301,791.53			$ 301,791.53

Trust Funds

Cash in Banks		$ 322,286.96	Procurement Funds (Schedule E)		$ 228,161.26
			Grants (Schedule F)	$ 36,813.35	
			Accrued Repatriation Entitlements (Schedule F)	35,128.00	
			Provident Fund (Schedule F)	22,184.35	94,125.70
		$ 322,286.96			$ 322,286.96

Technical Assistance—Organization of American States

Cash in Banks:			Balance of Allocations (Schedule G)		$ 66,468.62
U. S. Dollar Currency	$ 45,540.84		Accounts Payable		119.36
Other Currencies	2,366.06	$ 47,906.90			
Accounts Receivable:					
U. S. Department of Agriculture	$ 18,243.83				
Sundry	437.25	$ 18,681.08			
		$ 66,587.98			$ 66,587.98
Grand Total		$ 2,123,370.59	Grand Total		$ 2,123,370.59

For the Director,
Pan American Sanitary Bureau

Harry A. Hinderer
Chief, Division of Administration

The above statement has been examined in accordance with my directions. I have obtained all the information and explanations that I have required, and I certify, as a result of the audit, that in my opinion the above statement is correct subject to the observations in my report.

Uno Brunskog
External Auditor

Schedule A—Statement of Contributions of Member States

States	Contributions in respect of the year 1953			Balance due on 31 December 1953 in respect of years prior to 1953 (see Annex I)	Total Balance due on 31 December 1953
	Assessment	Collections	Balance due		
	$	$	$	$	$
Argentina	146,200.00	.....	146,200.00	254,442.00	400,642.00
Bolivia	7,000.00	.....	7,000.00	33,284.91	40,284.91
Brazil	190,800.00	190,800.00	.....	.....	.....
Chile	41,200.00	41,200.00	.....	.....	.....
Colombia	43,400.00	37,901.62	5,498.38	.....	5,498.38
Costa Rica	4,800.00	4,800.00	.....	.....	.....
Cuba	38,800.00	.....	38,800.00	36,336.57	75,136.57
Dominican Republic	6,000.00	6,000.00	.....	.....	.....
Ecuador	6,000.00	.....	6,000.00	12,262.23	18,262.23
El Salvador	6,000.00	6,000.00	.....	.....	.....
Guatemala	7,000.00	7,000.00	.....	.....	.....
Haiti	4,800.00	4,800.00	.....	.....	.....
Honduras	4,800.00	4,800.00	.....	.....	.....
Mexico	76,600.00	76,600.00	.....	.....	.....
Nicaragua	4,800.00	.....	4,800.00	.....	4,800.00
Panama	6,000.00	6,000.00	.....	.....	.....
Paraguay	4,800.00	.....	4,800.00	8,164.00	12,964.00
Peru	23,400.00	.....	23,400.00	44,414.28	67,814.28
United States	1,320,000.00	1,320,000.00	.....	.....	.....
Uruguay	19,800.00	.....	19,800.00	20,556.80	40,356.80
Venezuela	37,800.00	37,800.00	.....	.....	.....
	2,000,000.00	1,743,701.62	256,298.38	409,460.79	665,759.17
Statement of Contributions on Behalf of Non-Self-Governing Territories					
France	4,647.00	4,647.00	.....	.....	.....
Netherlands	2,523.00	.....	2,523.00	.....	2,523.00
Great Britain	15,000.00	.....	15,000.00	.....	15,000.00
	22,170.00	4,647.00	17,523.00	.....	17,523.00

Annex I

Schedule A.—Arrears of Contributions Due by Member States in Respect to Years Prior to 1953

States	Year	Due on 1 January 1953	Collected in 1953	Balance due 31 December 1953	Totals
		$	$	$	$
Argentina	1948	957.04	957.04	.....	
	1949	73,160.00	73,160.00	.....	
	1950	79,419.38	79,419.38	.....	
	1951	120,703.00	6,400.00	114,303.00	
	1952	140,139.00	.....	140,139.00	254,442.00
Bolivia	1949	2,219.77	.....	2,219.77	
	1950	10,851.14	.....	10,851.14	
	1951	10,690.00	.....	10,690.00	
	1952	9,524.00	.....	9,524.00	33,284.91
Colombia	1952	12,124.98	12,124.98	.....	.....
Cuba	1946	1,911.43	.....	1,911.43	
	1947	955.72	.....	955.72	
	1948	4,778.58	.....	4,778.58	
	1949	330.00	.....	330.00	
	1950	371.84	.....	371.84	
	1952	27,989.00	.....	27,989.00	36,336.57
Ecuador	1948	779.13	779.13	.....	
	1949	8,840.00	8,840.00	.....	
	1951	8,358.00	3,092.77	5,265.23	
	1952	6,997.00	.....	6,997.00	12,262.23
Guatemala	1952	6,220.00	6,220.00	.....	.....
Mexico	1952	69,390.00	69,390.00	.....	.....
Paraguay	1951	4,082.00	.....	4,082.00	
	1952	4,082.00	.....	4,082.00	8,164.00
Peru	1950	20,373.09	.....	20,373.09	
	1951	1,494.19	.....	1,494.19	
	1952	22,547.00	.....	22,547.00	44,414.28
Uruguay	1951	4,618.80	.....	4,618.80	
	1952	15,938.00	.....	15,938.00	20,556.80
		669,844.09	260,383.30	409,460.79	409,460.79

Schedule B—Working Capital Fund

Brought forward from 1952 accounts	$ 1,200,000.00
Transactions during year 1953	.....
Balance at 31 December 1953	$ 1,200,000.00

Schedule C—Investments at 31 December 1953

Description	Par Value	Cost	Market Value at 31 December 1953
	$	$	$
U. S. Treasury Certificates of Indebtedness, maturing June 1, 1954	400,000.00	400,000.00	402,125.00
U. S. Treasury Bonds—Savings Series "G" 2½% maturing June 1, 1954	20,000.00	20,000.00	20,000.00
Total (Investment of Part of Working Capital Fund)	420,000.00	420,000.00	422,125.00

Schedule D—Special Funds

Name and Purpose of Funds	1 January 1953 (Brought forward from 1952)	Amounts Received or Transferred during 1953	Total	Payments made during 1953	Balance in Cash at 31 Dec. 1953		
					Unliquidated Obligations	Unobligated	Total
	$	$	$	$	$	$	$
Emergency Procurement Revolving Fund	50,000.00	.....	50,000.00	.....	.....	50,000.00	50,000.00
Allocation by Resolution of the III Meeting of the Directing Council to be used in case of the immediate solution of unforeseen health problems							
Appropriation for Unbudgeted Expenditures							
Appropriation by Resolution of the VI Meeting of the Directing Council as follows:							
Building Alterations	132,845.00	.....	132,845.00	114,979.40	2,790.00	15,075.60	17,865.60
Translation and Publication of Public Health Administration Book	10,695.00	.....	10,695.00	4,075.15	5,805.00	814.85	6,619.85
Smallpox Eradication	75,000.00	.....	75,000.00	11,125.74	.....	63,874.26	63,874.26
Fellowships	84,920.00	(4,224.37)	80,695.63	61,352.94	19,342.69	.....	19,342.69
	303,460.00	(4,224.37)	299,235.63	191,533.23	27,937.69	79,764.71	107,702.40
Cash Surplus at disposal of the Directing Council							
1952 Surplus	170,728.46	.....	170,728.46	170,728.46	.....	.....	.....
1953 Surplus	.....	144,089.13	144,089.13	.....	.....	144,089.13	144,089.13
	170,728.46	144,089.13	314,817.59	170,728.46	.....	144,089.13	144,089.13
Total Special Funds	524,188.46	139,864.76	664,053.22	362,261.69	27,937.69	273,853.84	301,791.53

Schedule E—Procurement Fund:—Statement of Procurement Services Effected on Behalf of Government Administrations, Public Institutions, etc.

	1 January 1953 brought forward from 1952		Amounts received or transferred during 1953	Payments for Supplies, etc. made during 1953	Balance 31 December 1953	
	Amounts due to PASB	Deposits with PASB			Amounts due to PASB	Deposits with PASB
	$	$	$	$	$	$
Argentina	75.69	1,353.90	2,888.50	1,886.97	13.14	2,292.88
Bolivia	8,663.59	.....	.....	.....	8,663.59	.....
Brazil	497.64	469,762.19	612,808.80	906,008.11	483.46	176,548.70
Chile	1,039.90	626.74	42,785.96	41,037.93	719.56	2,054.43
Colombia	3,670.59	4,856.03	15,179.02	18,252.40	1,887.94	.....
Costa Rica	551.97	280.37	4,165.76	3,555.83	.....	338.33
Cuba	3,246.58	407.31	18,604.81	18,407.31	2,641.77	.....
Dominican Rep.	.....	49.80	.....	49.80	.....	.....
Ecuador	667.15	1,444.68	92,653.95	92,960.39	.....	471.09
El Salvador	3,140.47	33,703.04	126,547.23	139,976.24	.....	17,133.56
Guatemala	646.80	254.37	2,175.07	2,084.99	646.80	344.45
Haiti	.....	56.93	13,340.50	12,724.19	.....	673.24
Honduras	.....	12.82	.....	12.82	.....	.....
Mexico	1,278.46	1,460.30	4,222.87	4,070.76	768.14	1,102.09
Nicaragua	.....	176.22	18,223.50	18,399.72	.....	.....
Panama	1,687.68	18,441.65	37,125.72	44,358.80	.....	9,520.89
Paraguay	204.74	11,905.13	569.45	5,053.13	96.83	7,313.54
Peru	.....	13,668.58	20.50	7,188.63	.....	6,500.45
United States	58.78	.....	215.94	157.16	.....	.....
Uruguay	1,642.37	3,290.09	16,040.78	15,976.59	1,128.33	2,840.24
Venezuela	3,428.38	5,998.50	4,215.51	6,785.63	.....	.....
Netherlands West Indies	62.22	.....	62.22	.....	.....	.....
Surinam	127.13	470.96	127.13	470.96	.....	.....
Bermuda	.....	26.94	.....	26.94	.....	.....
Thailand	.....	409.50	.....	409.50	.....	.....
Employees	523.25	6,057.14	19,883.63	24,396.69	6.54	1,027.37
Antigen Sales	2,682.06	.....	3,284.34	947.34	345.06	.....
Inter-American Association of Sanitary Engineering	.....	262.39	(262.39)	.....	.....	.....
	33,895.45	574,975.58	1,034,878.80	1,365,198.83	17,401.16	228,161.26

Schedule F—Trust Funds:—Grants—Accrued Repatriation Entitlements—Provident Fund

Name and Purpose of Funds	1 January 1953 (Brought forward from 1952)	Amounts Received or Transferred during 1953	Total	Payments made during 1953	Balance in Cash at 31 Dec. 1953		
					Unliquidated Obligations	Unobligated	Total
Grants	$	$	$	$	$	$	$
Governments of Costa Rica, El Salvador, Guatemala, Honduras and Panama							
Nutrition Institute of Central America and Panama							
Joint Project of PASB and countries involved for the development of the science of nutrition and its application in the Republics of Central America and Panama	34,100.33	50,000.00	84,100.33	66,766.93	7,340.63	9,992.77	17,333.40
Kellogg Foundation							
Nutrition Section							
To assist in developing a Section of Nutrition in the Pan American Sanitary Bureau							
July 1951—June 1952	1,121.42	(1,121.42) [1]	.....	.....	.....	.....	.....
July 1952—June 1953	8,279.18	1,121.42	9,400.60	8,982.18	.....	418.42	418.42
Laboratory Equipment for INCAP	.....	10,000.00	10,000.00	5,654.63	1,071.20	3,274.17	4,345.37
Books, Equipment and Supplies for INCAP	12,017.95	.....	12,017.95	10,885.27	690.27	442.41	1,132.68
Nutrition Institute of Ecuador	635.12	.....	635.12	44.44	289.00	301.68	590.68
To provide Equipment and Scientific Books for Bromatological Laboratory of the Institute							

[1] $1,121.42 Balance of grant for 1951/52 transferred to grant for 1952/53.

Schedule F—Trust Funds:—Grants—Accrued Repatriation Entitlements—Provident Fund
(*Continuation*)

Name and Purpose of Funds	1 January 1953 (Brought forward from 1952)	Amounts Received or Transferred during 1953	Total	Payments made during 1953	Balance in Cash at 31 Dec. 1953		
					Unliquidated Obligations	Unobligated	Total
Grants	$	$	$	$	$	$	$
Turrialba Study To assist in study in rural sociology at Turrialba, Costa Rica	128.07	.....	128.07	.....	.....	128.07	128.07
Merck and Company, National Vitamin Foundation, E. R. Squibb and Sons, Lederle Inc.							
Vegetable Protein Project Study of Vegetable Protein supplemented by synthetic vitamin B_{12}	6,771.13	14,500.00	21,271.13	13,831.92	68.38	7,370.83	7,439.21
Nutrition Foundation Inc.							
Nutrition Foundation Project Fund for special apparatus and study grant for one nutrition expert	1,009.55	3,500.00	4,509.55	2,865.24	221.90	1,422.41	1,644.31
Guatemala Government							
Institute for the Promotion of Production Promoting increase in production of improved types of corn	(154.75)	.....	(154.75)	(154.75) [2]	.....	.....	.....

U. S. Public Health Service							
Grant for the study of the Disease Onchocerciasis and its Vector, the Simulium fly							
July 1951—June 1952	9,670.60	(8,470.60) [2]	1,200.00	1,200.00	.....	.....	.....
July 1952—June 1953	4,280.50	21,350.00	25,630.50	23,644.18	.....	1,986.32	1,986.32
Research Corp.—Williams-Waterman Funds							
Completion of Central American Dietary Survey of 1950	.....	1,768.80	1,768.80	1,768.80	.....	.....	.....
Gorgas Memorial Institute of Tropical Preventive Medicine							
Study of jungle yellow fever in Central America and Mexico	.....	13,685.28	13,685.28	11,890.39	.....	1,794.89	1,794.89
Total Grants	77,859.10	106,333.48	184,192.53	147,379.23	9,681.38	27,131.97	36,813.35
Accrued Repatriation Entitlements	.....	35,128.00	35,128.00	.....	.....	35,128.00	35,128.00
Provident Fund	14,664.06	14,627.54	29,291.60	7,107.25	.....	22,184.35	22,184.35
Total Grants—Accrued Repatriation Entitlements and Provident Fund	92,523.16	156,089.02	248,612.18	154,486.48	9,681.38	84,444.32	94,125.70

[2] $154.75 Expenses in excess of grant paid by INCAP and included in the figure of $66,766.93.

[2] $8,470.60 Balance of grant for 1951/52 transferred to grant for 1952/53.

Schedule G—Technical Assistance:—(Organization of American States)

	1 January 1953 (Brought forward from 1952)	Amounts Received or Transferred during 1953	Total	Payments made during 1953	Balance at 31 December 1953		
					Unliquidated Obligations	Unobligated	Total
	$	$	$	$	$	$	$
Aftosa Center — 1951	29,729.67	(29,729.67)	.....	.....	.....	.....	.....
1952	56,305.52	(19,405.16)	36,900.36	25,871.17	.....	11,029.19	11,029.19
1953	.....	272,693.26	272,693.26 [1]	217,336.91	50,071.71	5,284.64	55,356.35
Nursing Workshop—1951	50.63	(50.63)	.....	.....	.....	.....	.....
Administration — 1952	267.76	1,359.24	1,627.00	1,543.92	.....	83.08	83.08
Total	86,353.58	224,867.04	311,220.62	244,752.00	50,071.71	16,396.91	66,468.62 [2]

[1] Including Interest $310.18

[2] Riggs National Bank, (US currency) ..... $ 45,540.84
Banco do Brasil, (Cruzeiros) ..... $ 2,366.06
Accounts Receivable ..... $ 437.25
Dept. of Agriculture ..... $ 18,243.83

$ 66,587.98

A/C Payable ..... $ 119.36

$ 66,468.62

REPORT OF THE EXTERNAL AUDITOR FOR 1953

Washington, D. C., 18 February 1954

Sir,

I have the honor to transmit the financial statements of the Pan American Sanitary Bureau which were submitted by the Director with respect to the financial year 1 January to 31 December 1953. These statements have been examined by me, together with the records of the Bureau, pursuant to the Financial Regulations, Article XII, containing the scope of the audit, and are hereby certified.

In accordance with the Financial Regulations, I have the honor to present my report with regard to the above-mentioned financial period.

I have the honor to be, Sir

Your obedient Servant,

UNO BRUNSKOG
External Auditor

The Chairman of the
Directing Council of the
Pan American Sanitary Organization

Report of the External Auditor on the Audit of the Accounts of the Pan American Sanitary Bureau for 1953

(1) Pursuant to my letter of appointment as the External Auditor in accordance with Article XII, Paragraph 12.1 of the Financial Regulations for the Pan American Sanitary Bureau, I have examined the accounts of the Bureau for the financial year 1953, with due regard to the provisions concerning the scope of the audit as contained in Article XII of the Financial Regulations, and I have the honor to submit the following report, together with the accounts submitted to me by the Director.

(2) Audit certificates have been issued, subject to the observations in this report, to the following statements of the Pan American Sanitary Bureau:

(a) Statement of Appropriations, Obligations Incurred, and Unobligated Balance of Appropriations for the year 1953;

(b) Statement of Income, Expenditures and Surplus for the year 1953; and

(c) Statement of Assets and Liabilities as at 31 December 1953.

Expenditures

(3) The activities of the Bureau can, to a certain extent, be valued according to the expenditure of a year. The following statement shows the expenditures during the years 1952 and 1953 from the various funds available to the Bureau:

	1952	1953
	$	$
Regular Budget	1,749,738	1,924,110
Technical Assistance, Organization of American States	211,990	244,752
Other Funds	158,957	509,641
	2,120,685	2,678,503
Procurements	3,072,022	1,365,199
Total	5,192,707	4,043,702

(4) As can be seen from the table in Paragraph 3, with the exception of procurements, the activities of the Bureau show a marked increase. As a result of the relaxation of the regulations decided upon by the United States Department of Commerce, Office of International Trade, the countries themselves were able to obtain export permits for DDT in the United States of America since the middle of 1952. For this reason purchase orders for DDT issued by the Bureau decreased by $2,967,478 from 1952 to 1953. For January 1954 a considerable increase in procurement activities is noted.

(5) The budget of the Bureau, approved by the Directing Council, was increased by $86,319 from 1952 to 1953. The realization of the budget increased by $174,372 leaving a saving in 1953 in the unobligated balance of appropriations of $135,889 or 6.6% of the total budget. For the year 1952 the corresponding figures were $232,942 and 11.3%. From these figures it will be

seen that in 1953 there was a good improvement in the utilization of the budgeted provisions as compared with those of the previous year.

(6) It should be pointed out that payments amounting to $362,261 have been made during 1953 from funds (Schedule D) put at the disposal of the Director. In fact, these payments are of the same nature as ordinary budgetary expenditures.

In Exhibit II is shown under the heading "Expenditures" an adjustment of Cruzeiros due to revaluation of an amount of $15,710. This expenditure represents a net loss of exchange for which no provision has been included in the budget. The explanation to this adjustment is the following:

On 1 January 1953 the accounting rate of Cruzeiros was increased from CR $20 to CR $18.50 to U.S. $1.00 giving a profit of exchange of $3,195. On 1 March 1953 the rate of Cruzeiros was decreased to CR $40 to U.S. $1.00 leaving a loss of $18,905. The net loss of the changes of the fixed accounting rate of Cruzeiros apparently stayed at $15,710. This amount is not included in the statement in Paragraph 3.

(7) The Staff Rules stipulate that a staff member who has completed two or more years of full-time service with the Bureau at an official station outside his home country shall be entitled to a repatriation grant upon leaving the Bureau other than by dismissal for serious misconduct.

The Bureau's liability in this respect has been calculated at $35,128 as at 31 December 1953. This amount was set up as a reserve, and the 1953 Budget was charged accordingly.

Only a part of this liability has accumulated during 1953 and the budget has consequently been charged with the liabilities accumulated in prior years.

However, as the Bureau's liability undoubtedly exists, the establishment of a reserve appears to be within sound financial practice.

Budgetary Income

(8) The revenues during 1953, as compared with those for the year 1952, are as follows:

	1952	1953
	$	$
Contributions collected from Member States	1,901,451	2,004,085
3% Procurement Charges	80,055	34,199
Other Income	47,485	45,626
	2,028,991	2,083,910
Income credited directly to the Working Capital Fund	26,432	..
Total	2,055,423	2,083,910

(9) The sums of ordinary contributions received during the year 1953 are shown in the statement below. For purposes of comparison, the corresponding figures for the years 1951-1952 are also given.

	Contributions Assessed	Contributions Collected for the Current Year		Arrears of Contributions Collected	Total of Current Contributions and Arrears Collected	
	$	$	%	$	$	%
1953	2,000,000	1,743,702	87.18	260,383	2,004,085	100.20
1952	1,943,681	1,628,730	84.00	272,721	1,901,451	97.87
1951	1,943,681	1,748,627	89.97	165,855	1,914,482	98.54

It will be seen from the above statement that there is a slight increase in the percentage of contributions received in 1953.

Of the collected arrears in the year 1953, $260,383, an amount of $159,936 was received from Argentina. However, Schedule A shows that Argentina still owes $400,642 of the total uncollected contributions amounting to $665,759.

(10) It is evident that from a financial point of view, a cash deficit should be avoided. But, I will stress that the financial management of the Bureau in order to carry out its aim, as stated in the budget, has a difficult task if the contributions are not collected. The following table might illustrate the matter.

	Obligations Incurred	Collected Contributions for the Current Year	Total of Collected Contributions and Arrears
	1,000 $	1,000 $	1,000 $
1953	1,924	1,744	2,004
1952	1,750	1,629	1,901

The current contributions collected for 1952 and 1953 were insufficient for financing the budgetary expenditures. In the year 1953 there was even a difference of $180,000. Only by collection of arrears has it been possible to cover the expenditures. If the arrears are collected late in the year there will be no chance for the Bureau to carry out the program outlined in the voted budget.

I am obligated to stress that it is of fundamental importance to the Bureau that contributions are paid promptly. What would happen if the biggest contributor, for some reason, should fail to pay its contribution in any year?

Cash Surplus for 1953

(11) As shown in Exhibit II, the cash surplus for 1953 amounted to $144,089 representing 6.9% of the total budget, as compared with the cash surplus of $279,253 or 14.1% of the budget in the previous year. It has to be borne in mind that the cash surplus for 1953 has been made possible mainly by the collection of arrears of contributions from Member States.

Visits to Zone Offices

(12) In order to study particularly how the decentralization scheme was operating in practice and if there were duplications in work either on the administrative or technical side between Headquarters and the Zone Offices, I visited in January 1954 the Zone Offices in Mexico and Guatemala and I am glad that I am able to state that, in fact, there seems to be very little duplication of work.

(13) In 1953 the first steps were taken to introduce a new accounting system at the Zone Offices. It is working out well, but it does not allow the Zone Representatives to carry their full responsibilities concerning allotments issued to them. I understand that the decentralization of the allotment control will follow as soon as the system has been decided. In this respect, I believe that to fix the responsibility between Headquarters and Zone Offices it will be necessary sooner or later to introduce an inter-office voucher system. I do not like this system myself but with the present Zone Offices situated in different countries and given considerable powers, I deem it necessary to introduce such a system even if it will slightly increase the work at Headquarters.

(14) The Zone Offices are established along similar lines. They are organized as a team taking care of the interests of the Bureau in the different Zones. As the number of personnel in the Zone Offices is relatively restricted, it is necessary to have a team-spirit in the offices in order to carry out the functions of the Bureau. The Mexico Office was satisfactory in this respect.

(15) In the last days of December 1953 a clerk at the Zone Office in Guatemala did not return to the office. He was in charge of the petty cash at the office, the U. S. dollar revolving fund, a sales account, and the stockroom. In checking the cash and the stockroom, the Zone Office found the following discrepancies:

Cash	$ 558.25
3 Microscopes at a book-value of	1,000.00
1 Typewriter at a book-value of	80.00

The theft has been reported to the police.

As such cases are covered by a general insurance coverage, it is hoped that the Bureau will obtain reimbursement.

It has to be noted that the petty cash, the U. S. dollar revolving fund, and the sales account had not been checked by the clerk's supervisor since October 1953. Such checking must be considered as part of the routine work.

Properties

(16) During the year 1953 there has been invested an amount of $117,769 in the properties in Washington, as follows:

	Hitt House	Blodgett House	Total
	$	$	$
Investments as at 1 February 1953.....	244,039	149,687	393,726
Investments in 1953:			
Renovations	11,867	17,971	29,838
Air conditioning	34,000	34,000	68,000
New elevator	19,931	.....	19,931
	65,798	51,971	117,769
Total investments as at 31 December 1953...	309,837	201,658	511,495

Included in the total of $117,769 is an amount of $2,790 representing unliquidated obligations. The remaining amount, $114,979, has been charged to the Special Fund for Building Alterations created by resolution of the VI Meeting of the Directing Council (see Schedule D). The balance of this fund, $17,865, in accordance with a decision taken by the Directing Council, has been made available for maintenance and repair of the Headquarters' buildings after 31 December 1953.

(17) The Hitt and Blodgett Houses, which comprise the Headquarters, were purchased in 1951 for $300,000. These purchases were financed by loans from the Rockefeller Foundation and the W. K. Kellogg Foundation to be repaid within six years. In the years 1951 and 1952 payments were made to each Foundation of an amount of $50,000 leaving a balance of the loans of $200,000.

By resolution of the Directing Council at its VII Meeting, the Director was authorized to apply the 1952 cash surplus, $170,728, to the repayment of the loans. The remaining amount, $29,272, was charged to the 1953 budget.

(18) The decisions made by the Directing Council, mentioned in Paragraphs 16 and 17, are to be commended and have resulted in the Bureau having sufficient and modernized accommodations of its own for at least the near future.

Working Capital Fund

(19) As at 1 January 1953 the Working Capital Fund amounted to $1,200,000. At its VII Meeting, the Directing Council resolved to establish the fund for the year 1954 at the same level, i.e., $1,200,000.

The rule in force stipulates that the cash in excess of obligations should be credited to the Working Capital Fund to the amount needed to replenish the Fund. However, as the Fund in 1953 already had reached the 1954 level, the rule mentioned above has been interpreted in such a way that the cash surplus, as can be seen from Exhibit II, has been carried to a Special

Fund at the disposal of the Directing Council. The method thus used, I recommend as being a sound one.

Procurement

(20) As already stated in Paragraph 4, the volume of the procurement has decreased in the year 1953. The reason for this is also stated in that paragraph.

An examination of the procurement accounts as at 31 December 1953 revealed that the following claims have been outstanding for a considerable time:

		$	Since
Bolivia	Ministry of Hygiene	8,663	1949
Brazil	Yellow Fever Service	483	1952
Cuba	Ministry of Health	2,641	1949
Guatemala	Ministry of Health	646	1950
Mexico	Proveeduría de Medicina	768	1947
Paraguay	Hospital de Clínicas	96	1952
Uruguay	Embassy of Uruguay	1,123	1950/52

The Director has several times made approaches to the parties concerned, but with no result.

Inventory

(21) A statement of the inventory on hand at Headquarters as at 31 December 1953 has been submitted to me. For comparison, the figures related to the 1952 inventory are included in the following table:

	1952	1953
	$	$
Typewriters	24,162	23,880
Adding Machines	2,813	2,813
Calculators	1,248	1,248
Other Office Machines	6,187	6,377
Dictaphone Equipment	7,063	7,582
Cars	2,000	4,025
Furniture	40,249	41,011
Cabinets and Shelving	17,051	18,715
Medical Equipment	3,128	3,126
Reproduction Equipment	13,258	14,995 [1]
Cartographic and Drafting Equipment	5,273	5,517
Various Others	6,951	6,308
Total	129,383	135,597
Stationery and Office Supplies	2,357	5,225
Grand Total	131,740	140,822

Checks made indicate that the statement is correct.

[1] Includes Varityper formerly listed with typewriters.

(22) In the year 1953 a new system of inventory record was introduced at the Zones. There is a good improvement in the control of the inventories. However, many of the statements of inventories in respect of the field projects have still not reached Headquarters.

General Observations

(23) I wish to state that the accounting records have been examined to the extent considered necessary to satisfy myself. I have reviewed the accounting system of the Bureau and the arrangements of internal control. Although they are still under development, there has been a good improvement in the year 1953.

(24) Summarizing three years of experience as the External Auditor of the accounts of the Bureau, I would like to state the following:

(a) The Bureau has in these three years turned out to be an international organization with a sound financial position;

(b) The functions of the Bureau have been split up between Headquarters and offices established abroad in such a way that the structure of the Bureau, with perhaps small adjustments according to experience gained, can remain in the future;

(c) From an unsatisfactory position when I first took over, the Administration now has settled down, found its organizational pattern, introduced better procedures and control, and has been stabilized. In spite of rapidly increasing workload, the staff of the Division of Administration has been decreased from 129 in 1951 to 113 in 1952, and by the end of 1953 to 99 with further possible reductions in the future; and

(d) It is true that the final goal has not so far been reached, if it ever can be achieved by any administration, but the development is going in the right direction.

The audit was facilitated by the officers of the Bureau, and I am pleased to state that all necessary help was given to me in the most obliging manner, for which I express my appreciation.

UNO BRUNSKOG
External Auditor

Washington, D. C.
18 February 1954

REPORT ON THE FINANCIAL PARTICIPATION OF FRANCE, THE NETHERLANDS, AND THE UNITED KINGDOM, ON BEHALF OF THEIR TERRITORIES IN THE REGION OF THE AMERICAS, IN THE BUDGET OF THE PAN AMERICAN SANITARY ORGANIZATION

(Document CSP14/16)

The Directing Council at its V Meeting adopted Resolution XL on the above topic, as follows:

WHEREAS:

The Directing Council at this V Meeting has adopted a resolution recommending *inter alia* that the Representative States of non-self-governing territories be granted the vote on budget matters of the Pan American Sanitary Organization provided this vote be contingent upon an equitable contribution being made by them to the Pan American Sanitary Organization budget,

THE DIRECTING COUNCIL

RESOLVES:

(1) To instruct the Director to compute the annual contributions in respect to the territories of France, the Netherlands, and the United Kingdom in the Western Hemisphere, on the following basis:

(a) for each group of territories select the Member State whose capacity to pay is most comparable to that of the group;

(b) divide the amount assessed the most comparable Member State by its total population;

(c) multiply the per capita assessment of the most comparable Member State (derived in step b) by the total population of the respective groups of territories, the resulting sum being the amount of the contribution for the group.

(2) To instruct the Director to consult each Representative State in the selection of the Member State whose capacity to pay is most comparable to the group of territories, which it represents.

(3) To instruct the Director to inform the Executive Committee annually of the manner in which the most comparable Member State was selected.

In accordance with the provisions of the above resolution, the Director presented a report on this matter (Document CE22/12) to the 22nd Meeting of the Executive Committee, which adopted Resolution XIII, as follows:

THE EXECUTIVE COMMITTEE,

Having examined the report (Document CE22/12) presented by the Director pursuant to Resolution XL of the V Meeting of the Directing Council,

RESOLVES:

To take note of the report of the Director on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization.

Accordingly, the Director respectfully transmits the said report to the XIV Pan American Sanitary Conference for information.

The Conference may wish to consider a resolution along the following lines:

Proposed Resolution

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having noted the provisions of Resolution XL of the V Meeting of the Directing Council; and

Considering the report (Document CE22/12) submitted by the Director to the 22nd Meeting of the Executive Committee pursuant to the aforesaid resolution, and the decision of the Committee on this matter (Resolution XIII),

RESOLVES:

(1) To take note of the report of the Director on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization.

(2) To instruct the Director to furnish future reports on this matter to the Executive Committee only when circumstances so require.

Document CE22/12 on this topic reads as follows:

In accordance with Resolution XL adopted by the Directing Council at its V Meeting, the Director has the honor to submit the following report to the Executive Committee regarding the annual contribution in respect of the territories of France, the Netherlands, and the United Kingdom, in the budget of the Pan American Sanitary Organization.

It will be recalled that the resolution under reference provided that the Member Country most nearly comparable to each group of territories be determined, and that the per capita assessment for that country be applied to the respective territories on the basis of their population.

For the purpose of determining comparability in accordance with the formula determined by the Directing Council, the factors considered were population, area per square kilometer, government revenue, export, import, and usable land.

The figures used in the study were for the year 1948, inasmuch as that was the only year for which published figures were available for all the countries and territories. Numerous statistical publications were consulted, data was furnished by the International Monetary Fund, and discussions were held with officials of the International Bank, the International Monetary Fund, and the Pan American Union.

Based on the above factors and available information, the most nearly comparable Member Country for the French territories was Panama, and the amount of France's contributions was determined on that basis.

For the contribution of the Netherlands, the Member Country of Cuba was determined to be most nearly comparable.

In the case of the territories of the United Kingdom, it was not possible to find a Member Country most nearly comparable. By virtue of this fact, it was necessary for the Director to negotiate with the Government of the United Kingdom in order to determine an acceptable amount. As a result of negotiations by correspondence and personal visits, it was finally agreed that the amount of

$15,000 would be considered acceptable for 1953. It was understood at that time that this amount would not necessarily be a stable one but would be expected to vary with future increases and decreases in the over-all budget.

For the information of the Executive Committee, there is presented below a statistical review of the financial participation of the Governments of France, the Netherlands, and the United Kingdom, in the budget of the Pan American Sanitary Organization through the current year.

	Assessment (Dollars)	Status
France		
1950	3,276.25	Paid
1951	3,276.25	Paid
1952	3,462.00	Paid
1953	4,647.00	Paid
1954	4,647.00	Outstanding
Netherlands		
1951	1,500.00	Paid
1952	1,821.00	Paid
1953	2,523.00	Paid
1954	2,695.00	Outstanding
United Kingdom		
1953	15,000.00	Paid
1954	15,000.00	Outstanding

STIPENDS PAID TO RECIPIENTS OF FELLOWSHIPS FROM THE PAN AMERICAN SANITARY BUREAU

(Document CSP14/35)

The document on this topic (Document CE23/6), which has been submitted to the 23rd Meeting of the Executive Committee under Topic 7 of its agenda, is presented herewith to the Conference.

Resolution VI adopted by the 23rd Meeting of the Executive Committee reads as follows:

THE EXECUTIVE COMMITTEE,

Having examined Document CE23/6 presented by the Director of the Pan American Sanitary Bureau, as Topic 7 of the 23rd Meeting of the Executive Committee, "Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau," and recognizing that a detailed study of the topic has been made, showing clearly the present difficulty of taking into account the different factors involved in the granting and use of fellowships,

RESOLVES:

(1) To recommend to the Director: (a) that he continue studying the possibility of establishing classifications of fellowships, with different stipends, after consultation with the national and international organizations concerned; and (b) that if the conclusions reached in these studies so justify, they be included in draft general fellowship regulations, which will set forth also the basic conditions and requirements for awarding fellowships, such provisions to be sufficiently flexible to make them applicable within the Member Countries.

(2) To instruct the Director to present these regulations to the 25th Meeting of the Executive Committee.

Document CE23/6 on this topic reads as follows:

After consideration of Document CE22/20 presented by the representative of Argentina and included as Topic 21 on the agenda of its 22nd Meeting, the Executive Committee adopted Resolution XIV, as follows:

THE EXECUTIVE COMMITTEE,

Taking into account the situation described by the representative of the Republic of Argentina with respect to the amounts paid under fellowship grants of the Pan American Sanitary Bureau (Document CE22/20),

RESOLVES:

To instruct the Director of the Pan American Sanitary Bureau to present to the Executive Committee, at its next meeting, a report on the stipends paid to recipients of fellowships from the Pan American Sanitary Bureau.

Collaboration with the Member Governments in the field of education and training of medical and public health personnel has high priority among the activities of the Organization. One of the forms of this assistance is through a broad fellowship program. The Bureau's financial commitments for such fellowships fall under three headings: (1) cost of instruction payable to the educational institution on behalf of the fellow; (2) cost of bringing the fellow to the institution and to the places where he will be receiving training; and (3) cost of personal maintenance for the fellow himself.

In meeting the first of these, the Bureau has little choice and accepts responsibility for payment of standard fees charged by the institutions for all students. There is considerable variation in these fees among countries and within countries, from no charge at all to as high as $1,250 a year.

Provision for travel both internationally and within the country of study is made under standard conditions, with due regard to safety, expeditiousness, and comfort. These conditions have been judged to be met most closely by the so-called "air coach" flights, if available, or "standard" flights of the regular commercial airlines, and comparable conditions on other means of transportation when travel by air is not available or feasible.

With regard to the third heading, "cost of personal maintenance," the principle followed is based on the WHO/PASB fellowship rules which state:

A stipend is not a salary or honorarium; it is an allowance for room, board, and incidentals paid to a fellow while on official assignment for study abroad. It is not supposed to cover the fellow's routine expenses at home for self or family and should, therefore, not be considered as a substitute for any salary paid to the fellow at home.

The awards are made at the request of the Member Governments, whose Minister or Director of Public Health certifies to the following:

The studies to be made under this fellowship are necessary for the strengthening of the National Health Services of the country and, in the case of a fellowship being granted, full use would be made of the fellow in the field covered by his (her) fellowship. The absence of the candidate during his studies abroad would not have any adverse effect on his (her) status, seniority, salary, pension and similar rights. On return from the fellowship it is proposed to employ the fellow as follows: title of post; duties and responsibilities.

No family allowance is paid, therefore, the award being made on the basis that the government will continue the fellow's salary to take care of commitments at home.

The objective is to provide for suitable living conditions to enable the fellows to derive the greatest advantage from their studies. Stipends are designed to cover reasonable accommodations of the kind generally available to students in a university community or, when the fellowship is for travel purposes, in an average hotel room. Roughly, 40% of the allowance is expected to cover accommodations. Another 40%, approximately, is supposed to cover necessary cost of food, again on a modest scale but adequate in respect to nutrition, variety and enjoyment. The remaining 20% is expected to take care of incidentals such as laundry, local carfare, and other minor expenses of a personal nature.

For the purpose of uniformity, the Bureau, with regard to its own fellows, has followed the regulations of the World Health Organization in setting a basic allowance in U. S. dollars at $200 a month. However, while the student is traveling for field studies or observation the allowance is $300 a month. The higher amount is based on the obviously increased cost when one has to stay in hotels at daily or weekly rates which normally are higher than for living arrangements made on a longer term basis. Stipends are paid in the currency of the country of study. In countries where the cost of living is known to be low or high, stipends are reduced or increased accordingly. The list of these countries varies, changes being effected as the Bureau makes recommendations to the WHO, or concurs in recommendations received. Current variations are listed at the end of this document.

For purposes of comparison, a review has been made of stipends paid by various public and private institutions awarding fellowships, including the Foreign Operations Administration (Institute of Inter-American Affairs), Institute of International Education, Kellogg Foundation, and Rockefeller Foundation. The United Nations, its specialized agencies, and the Bureau all follow a similar pattern of payments and allowances to fellows, although some differences do exist. Other organizations show more variety. The range of payments is generally from $100 to $175 a month, although one goes as high as $240. Those organizations which do not have a fixed stipend established, use the cost of living in the community and the living facilities available to students as the criteria for determining the amount to be paid. One organization bases its decision on the average actual cost to the student and the recommendation of the foreign student adviser of the university. All organizations, including the Bureau, make a reduction in stipend payments when the fellows receive travel, lodging, or other assistance from the institutions where they are studying. The principle of paying a reduced rate in countries where the cost of living is lower is followed by all institutions making awards in such countries. Some of the agencies pay in local currency. But there appears to be no fixed policy in this regard.

Only two organizations reported paying a family allowance. One has been paying a stipend of $175 a month (to be increased to $200 a month soon) to the student and $100 a month in local currency to his family. The other pays $175 monthly as fellowship stipend in the U. S. A. and an additional $65 if the wife is in the United States. It does not pay if the wife remains at home, and

has regulations that the wife may not come until the student has been in the U. S. A. two months. It appears to be the consensus that, generally, the purposes of the fellowship might be better served if fellows travelled without their families. In every case the fellow is expected to pay the travel expenses of any family members.

There appear to be no generally adopted rules for determining the cost of living for the purpose of fixing stipend rates. One organization follows the cost of living tables used by the U. S. Department of State for its foreign service. Another determines the amount by negotiation between its representatives in the country of origin and in the country of study.

A corollary problem, highly vexing and with no easy solution, is the not frequent disproportion between fellowship stipends and the local salaries of instructors or supervisors. There are instances when the fellowship living allowance for a foreign student exceeds the salary of his professor. Many factors need to be considered. While on the one hand a foreigner remaining in a country for less than a year usually has relatively higher costs than a permanent resident, on the other hand it is certainly undesirable for students to have luxuries and a level of income denied to their instructors. It appears necessary to evaluate each local situation on its own merits but it has been most difficult to assemble all the pertinent facts on a current basis.

It is obviously highly desirable to maintain similar stipend rates for all fellows at the same institution of study, regardless of who makes the award. Doing so avoids invidious comparisons and the discontent usually attendant upon them. The Bureau is in periodic consultation with other agencies on the question of stipends and other problems related to fellowships and to education and training. There is considerable agreement in principle, and efforts are proceeding toward obtaining their cooperation.

Latin American Countries for which Special Monthly Stipends Rates Have Been Established

	Resident rate	Travel rate
Ecuador	$ 160	$ 240
Mexico	$ 160	$ 240
Paraguay	$ 160	$ 240
Chile	$ 150	$ 225
Venezuela	1000 Bolivares	1500 Bolivares

SECOND REPORT

(Document CSP14/75)

At the fourth session of Committee II, held on 15 October 1954, the following topics were considered: 23, 13, 14, 34, and 40, assigned to the Committee by the General Committee. In the course of that session draft resolutions 1, 2, 3, 4, and 5 contained in this report were approved.

At the sixth session, held on 18 October, the Committee considered the draft resolution dealing with Topic 30, "Stipends Paid to Recipients of Fellowships

from the Pan American Sanitary Bureau," and Topic 39, "Emergency Revolving Fund," which the Conference, at its seventh plenary session, had returned for reconsideration.

Concerning the first of these draft resolutions, the Committee agreed to use the wording of the resolution approved by the Executive Committee at its 23rd Meeting, which is draft resolution 6 of the present report.

With respect to the draft resolution on the Emergency Revolving Fund, Resolution II of the meeting of the Directing Council held in October 1949 was considered to be sufficiently clear and precise, and, in view of the fact that the delegation of the United States withdrew its initial motion, it was agreed that a new resolution was unnecessary.

Draft Resolutions[1]

1. *Relations between the Pan American Sanitary Organization and Nongovernmental Organizations*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that collaboration in matters of common interest to the Pan American Sanitary Organization and other international and inter-American organizations contributes to the fulfillment of the objectives of the Organization, as stated in the Pan American Sanitary Code and in the Constitution of the Organization,

RESOLVES:

That the Pan American Sanitary Organization establish and maintain cooperative relations with other international and inter-American organizations in the manner that it deems appropriate.

That the criteria given below be observed when the Pan American Sanitary Organization establishes cooperative relations with any other international and inter-American organizations.

That these relations be established or maintained in accordance with the provisions set forth in Article 23 of the Constitution.

(1) The organization shall be concerned with matters falling within the competence of the Pan American Sanitary Organization.

(2) The aims and purposes of the organization shall be in conformity with the spirit, purposes, and principles of the Pan American Sanitary Code and the Constitution of the Pan American Sanitary Organization.

(3) The organization shall be of recognized standing and shall represent a substantial proportion of the persons organized for the purpose of participating in the particular field of interest in which it operates. To meet this requirement, a group of organizations may form a joint committee or other body authorized to act for the group as a whole.

(4) The organization shall have a directing body and authority to speak for its members through its authorized representatives; evidence of this authority shall be presented if requested.

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[1] The draft resolutions in this report were approved by the Conference at the ninth plenary session.

(5) The organization shall normally be inter-American in its structure and scope, with members who exercise voting rights in relation to its policies or action.

(6) Save in exceptional cases, a national organization that is affiliated to an inter-American nongovernmental organization covering the same subject on an international basis shall present its views through its government or through the inter-American nongovernmental organization to which it is affiliated. A national organization, however, may be included in the list after consultation with, and with the consent of, the Member Government concerned, if the activities of the organization are not covered by any international organization or if it offers experience upon which the Pan American Sanitary Organization wishes to draw.

[Resolution XXVIII]

2. *Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CE23/2,[1] submitted by the Director of the Pan American Sanitary Bureau and containing the Proposed Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956;

Bearing in mind that the Proposed Program and Budget of the Region of the Americas is submitted to the Conference, as Regional Committee of the World Health Organization, for review and submittal to the Director-General of the World Health Organization for consideration in drafting his budget for 1956; and

Taking into account the fact that the Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956 is a provisional draft that will serve as the basis for the preparation of the proposed program and budget to be submitted by the Director to the 25th Meeting of the Executive Committee for review and revision, and to the VIII Meeting of the Directing Council of the Pan American Sanitary Organization in 1955 for approval,

RESOLVES:

(1) To endorse the Proposed Program and Budget of the Region of the Americas, World Health Organization, for 1956, and to request the Director of the Pan American Sanitary Bureau to transmit it to the Director-General of the World Health Organization, so that he may take it into consideration when preparing the WHO budget for 1956.

(2) To approve the Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956 as a provisional draft that will serve as the basis for the proposed budget to be submitted by the Director to the 25th Meeting of the Executive Committee.

(3) To express its appreciation to the Director of the Pan American Sanitary Bureau for the accomplishments of past years and for the continuing evi-

[1] Published separately.

dence of well-designed programs, as shown in the Proposed Programs and Budgets for 1956.

[Resolution XXIX]

3. *Modification in the 1955 Program and Budget of the World Health Organization*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having been requested by the Director-General of the WHO for an expression of opinion on the maintenance of a satisfactory balance between the major subject headings in the 1955 Regional Budget for the Americas;

Having noted that the original total for 1955 of $1,342,418 for the Region was reduced to $1,137,783 as a result of the action of the Seventh World Health Assembly; and

Having noted that, when this reduction was effected, a satisfactory balance was maintained between the major subject headings in the Regional Budget for the Americas,

RESOLVES:

To request the Director, serving as Regional Director of the WHO, to inform the Director-General that the regional portion of the over-all reduction of $811,100, amounting to $204,635, was effected in an appropriate manner and a satisfactory balance was maintained between the major subject headings in the 1955 Program and Budget of the Region of the Americas.

[Resolution XXX]

4. *Functions of the Executive Committee in the Preparation of Pan American Sanitary Conferences*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that the Executive Committee has the authority, in conformity with Article 7-D and Article 12-B and D, Chapter IV, of the Constitution of the Pan American Sanitary Organization, to draw up the agenda of the Pan American Sanitary Conference and to advise the Directing Council, on its own initiative, regarding matters relating to its activities; and

Bearing in mind that in the preparation of the agenda of the Pan American Sanitary meetings and in their organization, there are a number of questions that are difficult to resolve and the solution of which will facilitate the work of the said meetings,

RESOLVES:

(1) To approve the measures adopted by the Executive Committee at its 23rd Meeting to facilitate the work of the XIV Pan American Sanitary Conference.

(2) To authorize the Executive Committee to take those measures it deems necessary in relation to the preparation of future meetings of the Directing Council and of the Pan American Sanitary Conference, in situations not specifically provided for in the Constitution of the Pan American Sanitary Organization or in their respective rules of procedure, in order to facilitate the conduct and to expedite the work of the meetings.

(3) The Executive Committee will, in due course, advise the Pan American Sanitary Conference or the Directing Council of the measures taken.

[Resolution XXXI]

5. *Future Form of Presentation of the Proposed Program and Budget of the Pan American Sanitary Bureau*

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

To take note of Resolution I approved by the Executive Committee at its 23rd Meeting, concerning the future form of presentation of the proposed program and budget of the Pan American Sanitary Bureau.

[Resolution XXXII]

6. *Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined Document CE23/6 [1] presented by the Director of the Pan American Sanitary Bureau, "Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau," and recognizing that a detailed study of the topic has been made, showing clearly the present difficulty of taking into account the different factors involved in the granting and use of fellowships,

RESOLVES:

(1) To recommend to the Director: (a) that he continue studying the possibility of establishing classifications of fellowships, with different stipends, after consultation with the national and international organizations concerned; and (b) that if the conclusions reached in these studies so justify, they be included in draft general fellowship regulations, which will set forth also the basic conditions and requirements for awarding fellowships, such provisions to be sufficiently flexible to make them applicable within the Member Countries.

(2) To instruct the Director to present these regulations to the 25th Meeting of the Executive Committee.

[Resolution XXXIII]

Pursuant to Article 40 of the Rules of Procedure of the Conference, this report is submitted to the General Committee, for final consideration at a plenary session.

WORKING DOCUMENTS

RELATIONS BETWEEN THE PAN AMERICAN SANITARY ORGANIZATION AND NONGOVERNMENTAL ORGANIZATIONS

(Document CSP14/7)

Background

Pursuant to a resolution adopted by the Executive Committee at its 15th Meeting, the Director prepared a study "on relations with nongovernmental or-

[1] See p. 554.

ganizations," taking into account the policies followed by the World Health Organization in this regard. This study was presented to the 16th and 19th Meetings of the Executive Committee, at which consideration of the matter was postponed. At its 22nd Meeting, the Committee resolved to recommend to the XIV Pan American Sanitary Conference that consideration be given to the following criteria, procedures, and privileges pertaining to the admission of nongovernmental organizations into relations with the Pan American Sanitary Organization:

Relations between the Pan American Sanitary Organization and Nongovernmental Organizations

I. Criteria

The following criteria should be met before a nongovernmental organization can be regarded as eligible to be considered for relationship:

(1) The organization shall be concerned with matters falling within the competence of the Pan American Sanitary Organization.

(2) The aims and purposes of the organization shall be in conformity with the spirit, purposes, and principles of the Pan American Sanitary Code and the Constitution of the Pan American Sanitary Organization.

(3) The organization shall be of recognized standing and shall represent a substantial proportion of the persons organized for the purpose of participating in the particular field of interest in which it operates. To meet this requirement, a group of organizations may form a joint committee or other body authorized to act for the group as a whole.

(4) The organization shall have a directing body and authority to speak for its members through its authorized representatives; evidence of this authority shall be presented if requested.

(5) The organization shall normally be inter-American in its structure and scope, with members who exercise voting rights in relation to its policies or action.

(6) Save in exceptional cases, a national organization which is affiliated to an inter-American nongovernmental organization covering the same subject on an international basis shall present its views through its government or through the inter-American nongovernmental organization to which it is affiliated. A national organization, however, may be included in the list after consultation with, and with the consent of, the Member Government concerned, if the activities of the organization are not covered by any international organization or if it offers experience upon which the Pan American Sanitary Organization wishes to draw.

II. Procedures

(1) The Executive Committee shall serve as a Standing Committee of the Directing Council on relations with nongovernmental organizations. The Standing Committee shall consider information submitted by nongovernmental organizations, voluntarily or by invitation, and shall make recommendations to the Directing Council; it may invite any such organization to speak before it in connection with the organization's application. Bearing in mind the de-

sirability of ensuring valuable contributions to the work of the Pan American Sanitary Organization, in terms both of quality and quantity, the Committee may recommend postponement of consideration or rejection of an application.

(2) The government concerned shall be consulted with regard to possible approval of any national organization.

(3) The Directing Council, after considering the recommendations of the Standing Committee on Nongovernmental Organizations, shall decide whether an organization is to be admitted into relations with the Pan American Sanitary Organization.

(4) Nongovernmental organizations desiring to establish official relations with the Pan American Sanitary Organization shall address their requests, and any documentary material pertaining thereto, to the Directing Council through the Director of the Pan American Sanitary Bureau. The Director of the Bureau shall send to all members of the Standing Committee on Nongovernmental Organizations an adequate summary of the information concerning each application to be considered, at least two months before the Standing Committee convenes. The said summary of information shall at the same time be circulated to the members of the Directing Council.

(5) The Director of the Bureau shall inform each organization of the Directing Council's decision on its application. The Director of the Bureau shall maintain a list of the organizations admitted into relations, and this list and any amendments thereto shall be circulated to the Member Governments of the Pan American Sanitary Organization.

(6) This list shall also be circulated to the Director-General of the World Health Organization, who may give it such further distribution as he deems desirable.

(7) The Directing Council, through the Standing Committee on Nongovernmental Organizations, shall review the list biennially and shall determine the desirability of maintaining relations with the organizations on the list.

III. Privileges

(1) The right to appoint an observer to participate, without right of vote, in the regular meetings of the Pan American Sanitary Organization or in conferences convened under its authority, on the following conditions: Whenever the Pan American Sanitary Conference, the Directing Council, the Executive Committee, or a conference convened under the authority of the Pan American Sanitary Organization, discusses an item in which a related nongovernmental organization is particularly interested, such an organization, on the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification.

(2) Access to the non-confidential documentation of the regularly convoked meetings.

(3) The right to submit a memorandum to the Director of the Bureau, who would determine the nature and scope of the circulation. In the event of a memorandum being submitted which the Director considers might be placed on the agenda of the Pan American Sanitary Conference, the Directing Council, or the Executive Committee, such memorandum will be placed before the Executive Committee for possible inclusion in the agenda of such meeting.

Conclusion

If the XIV Pan American Sanitary Conference approves the criteria, procedures, and privileges submitted above for its consideration, they might be incorporated in a resolution that would constitute general administrative regulations under the terms of Article 23 of the Constitution of the Pan American Sanitary Organization, which further authorizes the Directing Council to conclude special agreements of a reciprocal character with organizations having interest in or relation with public health.

PROPOSED PROGRAM AND BUDGET OF THE REGION OF THE AMERICAS, WORLD HEALTH ORGANIZATION, AND SUMMARY OF THE PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY BUREAU FOR 1956

(Note of the Secretariat on the proportionate distribution of funds)
(Document CSP14/77)

To comply with the request of the Chilean delegation, the Secretariat has prepared the attached table (Annex A), which shows the distribution of funds budgeted for projects, by major subjects, as they appear in the above-cited budget document (Document CE23/2).[1] The figures correspond to the total of all budgeting sources (PASB, WHO/Reg. and UN/TA), since they cannot be properly considered alone.

It must be pointed out that, for almost all the field activities, it is practically impossible to establish a clear difference between direct operational and educational activities. Everyone of the so-called "operational" projects is devoted in great part to the training of national personnel to enable a country to proceed with the work once the Organization has withdrawn. Furthermore, the projects which in the document appear as "educational" have as their major objective the strengthening of the health services of the country through preparation of needed personnel. Understandably, educational programs in all public health fields require practical experience, which in turn means that services usually must be improved as an essential step in providing sound education.

In order to summarize an over-all picture of the program, the subjects which appear in the attached table were grouped by related activities into three major divisions, following the three lines of action in Resolution III of the VII Meeting of the Directing Council, as follows:

(1) Projects mainly devoted to the strengthening of health services. Here are grouped "Public Health Administration," "Nutrition," "Health Education of

[1] Published separately.

the Public," "Mental Health," and "Maternal and Child Health," shown separately in the attached table.

(2) Projects mainly devoted to the education and training of public health personnel. This major division groups the subjects "Nursing," "Environmental Sanitation," and "Other Education and Training Projects," shown in the table. In addition there is included the amount budgeted for "Publications," an essential educational activity.

(3) Projects mainly devoted to the control or eradication of communicable diseases or vectors. This major division groups the subjects entitled "Malaria and Insect Control," "Venereal Diseases and Treponematoses," "Endemo-epidemic Diseases," and "Tuberculosis."

The resulting figures follow:

	1955		1956	
	Amount US$	%	Amount US$	%
Group I	779,324	41.5	766,460	42.6
Group II	527,050	28.1	533,170	29.6
Group III	569,143	30.4	500,861	27.8
Total	1,875,517	100.0	1,800,491	100.0

As an example of the interest shown in educational and training activities, the amount budgeted for "fellowships and participants" in 1955 amounts to US$ 512,508.

It must be emphasized that this analysis is based on estimations of the amounts which, to the best knowledge of the Secretariat at the time of the preparation of the document, were to be available. For instance, the amount budgeted for field projects under UN/TA is US $750,000. At present there is some uncertainty as to the availability of this total amount.

Annex A

Distribution of funds budgeted for projects in 1955 and 1956, by subjects, according to Document CE23/2. (Including funds from PASB, WHO/Reg. and WHO/TA)

Subjects	1955		1956	
	Totals	Percentages	Totals	Percentages
	US $		US $	
Malaria and Insect Control	269,952	14.76	246,701	14.06
Venereal Diseases and Treponematoses	104,150	5.69	87,810	5.00
Endemo-epidemic Diseases	186,941	10.22	166,350	9.48
Public Health Administration	694,794	37.99	744,660	42.46
Nursing	185,070	10.12	206,040	11.75
Nutrition	13,800	0.75	13,800	0.79
Health Education of the Public	16,390	0.90	.....	.....
Environmental Sanitation	122,080	6.67	109,440	6.24
Tuberculosis	8,100	0.44	.....	.....
Other Education and Training Projects	189,040	10.34	171,190	9.76
Mental Health	11,700	0.64	.....	.....
Maternal and Child Health	27,000	1.48	8,000	0.46
Totals	1,829,017	100.00	1,753,991	100.00

THIRD REPORT

(Document CSP14/85, Rev. 1)

At its first session held on 9 October 1954, Committee II appointed a Working Party to examine the Final Report of the Permanent Committee on Revision of the Constitution (Document CSP14/18 and Annex).[1]

At its sixth session, held on 18 October, Committee II studied the report of the Rapporteur of the Working Party, Dr. Frederico C. Carnauba, adviser to the delegation of Brazil, which included as Annex I the Revised Draft Constitution of the Pan American Sanitary Organization, as prepared by the Working Party (Document CSP14/78).[2]

Articles 1 to 37, inclusive, were taken up and approved, and at the seventh session of the Committee, held on 19 October, the remaining articles of the Revised Draft Constitution were studied and approved as presented in Annexes I and II to the present report.

At its seventh session, Committee II also approved a draft resolution regarding the place and date of the XV Pan American Sanitary Conference.

In view of the fact that the delegations of Argentina and the Dominican Republic raised a question as to the interpretation of Article 25 of the present Constitution, which makes reference to but does not specify the policies to be determined by the Conference for the approval of amendments to the Constitution, the Committee approved a draft resolution on this matter, which is included in the present report.

Draft Resolution[3]

1. *Place and Date of the XV Pan American Sanitary Conference*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Taking into account the terms of Article 7-A of the Constitution of the Pan American Sanitary Organization,

RESOLVES:

To express its appreciation to the Government of the United States of America, and to accept its invitation to have the XV Pan American Sanitary Conference held in the city of San Juan, capital of the Commonwealth of Puerto Rico.

[Resolution XXXVIII]

2. *Constitution of the Pan American Sanitary Organization*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined the Final Report of the Permanent Committee on Revision of the Constitution of the Pan American Sanitary Organization (Document CSP14/18 and Annex); and

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[1] See p. 587.

[2] See p. 577.

[3] The draft resolutions in this report were approved by the Conference at the tenth plenary session, with the exception indicated.

Taking into account the modifications proposed by Committee II (Document CSP14/85, Annex) to the Revised Draft Constitution prepared by the Permanent Committee,

RESOLVES:

(1) To amend the Constitution of the Pan American Sanitary Organization, approved in October 1947, at Buenos Aires, the text of which hereinafter shall be the following:

(Insert full text of the Constitution as amended.)

(2) This Constitution shall enter into force . . .[1]

3. *Amendments to the Constitution of the Pan American Sanitary Organization*[2]

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that Article 25 of the Constitution provides that "the Conference or the Directing Council may approve and put into force, in accordance with policies which they may determine, amendments to this Constitution,"

RESOLVES:

That the approval of the proposed amendments to the Constitution recommended by Committee II of this Conference shall require the affirmative vote of a two-thirds majority of those participating governments entitled to vote that are represented and present when the vote is taken by the Conference in plenary session.

[Resolution XXXIX]

The Committee, having approved Topics 15 and 29 of the agenda and, on its own initiative, the resolution on the interpretation of Article 25 of the Constitution, considered that it had completed the task assigned to it by the Conference.

ANNEXES

ANNEX I: STUDY OF THE REVISED DRAFT CONSTITUTION OF THE PAN AMERICAN SANITARY ORGANIZATION

At its sixth session, held on 18 October 1954, Committee II approved without change Articles 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 of the Revised Draft Constitution of the Pan American Sanitary Organization (Document CSP14/78, Annex I) prepared by and attached to the report of the Rapporteur of Working Party I of Committee II, Dr. Frederico C. Carnauba (Brazil).

The Committee approved Article 11, substituting the word "preferably" for "normally" and the term "Executive Committee" for "Directing Council."

The Committee approved Articles 12, 13, 14, 15, 16, and 17 without change.

Article 18 was approved with the deletion, in item (d), of the words following "Director" and the addition of "by a two-thirds majority of the delegations present and voting."

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[1] The Conference, at the tenth plenary session, agreed not to approve the proposed amendments to the Constitution of PASO. See Resolution XL, Final Act, p. 642.

[2] Title modified by the General Committee at its ninth session, see p. 335.

Articles 19, 20, 21, 22, 23, 24, 25, 26, 27, and 28 were approved without change.

Article 29 was approved with the addition of one item: "(c) Elect the Member Countries to the Executive Committee."

Article 30 was approved with the substitution of the word *ir* by *asistir* in the Spanish text.

Article 31 was approved without change.

Article 32 was approved with the deletion of the word "immediately."

Article 33 was approved with the deletion of the words "Pan American Sanitary."

Articles 34, 35, 36, and 37 were approved without change.

At its seventh session, held on 19 October, the Committee approved Article 38 with the addition of the words "an Assistant Director, and a Secretary General" following the word "Director."

Article 39 was approved without change.

Article 40 was approved to read as follows: "The Director shall serve for a term of four years. In case of the resignation, incapacity, or death of the Director, the Assistant Director shall act as *ad interim* Director until the following Conference."

Articles 41 and 42 were approved without change.

It was agreed to delete Article 43.

Articles 44 and 45 were approved without change.

Article 46 was approved, with the deletion of the phrase "having interest in or relation to public health."

Articles 47, 48, 49, 50, 51, and 52 were approved without change.

Article 53 was approved with the deletion in paragraphs (a) and (b) of the words "or the Council."

Articles 54 and 55 were approved without change.

Finally, it was agreed to number the articles consecutively, taking into account the fact that Article 43 of the Revised Draft had been deleted.

ANNEX II: TEXT OF THE REVISED DRAFT CONSTITUTION PREPARED BY WORKING PARTY I, WITH THE CHANGES INTRODUCED BY COMMITTEE II

PREAMBLE

The representatives of the American States in the Pan American Sanitary Conference:

Desiring to promote the health of the peoples of the Americas to the highest possible level;

Recognizing that international cooperation of all of the political units in the Western Hemisphere is necessary to the realization of this objective;

Considering that the Pan American Sanitary Organization is an Inter-American Specialized Organization established by a multilateral treaty (Pan American Sanitary Code, Havana, 1924), having specific functions with respect to health problems of common interest to the American States;

Considering that the Pan American Sanitary Conference and the Pan American Sanitary Bureau serve, respectively, as the Regional Committee and the Regional Office of the World Health Organization for the Western Hemisphere; and

Being duly authorized by Article 25 of the Constitution of the Pan American Sanitary Organization, approved in October 1947, at Buenos Aires, to put into effect amendments to this Constitution;

Hereby agree as follows:

CHAPTER I—PURPOSES

Article 1

The fundamental purposes of the Pan American Sanitary Organization (hereinafter called the "Organization") shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.

CHAPTER II—MEMBERSHIP AND PARTICIPATION OF TERRITORIES

Article 2

(a) The Members of the Organization are the twenty-one American republics.

(b) Membership in the Organization shall be open to other American States which shall be admitted as Members when approved by the Conference by a two-thirds majority of the Members present and voting.

Article 3

Any territory or group of territories within the Western Hemisphere which is not responsible for the conduct of its international relations may be represented and may participate in the Organization. The nature and extent of such representation and participation, as well as the obligations of any such territory or group of territories, shall be determined by the Members of the Organization represented at the Pan American Sanitary Conference, within the limitations established in this Constitution.

CHAPTER III—ORGANS

Article 4

The Pan American Sanitary Organization shall comprise:

(a) The Pan American Sanitary Conference (hereinafter called the "Conference");
(b) The Directing Council (hereinafter called the "Council");
(c) The Executive Committee of the Conference and of the Directing Council (hereinafter called the "Executive Committee"); and
(d) The Pan American Sanitary Bureau.

CHAPTER IV—THE CONFERENCE

Section I—Composition, Voting, Meetings

Article 5

Each Member shall be represented in the Conference by not more than three delegates, one of whom shall be designated by his government as chief delegate.

The delegates should preferably be qualified by their technical competence in the field of health and at least one of them should be an official of the national health administration.

Article 6

Each territory, and each group of territories under the jurisdiction of the same State, may be represented in the Conference by not more than three delegates who preferably should be qualified by their technical competence in the field of health, and one of them should be an official of the health administration of the territory or group of territories.

Article 7

The delegates may be accompanied by alternates and advisers.

Article 8

(a) Each Member State, together with any territory or group of territories which are under its jurisdiction and which may be represented in the Conference, shall have one vote.

(b) Territories or groups of territories under the jurisdiction of the same non-American State shall vote as a single unit whenever they are entitled to vote. Only one vote may be cast on behalf of each such unit.

Article 9

Except as otherwise provided in this Constitution or by the Conference, decisions shall be considered adopted when they have obtained a majority vote of the delegations present and voting.

Article 10

The Conference shall meet in regular session every four years in the country selected at the preceding meeting and on the date fixed by the Director in consultation with the host government. As far as possible, an effort shall be made not to hold two successive meetings of the Conference in the same country. If the meeting cannot be held in the country previously selected, the Director shall make the necessary arrangements for the Conference to meet at the seat of the Organization.

Article 11

Special sessions of the Conference shall be held at the request of the Executive Committee or of a majority of the Members of the Organization. Special sessions shall preferably be held at the seat of the Organization. The Director, in consultation with the Members of the Executive Committee, shall fix the place and date of the special sessions.

Article 12

The Director shall convoke all meetings of the Conference.

Article 13

Sufficiently in advance of the date fixed for the meeting of the Conference or of the Directing Council, when the meeting is held away from the seat of the Organization, the government of the country in which it is to be held shall appoint a committee to cooperate with the Bureau in organizing the meeting.

Article 14

The agenda for the meeting of the Conference shall be prepared by the Director and approved by the Executive Committee. The Conference may adopt additions to or modifications of the agenda in accordance with its rules of procedure.

The Conference shall elect its own officers and shall adopt its own rules of procedure.

Section II—Powers and Functions

Article 15

The Conference is the supreme governing authority of the Organization.

Article 16

The Conference shall determine the general policies of the Organization and shall instruct, as deemed proper, the Directing Council, the Executive Committee, and the Director with respect to any matter within the scope of the Organization.

Article 17

The Conference shall serve as a forum for the interchange of information and ideas relating to health problems of the countries of the Western Hemisphere.

Article 18

The Conference shall also:

(a) Review the reports of the Director;

(b) Review and approve the budget of the Organization;

(c) Elect the Member States to serve on the Executive Committee;

(d) Elect the Director by a two-thirds majority of the delegations present and voting.

Article 19

The Conference may delegate any of its functions to the Directing Council, except the following: (a) determination of the general policies of the Organization; (b) the election of the Director; (c) approval of agreements between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States; (d) admission of new Members; (e) determination of the nature and extent of participation of territories; and (f) adoption of amendments to this Constitution.

CHAPTER V—THE COUNCIL

Composition, Voting, Meetings

Article 20

The Council shall be composed of one representative of each Member State of the Organization and one representative of each territory or group of territories to which the right of representation in the Organization has been granted pursuant to Article 3 of this Constitution. The representative selected by each of the participating governments shall be chosen from among specialists in public health, preferably officials of the national public health services. Each representative may be accompanied by alternates or advisers.

Article 21

Each Member State, together with any territory or group of territories that is under its jurisdiction and that may be represented in the Council, shall have one vote.

Article 22

The territories or groups of territories under the jurisdiction of the same non-American State shall vote as a single unit whenever they are entitled to vote. Only one vote may be cast on behalf of each such unit.

Article 23

Decisions shall be adopted by a majority vote of the delegations present and voting, except in cases in which the present Constitution or the Council provide otherwise.

Article 24

The Council shall meet in regular session at least once a year, except in the year in which the Conference meets.

Article 25

Special sessions of the Council shall be held at the request of the Executive Committee or of a majority of the Members of the Organization. Special sessions shall normally be held at the seat of the Organization. The Director, in consultation with the Members of the Executive Committee, shall fix the place and date of the special sessions.

Article 26

The Director shall convoke all meetings of the Directing Council.

Article 27

The agenda for the meeting of the Council shall be prepared by the Director and approved by the Executive Committee. The Council may adopt additions to or modifications of the agenda in accordance with its rules of procedure.

The Council shall elect its own officers and shall adopt its own rules of procedure.

Article 28

The Council shall perform those functions delegated to it by the Conference, shall act on its behalf between meetings of the Conference, and shall carry out the decisions and policies of the Conference.

Article 29

The Council shall also:

(a) Examine the reports of the Director;

(b) Review and approve the annual budget of the Organization;

(c) Elect the Member Countries to the Executive Committee.

CHAPTER VI—THE EXECUTIVE COMMITTEE

Composition, Voting, Meetings

Article 30

The Executive Committee shall be composed of one representative of each of seven Member States elected by the Conference or the Directing Council to

act on its behalf. Those States shall be elected for overlapping terms of three years and shall not be eligible for re-election until one year has elapsed.

Each representative may be accompanied by alternates and advisers.

Article 31

Member States which are not represented on the Executive Committee and territories or groups of territories referred to in Article 3 of this Constitution may participate without vote in the meetings of the Executive Committee.

Article 32

The expenses of the representatives of the States Members of the Executive Committee attending its meetings shall be paid by the Bureau except when a meeting is held immediately preceding or following a meeting of the Conference or the Council.

Article 33

The Executive Committee shall meet at least every six months or whenever a meeting is called, with due advance notice, by the Director of the Bureau, or upon the request of at least three Member Governments. One of these meetings may be held at the time and place of the annual meeting of the Council.

Article 34

The agenda for the meetings of the Executive Committee shall be prepared by the Director and approved by the Executive Committee, which may adopt additions or modifications in accordance with its own rules of procedure.

The Executive Committee shall elect its own officers and shall adopt its own rules of procedure.

Article 35

Decisions shall be taken by a majority vote of the representatives present and voting.

Article 36

The functions of the Executive Committee shall be:

(a) To perform those functions delegated to it by the Conference or the Council, and to carry out their decisions and the policies adopted by the Conference;

(b) To serve as advisory body to the Conference and to the Council on matters referred to it by either of those bodies and on matters assigned to the Organization by conventions, agreements and regulations;

(c) To submit advice or proposals to the Conference or the Council on its own initiative;

(d) To examine and comment on the annual program and budget prepared by the Director and to submit them for consideration to the Conference or the Council, together with any recommendations it may deem advisable;

(e) To approve the provisional agenda of meetings of the Conference and of the Council;

(f) To take measures to solve emergency situations, within the resources of the Organization, either at the request of the governments or on its own initiative;

(g) To approve the appointment of the highest ranking officers on the proposal of the Director, as they are defined in the Staff Regulations.

CHAPTER VII—THE PAN AMERICAN SANITARY BUREAU

Article 37

The duties and functions of the Bureau shall be those specified in the Pan American Sanitary Code, and those that may be assigned to the Bureau by the Conference, by the Council, or by the Executive Committee acting pursuant to Article 36 of this Constitution.

Article 38

The Bureau shall have a Director, an Assistant Director, and a Secretary General, as well as such technical and administrative staff as it requires.

Article 39

The Director shall be the chief technical and administrative officer of the Organization and shall be the legal representative thereof.

Article 40

The Director shall serve for a term of four years. In case of the resignation, incapacity, or death of the Director, the Assistant Director shall act as *ad interim* Director until the following Conference.

Article 41

The Director shall appoint all the personnel of the Bureau, in accordance with the respective Regulations adopted by the Organization.

Article 42

The Director shall participate in meetings of the Conference, of the Directing Council and of the Executive Committee with voice but without vote.

Article 43

The Director shall prepare and submit annually to the Executive Committee the financial statements and proposed program and budget estimates of the Organization.

Article 44

The Director shall submit an annual report on the work of the Organization to the Executive Committee for transmittal to the Conference or the Council.

Article 45

The Director may make suitable arrangements for consultation and cooperation with other organizations, with prior authorization and confirmation by the Conference or the Council.

Article 46

(a) No member of the staff of the Bureau may act as a representative of any government.

(b) In the performance of their duties, the Director and all personnel of the Bureau shall not seek nor receive instructions from any government or from

any authority external to the Organization. They shall refrain from any action which is incompatible with their position as international officers. Each government, on its part, shall respect the exclusively international character of the Director and the personnel and shall not seek to influence them.

CHAPTER VIII—TECHNICAL COMMISSIONS

Article 47

The Director of the Pan American Sanitary Bureau may appoint such permanent technical commissions as are authorized by the Conference or the Council, as well as such non-permanent technical commissions as are authorized by the Conference, by the Council, or by the Executive Committee.

CHAPTER IX—FINANCIAL PROVISIONS

Article 48

The Member States shall make annual financial contributions to the Organization apportioned among the Members on the same basis as are the expenses of the Pan American Union, in accordance with Article 60 of the Pan American Sanitary Code (Havana, 1924).

Article 49

The Member States may make extraordinary contributions for the general purposes of the Organization in addition to their regular annual quota contributions.

Article 50

The territories that participate in the Organization in accordance with Article 3 shall make financial contributions to the Organization on the basis established by the Conference.

Article 51

The Conference, the Council, or the Executive Committee may accept donations and bequests made to the Organization, provided that the conditions attached to such donations or bequests are consistent with the purposes and policies of the Organization.

CHAPTER X—REVISION OF THE PAN AMERICAN SANITARY CODE

Article 52

(a) Any Member of the Organization or the Director may propose revisions and amendments to the Pan American Sanitary Code for consideration by the Conference.

(b) The revisions and amendments that are approved by the Conference by a two-thirds majority of the Members present and voting shall be submitted to the Members of the Organization for appropriate action.

CHAPTER XI—AMENDMENTS

Article 53

Texts of proposed amendments to this Constitution shall be communicated by the Director to the Members of the Organization at least six months in advance of

their consideration by the Conference. Amendments shall come into force for all Members on the date fixed by the Conference after their adoption by a two-thirds majority of the Members present and voting.

CHAPTER XII—INTERPRETATION

Article 54

Any question or dispute concerning the interpretation or application of this Constitution shall be decided by a majority vote of the Members of the Organization at the Conference or the Council meetings.

WORKING DOCUMENTS

REPORT OF THE RAPPORTEUR OF WORKING PARTY I OF COMMITTEE II ON THE REVISION OF THE CONSTITUTION OF THE PAN AMERICAN SANITARY ORGANIZATION

(Document CSP14/78)

Working Party 1 of Committee II met on 11 October to examine the Draft Report of the Permanent Committee on Revision of the Constitution (Document CSP14/18 and Annex).[1]

The Working Party elected Dr. Gerardo Segura, delegate of Argentina, as Chairman, and Dr. Frederico Carlos Carnauba, adviser to the delegation of Brazil, as Rapporteur.

This report points out the principal modifications introduced by the Working Party in the Revised Draft prepared by the Permanent Committee, and summarizes the opinions expressed in the course of the discussions on points of special importance.

In considering Chapter I, Purposes of the Pan American Sanitary Organization, the Working Party decided to retain the present name of the institution, notwithstanding the proposal of the Government of Cuba (Document CSP14/39),[2] since it felt that the term "Pan American Sanitary Organization" has gained general acceptance through usage and is well known to many people of the Americas.

In examining Chapter II, Membership and Participation of Territories, Dr. José Zozaya, delegate of Mexico, presented a new text for Article 3 drafted by the Permanent Committee (Annex II hereto). After considering the matter at length, the Working Party decided to retain the text of the Revised Draft; Mexico and Argentina voted against this decision. The delegate of Argentina stated, with respect to this article, that his delegation would oppose any wording by which the right to vote might be granted to territories or groups of territories that are not responsible for the conduct of their international relations, explaining that this opposition extends to the right to vote on any matter whatsoever. Dr. Zozaya took the same stand.

With respect to Chapter III, the Working Party, after studying Articles 4 and 10 jointly, considered it advisable to retain the Directing Council among the

[1] See p. 587.

[2] See p. 586.

organs of the Organization, since it felt that the prestige of the Pan American Sanitary Conferences would be enhanced if they were held every four years, as they are at the present time. Thus, the text of Article 3 of the present Constitution was retained. The Rapporteur was charged with making the necessary changes in order to adapt the Revised Draft in accordance with the decision taken, as well as to introduce into the text under consideration the articles concerning the Directing Council. Such provisions appear under Chapter V in the text accompanying this report (Annex I).

In examining Chapter V of the Revised Draft, which concerns the Executive Committee, the Working Party considered the proposal of the delegation of Cuba (Document CSP14/39)[1] relative to an increase in the membership of the Executive Committee. The Working Party favored retaining the present composition of the Executive Committee, after taking into account a number of factors, above all its decision to retain the Directing Council.

It was agreed to delete Article 23 of the Revised Draft and to retain the text of Article 14 of the present Constitution, which provides for semi-annual meetings of the Executive Committee and clearly defines the other conditions under which it meets.

In examining Article 24, the Working Party again considered the aforesaid proposal of the Government of Cuba, in which it was proposed that the members of the Executive Committee would spend at least six months of their term of office at the Bureau Headquarters in Washington. The Working Party analyzed the practical difficulties of carrying out this proposal, under present conditions, taking note of the fact that the material facilities of the Bureau would tend to make such a procedure impracticable. However, it was decided to place on record in this report that, under different circumstances, it would be of real value if the members of the Executive Committee could become familiar with the day-to-day operation of the Bureau.

In its study of the functions of the Executive Committee, the Working Party decided to combine items (d) and (f) of Article 26 of the Revised Draft, taking into account especially the above decision to retain the Directing Council as an organ of the Pan American Sanitary Organization. Since item (g) was considered superfluous, it was deleted and replaced by item (h) of the Revised Draft, with minor changes in the final part. The function of approving the appointment of the highest ranking officers by the Director of the Bureau was added to the functions of the Executive Committee as item (g) of Article 36 of the new text. This decision was taken after Article 26 had been discussed, since, on examining Article 28, the Working Party decided to delete the references made to the posts of Assistant Director and Executive Secretary. Articles 30 and 31 also were modified.

A change was made in the final part of Article 36 of the Revised Draft so that the signature of agreements with other organizations having interest in or related to public health would be subject to prior authorization and confirmation by the Conference or the Council.

[1] See p. 586.

Article 38 (Technical Commissions) was deleted and the text in the present Constitution (Article 20) was retained.

Article 39 also was deleted, notwithstanding the opinion expressed by the delegate of Brazil, who stated the importance of maintaining a mention of the relations of the Pan American Sanitary Organization with the WHO and the OAS, and also a reference to the procedure in cases of revision of the present agreements or to the conclusion of new agreements with those organizations.

In the discussion on Chapter XI, the Working Party took up the question of determining whether its task was to prepare a new text of the Constitution or merely to introduce amendments in the text of the present Constitution, as the Preamble to the Revised Draft seemed to indicate. The background information, principally that given by Mr. Calderwood, Chairman of the Permanent Committee on Revision of the Constitution, did not lead to a positive conclusion. The view that the modifications introduced in the text of the present Constitution were not so much substantive as a question of form led the Working Party to feel that it was a matter merely of amending the text of the Constitution approved in October 1947, in Buenos Aires.

With this in mind, the Working Party decided to delete Articles 47, 48, and 49 in the Revised Draft, after having added to Article 46 a procedural rule relative to the manner of dealing with questions concerning the interpretation of the Constitution.

It was considered unnecessary to include in this report the modifications of form made in the Revised Draft.

Annex I: Text of the Revised Draft Constitution Prepared by Working Party 1

PREAMBLE

The representatives of the American States in the Pan American Sanitary Conference:

Desiring to promote the health of the peoples of the Americas to the highest possible level;

Recognizing that international cooperation of all of the political units in the Western Hemisphere is necessary to the realization of this objective;

Considering that the Pan American Sanitary Organization is an Inter-American Specialized Organization established by a multilateral treaty (Pan American Sanitary Code, Havana, 1924), having specific functions with respect to health problems of common interest to the American States;

Considering that the Pan American Sanitary Conference and the Pan American Sanitary Bureau serve, respectively, as the Regional Committee and the Regional Office of the World Health Organization for the Western Hemisphere; and

Being duly authorized by Article 25 of the Constitution of the Pan American Sanitary Organization, approved in October 1947, at Buenos Aires, to put into effect amendments to this Constitution;

Hereby agree as follows:

CHAPTER I—PURPOSES

Article 1

The fundamental purposes of the Pan American Sanitary Organization (hereinafter called the "Organization") shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.

CHAPTER II—MEMBERSHIP AND PARTICIPATION OF TERRITORIES

Article 2

(a) The Members of the Organization are the twenty-one American Republics.

(b) Membership in the Organization shall be open to other American States which shall be admitted as Members when approved by the Conference by a two-thirds majority of the Members present and voting.

Article 3

Any territory or group of territories within the Western Hemisphere which is not responsible for the conduct of its international relations may be represented and may participate in the Organization. The nature and extent of such representation and participation, as well as the obligations of any such territory or group of territories, shall be determined by the Members of the Organization represented at the Pan American Sanitary Conference, within the limitations established in this Constitution.

CHAPTER III—ORGANS

Article 4

The Pan American Sanitary Organization shall comprise:

(a) The Pan American Sanitary Conference (hereinafter called the "Conference");
(b) The Directing Council (hereinafter called the "Council");
(c) The Executive Committee of the Conference and of the Directing Council (hereinafter called the "Executive Committee"); and
(d) The Pan American Sanitary Bureau.

CHAPTER IV—THE CONFERENCE

Section I—Composition, Voting, Meetings

Article 5

Each Member shall be represented in the Conference by not more than three delegates, one of whom shall be designated by his government as chief delegate. The delegates should preferably be qualified by their technical competence in the field of health and at least one of them should be an official of the national health administration.

Article 6

Each territory, and each group of territories under the jurisdiction of the same State, may be represented in the Conference by not more than three delegates who preferably should be qualified by their technical competence in the field

of health, and one of them should be an official of the health administration of the territory or group of territories.

Article 7

The delegates may be accompanied by alternates and advisers.

Article 8

(a) Each Member State, together with any territory or group of territories which are under its jurisdiction and which may be represented in the Conference, shall have one vote.

(b) Territories or groups of territories under the jurisdiction of the same non-American State shall vote as a single unit whenever they are entitled to vote. Only one vote may be cast on behalf of each such unit.

Article 9

Except as otherwise provided in this Constitution or by the Conference, decisions shall be considered adopted when they have obtained a majority vote of the delegations present and voting.

Article 10

The Conference shall meet in regular session every four years in the country selected at the preceding meeting and on the date fixed by the Director in consultation with the host government. As far as possible, an effort shall be made not to hold two successive meetings of the Conference in the same country. If the meeting cannot be held in the country previously selected, the Director shall make the necessary arrangements for the Conference to meet at the seat of the Organization.

Article 11

Special sessions of the Conference shall be held at the request of the Executive Committee or of a majority of the Members of the Organization. Special sessions shall normally be held at the seat of the Organization. The Director, in consultation with the Members of the Directing Council, shall fix the place and date of the special sessions.

Article 12

The Director shall convoke all meetings of the Conference.

Article 13

Sufficiently in advance of the date fixed for the meeting of the Conference or of the Directing Council, when the meeting is held away from the seat of the Organization, the government of the country in which it is to be held shall appoint a committee to cooperate with the Bureau in organizing the meeting.

Article 14

The agenda for the meeting of the Conference shall be prepared by the Director and approved by the Executive Committee. The Conference may adopt additions to or modifications of the agenda in accordance with its rules of procedure.

The Conference shall elect its own officers and shall adopt its own rules of procedure.

Section II—Powers and Functions

Article 15

The Conference is the supreme governing authority of the Organization.

Article 16

The Conference shall determine the general policies of the Organization and shall instruct, as deemed proper, the Directing Council, the Executive Committee, and the Director with respect to any matter within the scope of the Organization.

Article 17

The Conference shall serve as a forum for the interchange of information and ideas relating to health problems of the countries of the Western Hemisphere.

Article 18

The Conference shall also:

(a) Review the reports of the Director;
(b) Review and approve the budget of the Organization;
(c) Elect the Member States to serve on the Executive Committee;
(d) Elect the Director in accordance with Article 40 of this Constitution.

Article 19

The Conference may delegate any of its functions to the Directing Council, except the following: (a) determination of the general policies of the Organization; (b) the election of the Director; (c) approval of agreements between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States; (d) admission of new Members; (e) determination of the nature and extent of participation of territories; and (f) adoption of amendments to this Constitution.

CHAPTER V—THE COUNCIL

Composition, Voting, Meetings

Article 20

The Council shall be composed of one representative of each Member State of the Organization and one representative of each territory or group of territories to which the right of representation in the Organization has been granted pursuant to Article 3 of this Constitution. The representative selected by each of the participating governments shall be chosen from among specialists in public health, preferably officials of the national public health services. Each representative may be accompanied by alternates or advisers.

Article 21

Each Member State, together with any territory or group of territories that is under its jurisdiction and that may be represented in the Council, shall have one vote.

Article 22

The territories or groups of territories under the jurisdiction of the same non-

American State shall vote as a single unit whenever they are entitled to vote. Only one vote may be cast on behalf of each such unit.

Article 23

Decisions shall be adopted by a majority vote of the delegations present and voting, except in cases in which the present Constitution or the Council provide otherwise.

Article 24

The Council shall meet in regular session at least once a year, except in the year in which the Conference meets.

Article 25

Special sessions of the Council shall be held at the request of the Executive Committee or of a majority of the Members of the Organization. Special sessions shall normally be held at the seat of the Organization. The Director, in consultation with the members of the Executive Committee, shall fix the place and date of the special sessions.

Article 26

The Director shall convoke all meetings of the Directing Council.

Article 27

The agenda for the meeting of the Council shall be prepared by the Director and approved by the Executive Committee. The Council may adopt additions to or modifications of the agenda in accordance with its rules of procedure.

The Council shall elect its own officers and shall adopt its own rules of procedure.

Article 28

The Council shall perform those functions delegated to it by the Conference, shall act on its behalf between meetings of the Conference, and shall carry out the decisions and policies of the Conference.

Article 29

The Council shall also:

(a) Examine the reports of the Director;

(b) Review and approve the annual budget of the Organization.

CHAPTER VI—THE EXECUTIVE COMMITTEE

Composition, Voting, Meetings

Article 30

The Executive Committee shall be composed of one representative of each of seven Member States elected by the Conference or the Directing Council to act on its behalf. Those States shall be elected for overlapping terms of three years and shall not be eligible for re-election until one year has elapsed.

Each representative may be accompanied by alternates and advisers.

Article 31

Member States which are not represented on the Executive Committee and

territories or groups of territories referred to in Article 3 of this Constitution may participate without vote in the meetings of the Executive Committee.

Article 32

The expenses of the representatives of the States Members of the Executive Committee attending its meetings shall be paid by the Bureau except when a meeting is held immediately preceding or immediately following a meeting of the Conference or the Council.

Article 33

The Executive Committee shall meet at least every six months or whenever a meeting is called, with due advance notice, by the Director of the Pan American Sanitary Bureau, or upon the request of at least three Member Governments. One of these meetings may be held at the time and place of the annual meeting of the Council.

Article 34

The agenda for the meetings of the Executive Committee shall be prepared by the Director and approved by the Executive Committee, which may adopt additions or modifications in accordance with its own rules of procedure.

The Executive Committee shall elect its own officers and shall adopt its own rules of procedure.

Article 35

Decisions shall be taken by a majority vote of the representatives present and voting.

Article 36

The functions of the Executive Committee shall be:

(a) To perform those functions delegated to it by the Conference or the Council, and to carry out their decisions and the policies adopted by the Conference;

(b) To serve as advisory body to the Conference and to the Council on matters referred to it by either of those bodies and on matters assigned to the Organization by conventions, agreements, and regulations;

(c) To submit advice or proposals to the Conference or the Council on its own initiative;

(d) To examine and comment on the annual program and budget prepared by the Director and to submit them for consideration to the Conference or the Council, together with any recommendations it may deem advisable;

(e) To approve the provisional agenda of meetings of the Conference and of the Council;

(f) To take measures to solve emergency situations, within the resources of the Organization, either at the request of the governments or on its own initiative;

(g) To approve the appointment of the highest ranking officers on the proposal of the Director, as they are defined in the Staff Regulations.

CHAPTER VII—THE PAN AMERICAN SANITARY BUREAU

Article 37

The duties and functions of the Bureau shall be those specified in the Pan

American Sanitary Code, and those that may be assigned to the Bureau by the Conference, by the Council, or by the Executive Committee acting pursuant to Article 36 of this Constitution.

Article 38

The Bureau shall have a Director as well as such technical and administrative staff as it requires.

Article 39

The Director shall be the chief technical and administrative officer of the Organization and shall be the legal representative thereof.

Article 40

The Director shall be elected by the Conference by a two-thirds majority of the delegations present and voting to serve for a term of four years.

Article 41

The Director shall appoint all the personnel of the Bureau, in accordance with the respective Regulations adopted by the Organization.

Article 42

The Director shall participate in meetings of the Conference, of the Directing Council and of the Executive Committee with voice but without vote.

Article 43

The Director shall be *ex officio* Secretary of the Conference, of the Council, of the Executive Committee, of all the committees of the Organization and of conferences convened by it. He may delegate these functions.

Article 44

The Director shall prepare and submit annually to the Executive Committee the financial statements and proposed program and budget estimates of the Organization.

Article 45

The Director shall submit an annual report on the work of the Organization to the Executive Committee for transmittal to the Conference or the Council.

Article 46

The Director may make suitable arrangements for consultation and cooperation with other organizations having interest in or relation to public health, with prior authorization and confirmation by the Conference or the Council.

Article 47

(a) No member of the staff of the Bureau may act as a representative of any government.

(b) In the performance of their duties, the Director and all personnel of the Bureau shall not seek nor receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which is incompatible with their position as international officers. Each gov-

ernment, on its part, shall respect the exclusively international character of the Director and the personnel and shall not seek to influence them.

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The Director of the Pan American Sanitary Bureau may appoint such permanent technical commissions as are authorized by the Conference or the Council, as well as such non-permanent technical commissions as are authorized by the Conference, by the Council, or by the Executive Committee.

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Article 49

The Member States shall make annual financial contributions to the Organization apportioned among the Members on the same basis as are the expenses of the Pan American Union, in accordance with Article 60 of the Pan American Sanitary Code (Havana, 1924).

Article 50

The Member States may make extraordinary contributions for the general purposes of the Organization in addition to their regular annual quota contributions.

Article 51

The territories that participate in the Organization in accordance with Article 3 shall make financial contributions to the Organization on the basis established by the Conference.

Article 52

The Conference, the Council, or the Executive Committee may accept donations and bequests made to the Organization, provided that the conditions attached to such donations or bequests are consistent with the purposes and policies of the Organization.

CHAPTER X—REVISION OF THE PAN AMERICAN SANITARY CODE

Article 53

(a) Any Member of the Organization or the Director may propose revisions and amendments to the Pan American Sanitary Code for consideration by the Conference or the Directing Council.

(b) The revisions and amendments that are approved by the Conference or the Council by a two-thirds majority of the Members present and voting shall be submitted to the Members of the Organization for appropriate action.

CHAPTER XI—AMENDMENTS

Article 54

Texts of proposed amendments to this Constitution shall be communicated by the Director to the Members of the Organization at least six months in advance of their consideration by the Conference. Amendments shall come into

force for all Members on the date fixed by the Conference after their adoption by a two-thirds majority of the Members present and voting.

CHAPTER XII—INTERPRETATION

Article 55

Any question or dispute concerning the interpretation or application of this Constitution shall be decided by a majority vote of the Members of the Organization at the Conference or the Council meetings.

ANNEX II: PROPOSAL PRESENTED BY THE DELEGATION OF MEXICO FOR ARTICLE 3 OF THE REVISED DRAFT CONSTITUTION PREPARED BY THE PERMANENT COMMITTEE

Any territory or group of territories in the American Continent that is not responsible for the conduct of its international relations may cooperate in the work of the Organization, in accordance with the terms of an agreement to this end concluded between the authority in charge of its international relations and the Pan American Sanitary Conference. The right to vote in the organs of the Pan American Sanitary Organization shall not be granted in such agreements.

MEMBERSHIP AND ASSOCIATE MEMBERSHIP IN THE ORGANIZATION

(Proposal of the Government of Cuba) (Document CSP14/38)

In accordance with the request of the chief of the delegation of Cuba, Ambassador in charge of International Health Affairs, Dr. Félix Hurtado, the Director of the Pan American Sanitary Bureau transmitted to the Member Governments of the Organization, with letter SGC-CL-56-54 of 22 September 1954, the attached proposal of the Government of Cuba, presented to the XIV Pan American Sanitary Conference for consideration.

Pursuant to Article 24-C of the Proposed Rules of Procedure, this proposal has been included as a subtopic of Topic 15 on the draft agenda of the XIV Pan American Sanitary Conference.

TEXT OF THE PROPOSAL

The delegation of Cuba to the XIV Pan American Sanitary Conference submits the following proposal:

Considering that the Pan American Organization of Public Health is an entity that should function within the framework of international public law as an inter-American agency, it is proper that the Constitution should establish explicitly the character of its Full Members, which can be only those that, as "juridical persons," are Members of the Organization of American States.

The XIV Pan American Sanitary Conference resolves:

To incorporate in the Constitution of the Organization a basic provision to define the two types of Members of the Organization: (a) Full Members *(Miembros Titulares)* and (b) Associate Members *(Miembros Asociados)*.

CHANGE IN THE NAMES OF THE ORGANIZATION, THE CONFERENCE, AND THE BUREAU; AND CHANGE IN THE COMPOSITION AND MEETINGS OF THE EXECUTIVE COMMITTEE (ARTICLES 13 AND 14 OF THE PRESENT CONSTITUTION)

(Proposal of the Government of Cuba) (Document CSP14/39)

In accordance with the request of the chief of the delegation of Cuba, Ambassador in charge of International Health Affairs, Dr. Félix Hurtado, the Director of the Pan American Sanitary Bureau transmitted to the Member Governments of the Organization, with letter SGC-CL-56-54 of 22 September 1954, the attached proposals of the Government of Cuba, presented to the XIV Pan American Sanitary Conference for consideration.

Pursuant to Article 24-C of the Proposed Rules of Procedure, these proposals have been included as a subtopic of Topic 15 on the draft agenda of the XIV Pan American Sanitary Conference.

TEXT OF THE PROPOSALS

Proposals relating to revision of the Constitution of the Pan American Sanitary Organization to be submitted by the delegation of Cuba for consideration by the XIV Pan American Sanitary Conference:

A. Change in Name

In view of the fact that the term "Sanitary" does not fully express the true functions, purposes, and objectives of the Organization, and in order to employ a more exact name and one more in accord with that of the world agency of which the Organization now forms part as a regional branch, the term "Sanitary" so frequently used in this document should be changed to "Public Health."

The new text would therefore state:

(1) Pan American Organization of Public Health
Organización Panamericana de Salud Pública

(2) Pan American Office of Public Health
Oficina Panamericana de Salud Pública

(3) Pan American Conference of Public Health
Conferencia Panamericana de Salud Pública

B. Executive Committee

Art. 13: Composition:

(a) The Executive Committee shall be composed of nine Member Governments, etc.

(b) Each member of the Executive Committee shall remain in Washington, D. C., for four months out of the thirty-six months of his term of office.

(c) The present paragraph (b) will become paragraph (c).

Art. 14: Meetings and Residence of an Executive Committee Member:

(a) No change.

(b) To be preceded by a paragraph stating:
The expenses for the residence of a member of the Executive Committee shall be included in the regular budgets of the Office.

FINAL REPORT OF THE PERMANENT COMMITTEE ON REVISION OF THE CONSTITUTION OF THE PAN AMERICAN SANITARY ORGANIZATION

(Document CSP14/18)

In accordance with Resolution XIX of the VII Meeting of the Directing Council (Washington, D. C., October 1953), the Permanent Committee on Constitutional Revision submits its final report to the XIV Pan American Sanitary Conference. Since the VII Meeting of the Directing Council, the Permanent Committee has held thirty meetings, during which the entire text of the draft Revised Constitution (circulated to Member Governments in 1952 in Document CPRC/14 dated 20 July 1952) was reviewed, together with the tentative modifications made by the Committee in response to observations of Member Governments and of international entities concerned (Document CPRC/32, Annexes I and II). On 26 July 1954 the Committee gave its approval to the draft Revised Constitution which is attached to this report (Annex).

During its final review, the Committee followed the practice of approving articles in the draft revision of 1952, as set forth in Document CPRC/14, except insofar as changes were considered necessary in order to:

(1) Take account of the observations made by a majority of the Members of the Organization, or of a substantial number of such Members, or by the Council of the Organization of American States;
(2) Remove ambiguities and clarify the text; and
(3) Adhere as closely as possible to the present Constitution in the absence of clear evidence that a change is needed.

The principal considerations at the time of the XIII Pan American Sanitary Conference (Ciudad Trujillo, October 1950) which led to a study of the Constitution with a view to its revision were:

(1) The opinion that meetings of the constituent body of the Organization on which all Members are represented should be biennial rather than annual;
(2) The opinion that the rights of participation of representatives of the territories under the jurisdiction of non-American States should be more precisely defined;
(3) The opinion that the structure of the Organization should be simplified; and
(4) The supposition that Revision of the Constitution was necessary.

The Revised Draft Constitution provides for biennial meetings of the governing body (Conference) on which all Members are represented. The Committee would point out, however, that the World Health Assembly has not acted to provide for biennial meetings, as was anticipated in 1950 when the XIII Pan American Sanitary Conference initially considered such meetings. Unilateral action by the Pan American Sanitary Organization in reducing the number of meetings would be ineffective in reducing organizational expenditures, in the face of the continuing need for annual meetings of the Regional Committee of the World Health Organization.

After careful study of the relative provisions of the present Constitution and of the observations which were submitted to it, the Committee came to the conclusion that it was both unnecessary and undesirable to include provisions in the

Constitution which define the rights of participation of the representatives of the territories under the jurisdiction of non-American States. The V Meeting of the Directing Council (Washington, D. C., September-October 1951) has defined (Resolution XV) the rights of participation of the representatives of these territories as authorized by the present Constitution (Buenos Aires 1947, Article 2, Paragraph B).

The Council's definition provides a satisfactory formula, according to which territorial representatives can and do participate in meetings of the Pan American Sanitary Organization, to the advantage not only of the territories concerned but also of the Organization and of its several Members.

The Committee would call attention to the wording of Article 3 of the proposed revised text, which makes it clear (as do other articles) that the status of Member States differs from that of non-Member States.

In any simplification of the structure of the Organization, the term Directing Council must be sacrificed since the Conference is established by the Pan American Sanitary Code (Havana, 1924). As the Directing Council acts in most matters for the Conference and is composed of representatives of the same Member States its functions naturally revert to the Conference, except insofar as the proposal for biennial meetings requires that certain functions be allocated to the Executive Committee in those years when the Conference does not meet.

Howard B. Calderwood
Chairman of the Permanent Committee
and Representative of the United States of America

Alberto Sepúlveda Contreras
Representative of Chile

Horacio Vicioso Soto
Representative of the Dominican Republic

Washington, D. C., 26 July 1954.

Annex: Text of the Revised Draft Constitution Prepared by the Permanent Committee

PREAMBLE

The representatives of the American States in the Pan American Sanitary Conference:

Desiring to promote the health of the peoples of the Americas to the highest possible level;

Recognizing that international cooperation of all of the political units in the Western Hemisphere is necessary to the realization of this objective;

Considering that the Pan American Sanitary Organization is an Inter-American Specialized Organization established by a multilateral treaty (Pan American Sanitary Code, Havana, 1924), having specific functions with respect to health problems of common interest to the American States;

Considering that the Pan American Sanitary Conference and the Pan Ameri-

can Sanitary Bureau serve, respectively, as the Regional Committee and the Regional Office of the World Health Organization for the Western Hemisphere; and

Being duly authorized by Article 25 of the Constitution of the Pan American Sanitary Organization, approved in October 1947, at Buenos Aires, to approve and put into effect amendments to this Constitution;

Hereby agree as follows:

CHAPTER I—PURPOSES

Article 1

The fundamental purposes of the Pan American Sanitary Organization (hereinafter called the "Organization") shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people.

CHAPTER II—MEMBERSHIP AND PARTICIPATION OF TERRITORIES

Article 2

(a) The Members of the Organization are the twenty-one American republics.

(b) Membership in the Organization shall be open to other American States which shall be admitted as Members when approved by the Conference by a two-thirds majority of the Members present and voting.

Article 3

Any territory or group of territories within the Western Hemisphere which is not responsible for the conduct of its international relations may be represented and may participate in the Organization. The nature and extent of such representation and participation, as well as the obligations of any such territory or group of territories, shall be determined by the Members of the Organization represented at the Pan American Sanitary Conference, within the limitations established in this Constitution.

CHAPTER III—ORGANS

Article 4

The Organization shall comprise:

(a) The Pan American Sanitary Conference (hereinafter called the "Conference");

(b) The Executive Committee of the Conference (hereinafter called the "Executive Committee"); and

(c) The Pan American Sanitary Bureau (hereinafter called the "Bureau").

CHAPTER IV—THE CONFERENCE

A. Composition, Voting, Meetings

Article 5

Each Member shall be represented in the Conference by not more than three delegates, one of whom shall be designated by his government as chief delegate. The delegates should preferably be qualified by their technical competence in the

field of health and at least one of them should be an official of the national health administration.

Article 6

Each territory, and each group of territories under the jurisdiction of the same State, may be represented in the Conference by not more than three delegates who preferably should be qualified by their technical competence in the field of health, and one of them should be an official of the health administration of the territory or group of territories.

Article 7

The delegates may be accompanied by alternates and advisers.

Article 8

(a) Each Member State, together with any territory or group of territories which are under its jurisdiction and which may be represented in the Conference, shall have one vote.

(b) Territories or groups of territories under the jurisdiction of the same non-American State shall vote as a single unit whenever they are entitled to vote. Only one vote may be cast on behalf of each such unit.

Article 9

Except as otherwise provided in this Constitution or by the Conference, decisions shall be considered adopted when they have obtained a majority vote of the delegations present and voting.

Article 10

The Conference shall meet in regular session every two years in the country selected at the preceding meeting and on the date fixed by the Director in consultation with the host government. This date shall be subject to confirmation by the Executive Committee. As far as possible, an effort shall be made not to hold two successive meetings of the Conference in the same country. If the meeting cannot be held in the country previously selected, the Director shall make the necessary arrangements for the Conference to meet at the seat of the Organization.

Article 11

Special sessions of the Conference shall be held at the request of the Executive Committee or of a majority of the Members of the Organization. Special sessions shall normally be held at the seat of the Organization. The Director, in consultation with the members of the Executive Committee, shall fix the place and date of the special sessions.

Article 12

The Director shall convoke all meetings of the Conference.

Article 13

Sufficiently in advance of the date fixed for the meeting of the Conference, the government of the country in which the session is to be held shall appoint a committee to cooperate with the Bureau in organizing the meeting.

Article 14

The agenda for the meeting of the Conference shall be prepared by the Director and approved by the Executive Committee. The Conference may adopt additions to or modifications of the agenda in accordance with its rules of procedure.

The Conference shall elect its own officers and shall adopt its own rules of procedure.

B. Powers and Functions

Article 15

The Conference is the supreme governing authority of the Organization.

Article 16

The Conference shall determine the general policies of the Organization and shall instruct, as deemed proper, the Executive Committee and the Director with respect to any matter within the scope of the Organization.

Article 17

The Conference shall serve as a forum for the interchange of information and ideas relating to health problems of the countries of the Western Hemisphere.

Article 18

The Conference shall also:

(a) review the reports of the Director;
(b) review and approve the budget of the Organization;
(c) elect the Member States to serve on the Executive Committee;
(d) elect the Director in accordance with Article 30 of this Constitution.

Article 19

The Conference may delegate any of its functions to the Executive Committee, except the following: (a) determination of the general policies of the Organization; (b) approval of the total amount of the budget; (c) the election of the Director; (d) approval of agreements between the Pan American Sanitary Organization and the World Health Organization or the Organization of American States; (e) admission of new Members; (f) determination of the nature and extent of participation of territories; and (g) adoption of amendments to this Constitution. The Executive Committee shall perform on behalf of the Conference the functions delegated to it by the Conference.

CHAPTER V—THE EXECUTIVE COMMITTEE

A. Composition, Voting, Meetings

Article 20

The Executive Committee shall be composed of one representative of each of seven Member States elected by the Conference to act on its behalf. Those States shall be elected for overlapping terms of four years and shall not be eligible for re-election until one year has elapsed.

Each representative may be accompanied by alternates and advisers.

Article 21

Member States which are not represented on the Executive Committee and territories or groups of territories referred to in Article 3 of this Constitution may participate without vote in the meetings of the Executive Committee.

Article 22

The expenses of the representatives of the States Members of the Executive Committee attending its meetings shall be paid by the Bureau except when a meeting is held immediately preceding or immediately following a meeting of the Conference.

Article 23

The Executive Committee shall meet at least once a year. Special sessions shall be called by the Director when he deems them necessary or upon request of at least three Members of the Organization. The Director shall convoke the meetings in accordance with the rules of procedure of the Executive Committee.

Article 24

The agenda for the meetings of the Executive Committee shall be prepared by the Director and approved by the Executive Committee, which may adopt additions or modifications in accordance with its own rules of procedure.

The Executive Committee shall elect its own officers and shall adopt its own rules of procedure.

Article 25

Decisions shall be taken by a majority vote of the representatives present and voting, except when the Executive Committee decides otherwise.

B. Functions

Article 26

The functions of the Executive Committee shall be:

(a) to perform those functions delegated to it by the Conference, and to carry out the decisions and policies of the Conference;
(b) to advise the Conference on matters referred to it by that body and on matters assigned to the Organization by conventions, agreements and regulations;
(c) to submit advice or proposals to the Conference on its own initiative;
(d) to examine and comment on the program and budget prepared by the Director and, in the year in which the Conference does not meet and subject to any decision of the Conference, approve the budget within the limits of the total amount fixed by that body;
(e) to approve the provisional agenda of meetings of the Conference;
(f) to submit to the Conference the annual budget prepared by the Director, together with any recommendations the Executive Committee may deem advisable;
(g) to perform such other duties as may be authorized by the Conference;
(h) to take emergency measures within the scope and financial resources of the Organization to deal with events requiring immediate action.

CHAPTER VI—THE PAN AMERICAN SANITARY BUREAU

Article 27

The duties and functions of the Bureau shall be those specified in the Pan American Sanitary Code, and such other functions as may be assigned to the Bureau by the Conference, or by the Executive Committee acting pursuant to Article 26 of this Constitution.

Article 28

The Bureau shall have a Director, an Assistant Director, an Executive Secretary, and such technical and administrative staff as the Organization may require.

Article 29

The Director shall be the chief technical and administrative officer of the Organization and shall be the legal representative thereof.

Article 30

The Director shall be elected by the Conference by a two-thirds majority of the delegations present and voting, to serve on such terms as the Conference may determine. In case of resignation, incapacity or death of the Director, the Assistant Director shall act as Director *ad interim* until the next Conference.

Article 31

The Director shall appoint the Assistant Director and the Executive Secretary with the approval of the Executive Committee. The Director shall also appoint all other personnel of the Bureau in accordance with the staff regulations adopted by the Organization.

Article 32

The Director shall have the right to participate in meetings of the Conference and of the Executive Committee with voice but without vote.

Article 33

The Executive Secretary shall be Secretary *ex officio* of the Conference, of the Executive Committee, of all the committees of the Organization and of conferences convened by it. He may, with the concurrence of the Director, delegate these functions.

Article 34

The Director shall prepare and submit annually to the Executive Committee the financial statements and budget estimates of the Organization.

Article 35

The Director shall submit an annual report on the work of the Organization to the Executive Committee for transmittal to the Conference.

Article 36

The Director may make suitable arrangements for consultation and cooperation with other organizations having interest in or relation to public health, subject to confirmation by the Conference.

Article 37

(a) No member of the staff of the Bureau may act as a representative of any government.

(b) In the performance of their duties, the Director and all personnel of the Bureau shall not seek nor receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which is incompatible with their position as international officers. Each government, on its part, shall respect the exclusively international character of the Director and the personnel and shall not seek to influence them.

CHAPTER VII—TECHNICAL COMMISSIONS

Article 38

The Director shall appoint such technical commissions as are authorized by the Conference or the Executive Committee.

CHAPTER VIII—RELATIONS

Article 39

(a) The relations between the Pan American Sanitary Organization and the World Health Organization, and the relations between the Pan American Sanitary Organization and the Organization of American States shall be governed by the agreements which have been concluded in accordance with the Constitution of the World Health Organization and the Charter of the Organization of American States, respectively.

(b) Any new agreement or any revision of the present agreement of 24 May 1949 between the Pan American Sanitary Organization and the World Health Organization, and any new agreement or any revision of the present agreement of 23 May 1950 between the Pan American Sanitary Organization and the Organization of American States, shall require a two-thirds vote of the Members of the Organization represented at the Conference. Proposals concerning any such agreement or revision shall be submitted to the Members at least three months in advance of the Conference.

CHAPTER IX—FINANCIAL PROVISIONS

Article 40

The Member States shall make annual financial contributions to the Organization apportioned among the Members on the same basis as are the expenses of the Pan American Union, in accordance with Article 60 of the Pan American Sanitary Code (Havana, 1924).

Article 41

The Member States may make contributions for general expenses and extraordinary contributions for specific purposes in addition to their regular annual quota contributions.

Article 42

The territories that participate in the Organization in accordance with Article 3 shall make financial contributions to the Organization on the basis established by the Conference.

Article 43

The Conference or the Executive Committee may accept donations and bequests made to the Organization, provided that the conditions attached to such donations or bequests are consistent with the purposes and policies of the Organization. Those donations or bequests which do not require financial or other obligations on the part of the Organization may be accepted by the Director.

CHAPTER X—REVISION OF THE PAN AMERICAN SANITARY CODE

Article 44

(a) Any Member of the Organization or the Director may propose revisions and amendments to the Pan American Sanitary Code for consideration by the Conference.

(b) The revisions and amendments that are approved by the Conference by a two-thirds majority of the Members present and voting shall be submitted to the Members of the Organization for appropriate action.

CHAPTER XI—AMENDMENTS

Article 45

Texts of proposed amendments to this Constitution shall be communicated by the Director to the Members of the Organization at least three months in advance of their consideration by the Conference. Amendments shall come into force for all Members when adopted by the Conference by a two-thirds majority of the Members present and voting.

CHAPTER XII—INTERPRETATION

Article 46

The Members of the Organization, at the Conference, shall decide any question or dispute concerning the interpretation or application of this Constitution.

CHAPTER XIII—ENTRY INTO FORCE

Article 47

This Constitution shall enter into force ..... days after its approval by the Conference by a two-thirds majority of the Members present and voting.

Article 48

Resolutions, decisions and actions previously adopted by the organs of the Organization which are in effect when this Constitution is adopted shall continue in force insofar as they are consistent with the provisions of this Constitution, subject to any subsequent actions which the Organization may take.

Article 49

The present Constitution shall, upon its entry into force, replace the Constitution of the Pan American Sanitary Organization approved in October 1947 at Buenos Aires.

JOINT SESSIONS OF COMMITTEE I AND COMMITTEE II

REPORT OF THE SECRETARY

(Document CSP14/74)

In accordance with the terms of Article 40 of the Rules of Procedure of the Conference, I have the honor of presenting to the General Committee the Report approved by Committee I (Technical Matters) and Committee II (Administration, Finance, and Legal Matters), meeting in joint session.

Committee I (Technical Matters) and Committee II (Administration, Finance, and Legal Matters) held two joint sessions, 14 and 15 October 1954, to study Topics 12, 19, and 22, in accordance with the decision of the General Committee taken at its first session, held on 8 October.

As a result of their joint deliberations, the following resolutions were approved:

Draft Resolutions [1]

1. *Proposed Program and Budget of the Pan American Sanitary Bureau for 1955*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 submitted by the Director; and

Taking into account the report of the Working Party (Document CE22/47, Rev. 1) [2] appointed by the Executive Committee at its 22nd Meeting to study the afore-mentioned Proposed Program and Budget,

RESOLVES:

To approve the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 (Document CE22/2).

[Resolution XI]

2. *Budget Appropriations*

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

(1) To appropriate for the financial year 1955 an amount of $2,100,000, as follows:

[1] The draft resolutions in this report were approved by the Conference at its seventh plenary session.

[2] See p. 599.

	Purpose of Appropriation		
Part I	Pan American Sanitary Organization		$ 139,796
Part II	Pan American Sanitary Bureau—Headquarters		899,200
Part III	Pan American Sanitary Bureau—Field and Other Programs		1,061,004
	Total—All Parts		$2,100,000
Less:	Miscellaneous Receipts	$77,723	
	Contributions on behalf of non-self-governing territories of France, the Netherlands, and the United Kingdom	22,277	
	Total Estimated Receipts		100,000
	Total for Assessment		$2,000,000

(2) Amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations in accordance with the Financial Regulations of the Bureau during the period 1 January to 31 December 1955, inclusive.

(3) The appropriations as noted above shall be financed by contributions from Member Governments according to Article LX of the Pan American Sanitary Code; from the contributions on behalf of the territories of France, the Netherlands, and the United Kingdom according to Resolutions XV and XL of the V Meeting of the Directing Council, and miscellaneous income accruing to the Pan American Sanitary Bureau.

(4) The Director is authorized to transfer credits between parts of the budget, provided that such transfers of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between these parts of the budget in excess of 10% may be made with the concurrence of the Executive Committee. All transfers of budget credits shall be reported to the Directing Council.

[Resolution XII]

3. *Utilization of Surplus Funds from 1953*

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Noting that the surplus funds from 1953, in the amount of $144,089, were placed in a Special Fund at the disposal of the Pan American Sanitary Conference; and

Considering the recommendation of the Director regarding the utilization of this Fund for the intensification of the campaign against smallpox, and the decision thereon taken by the Executive Committee at its 22nd Meeting,

RESOLVES:

To authorize the Director to use the surplus funds from 1953, in the amount

of $144,089, for the intensification of the campaign against smallpox in the Americas.

[Resolution XIII]

The Joint Committee decided to propose to the General Committee that Topic 22, "Report on the Program of Economies and Decentralization of the Pan American Sanitary Bureau" (Document CE23/5),[1] be referred to a plenary session of the Conference for consideration.

The Joint Committee considered the assignment received from the General Committee to have been fulfilled.

WORKING DOCUMENTS

PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY BUREAU FOR 1955

(Document CSP14/19)

The Executive Committee, at its 22nd Meeting, adopted Resolution XVI on the above topic, which states:

THE EXECUTIVE COMMITTEE,

Having examined the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 submitted by the Director; and

Taking into account the report of the Working Party on this Proposed Program and Budget, and in accordance with the procedure set forth in Resolution I of the 16th Meeting of the Executive Committee,

RESOLVES:

(1) To approve the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 (Document CE22/2) and the report of the Working Party thereon (Document CE22/47, Rev. 1).

(2) To transmit to the Pan American Sanitary Conference, as the proposed budget of the Executive Committee, pursuant to Chapter IV, Article 12-C of the Constitution of the Pan American Sanitary Organization, the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 submitted by the Director, together with the report of the Working Party thereon.

(3) To call the attention of the XIV Pan American Sanitary Conference to the following points contained in the report of the Working Party:

(a) Study of the needs, production, centralization, and distribution of vaccines in the Americas.

(b) Possibility of expanding the programs of collaboration with the schools of medicine and schools of public health.

(c) The need for an increase in public information material for distribution to American countries, according to a plan to be established by the Bureau.

Pursuant to the terms of Resolution XVI, quoted above, the Director has the honor to transmit to the XIV Pan American Sanitary Conference for consideration the above-mentioned documents approved by the Executive Committee at its 22nd Meeting.

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[1] See p. 602.

Document CE22/47, Rev. 1, of the 22nd Meeting of the Executive Committee (Report of the Working Party on the Proposed Program and Budget of the Pan American Sanitary Bureau for the Year 1955), reads as follows:

The Working Party appointed by the Executive Committee to study the Program and Budget of the Pan American Sanitary Bureau for 1955, and composed of Dr. Carlos Grunauer Toledo (Ecuador), Dr. Lucien Pierre-Noël (Haiti), and Dr. Frederick J. Brady (United States), met at 10:00 a.m., 24 April 1954. Dr. Brady was elected Chairman, and the Working Party proceeded to examine Document CE22/2 in detail with the officers of the Bureau. The report and recommendations are presented as follows:

1. General Considerations

The Working Party recognized that, under its terms of reference, its purpose was to study and make recommendations concerning the portion of the Program and Budget relating to PASB for 1955. Nevertheless, it was agreed to look also at the other programs for information and background with respect to the framework within which the Bureau operates.

It was noted that the total PASB budget proposed for 1955 was the same as for 1954, namely $2,100,000, with a total for assessment of $2,000,000.

It was realized that the programs shown under "WHO Regular" are subject to amendment or approval by the Seventh World Health Assembly. Amendment of the WHO budget, with respect to either programs or monies available, will cause repercussions on the PASB program which would have to be faced. The question was raised as to whether a new document would be issued for the PASB Program and Budget for 1955, in case changes should be recommended. The Working Party, in view of the expense of reissuing documents, as pointed out by the Director, decided to recommend that any changes which might become necessary should be issued as an addendum rather than having a new document issued.

With respect to UN/TA funds, it was noted that the total figure was based on the present 1954 allocation, but that additional funds might become available, depending upon receipt of contributions pledged.

The column "Other Extra-Budgetary Funds" primarily represents prospective UNICEF financial support of joint UNICEF/WHO health projects. The figure for 1955 shows a decrease of approximately $1,000,000 from 1954. It was explained that the document includes only the prospective UNICEF assistance known when it was prepared. This figure is constantly growing as joint planning takes place, and it is expected that the total figure under this heading may be approximately $1,900,000 for 1955. It was recognized that the amount of UNICEF funds has budgetary implications for PASB/WHO contributions to joint projects.

2. Informational Summaries

The summary information, pages 7-23, was considered. The Director mentioned that Part IV is unnecessary in 1955 as the loan made by the Rockefeller Foundation and the Kellogg Foundation for purchase of the buildings had been repaid.

An increase in the amount of money for field activities, both by total and by percentage, was noted.

The appointment of a Medical Adviser to the UNICEF Regional Office for Latin America, to carry out liaison activities and promote better joint planning and consultation with governments on health projects proposed for UNICEF assistance, was noted and endorsed as a constructive step. It was stated that this Medical Adviser supports and facilitates, but does not change, the responsibilities of the Zone Offices.

In considering summaries under the respective subject headings, the trend toward an increase in integrated public health projects was noted. These projects often include activities which, if carried out separately, would be shown under other headings, such as environmental sanitation, maternal and child health, health education, etc. The Director reported that developments in malaria control indicate the possibility of eradication, the implication being that the problem must be considered on a regional basis to eliminate sources of infection from across a frontier, rather than as a problem of local control. The Director also reported that latest surveys show significant results in the mass yaws campaign.

Under Other Extra-Budgetary Funds, the Director explained the origin of the zoonosis project. This project was first considered and approved by the Economic and Social Council of the Organization of American States, and not by the Executive Committee of PASO. Its operation is subject to availability of funds under the OAS Program of Technical Cooperation. There is no prospect of such funds in 1954 and no assurance for 1955. The Working Party decided to call the attention of the Executive Committee to this project in order to assure that its status is understood.

In the summary of personnel, decreases were noted in Headquarters, primarily in local personnel.

3. Consideration of the Budget by Parts

Part I represents estimated costs of organizational meetings and related conference costs. Major changes are only those related to the places of forthcoming meetings.

Under Part II, the Working Party noted the following:

(a) Office of the Director: All members of the Working Party expressed the need for an increase in the public information material for distribution to countries.

(b) Education and Training: Noted the addition of a nurse to the Fellowships Branch.

(c) Administration: Noted decreases in number of personnel.

(d) Public Health: Noted no change in personnel.

(e) Common Staff Costs: Noted that no figure is shown under Terminal Payments. It has been found that lapses offset this cost.

(f) Common Services: No comment.

Under Part III, the Working Party considered each Zone Office, field office, and project. The work of each office was explained with respect to direct advisory services to governments and administration of projects. Explanation was given on each project. The Working Party was satisfied that the projects are valuable

and that they are being planned and carried out with the full cooperation of the respective governments. The large estimated contribution of governments on many projects was noted. Also, it was noted that several projects started under TA have had to be financed under WHO Regular or PASB funds. Although it is impracticable to comment on the program in detail, the following points were noted:

(a) Zone I Field Office: No change in personnel; increase in field projects under PASB.

(b) Zone II: No change in Zone Office personnel; increase in PASB field projects, but over-all decrease, especially in extra-budgetary funds, but these may be increased later.

(c) Zone III: No change in Zone Office personnel; field projects remain at about the same level.

(d) Zone IV: No change in Zone Office personnel; some decrease in field projects, especially in extra-budgetary funds, but these may be increased later.

(e) Zone V: No change in Zone Office personnel; decrease in field projects. It was reported that discussions are under way with the new Ministry of Health for the development of integrated public health projects for future proposals.

(f) Zone VI: No change in Zone Office personnel; decrease in field projects, especially under Technical Assistance and extra-budgetary funds, but the latter may be increased.

(g) Inter-zone Projects: An over-all increase was noted with satisfaction, as most of these projects benefit all countries in the Region. AARO-18, Assistance to Schools of Medicine and Public Health (WHO Regular), was especially noted, and the Working Party decided to endorse this project for expansion if additional funds become available. It was noted that such funds, when available, also are used to increase AARO-35, Fellowships (PASB).

(h) Vaccine Production: It was also decided to request the Director to study the means of centralizing the production of vaccine and of organizing its distribution according to the needs of the Member Countries that are not producers of vaccine.

(i) Publications: The Director and his staff explained the usefulness of the item called "Special Publications," which permits the translation and reproduction of many valuable articles.

The Working Party inquired about all completed projects expected to be terminated in 1954 and 1955, and was reassured that those projects either were a complete piece of work or that other agencies, particularly governments, were in a position to carry them forward.

4. Total Budget

The Working Party approved all Parts of the Program and Budget and decided to recommend that the Executive Committee give its approval at the level proposed, for presentation to the Conference.

The Working Party recommends that the Executive Committee adopt the resolution attached as Annex I to this report.[1]

Working Party Members: Dr. Frederick J. Brady, *Chairman;* Dr. Carlos Grunauer Toledo; Dr. Lucien Pierre-Noël.

[1] For Resolution XVI of the 22nd Meeting of the Executive Committee, see preceding document (CSP14/19), p. 598.

REPORT ON THE PROGRAM OF ECONOMIES AND DECENTRALIZATION OF THE PAN AMERICAN SANITARY BUREAU

(Document CE23/5)

Background

In order to determine the effectiveness of the program of decentralization of the Bureau, and to ascertain if the operations of the Bureau were being conducted in an economical manner, the Directing Council in Resolution XVII of its VI Meeting appointed a three-member Committee, composed of representatives of Chile, Mexico, and the United States, to study these subjects.

The Committee on Economies and Decentralization met at the Headquarters building from 17 through 21 March 1953, under the Chairmanship of Dr. Zozaya (Mexico) and with Dr. Jiménez (Chile) and Dr. Brady (United States) attending. During this period, the Committee reviewed the general aspects of the program of the Bureau and called upon the key officials to outline the activities for which they were responsible. From this information, and from the study of other pertinent material, the Committee presented an Interim Report to the 19th Meeting of the Executive Committee, which was then transmitted to the VII Meeting of the Directing Council (Document CD7/5).

The Committee stated that its observations were tentative but pointed out that a program of economy and decentralization was already in effect in the Bureau. This was demonstrated by the fact that, through improvement in methods of operation, a reduction in the size of the administrative staff of the Bureau had already been effected, with still further reductions anticipated in the future.

It became obvious to the Committee, during this study, that the problem of economy and decentralization was a complex one, that the work entrusted to the Committee was very difficult to perform by persons not permanently assigned to the Bureau, and that it would not be possible for the Committee to present a final report on specific proposals in the immediate future. In view of these factors the Directing Council, at its VII Meeting, adopted Resolution XXVI, as follows:

THE DIRECTING COUNCIL,

Having restudied the question of the program of economies and decentralization,

RESOLVES:

(1) To request the Director of the Pan American Sanitary Bureau to present to the XIV Pan American Sanitary Conference a report on the steps taken and the results obtained with respect to this matter.

(2) To declare terminated the functions of the Committee on Economies and Decentralization, established by the Directing Council at its VI Meeting, and express appreciation for the task it has performed.

In accordance with the terms of the above resolution, the Director has the honor to present the following report to the 23rd Meeting of the Executive Committee for transmittal to the XIV Pan American Sanitary Conference.

Report of Action Taken

As noted by the Committee on Economies and Decentralization, the Director had undertaken a program of decentralization in 1951, which was in progress at the time of the meeting of the Committee.

The initial stages of the program had consisted of the establishment of Zone areas, the location of Zone Offices, and the staffing of those Offices.

Prior to the establishment of the Zone areas, program and project activities were administered directly from the Central Office in Washington. Some field offices existed, but they varied considerably as to size, staffing, and mission. The Lima and Guatemala sector offices more closely resembled the Zone establishment of the present, since they had a general responsibility for the projects in their immediate area. Additionally, there were field stations in Rio de Janeiro, El Paso, and Kingston.

In the latter part of 1951, the Zone areas were defined, the location of Zone Offices established, and the staffing of the Offices commenced. The Zone III, Zone IV, and Zone V Offices assumed responsibility for their respective areas; and in the last part of 1951 the Zone VI Office was established. The Zone II Office was established in the early part of 1952. The Washington Office retained jurisdiction over Zone I. Within Zone I, the field office of Kingston assumed the responsibilities for the project activities within the Caribbean area. The El Paso Office was continued as an inter-country field program concerned with stimulating cooperation and coordination of activities among border health officials of Mexico and the United States in the solving of health problems.

In 1952, a Statement of General Principles Governing the Extent and Method of Decentralization, which outlined the respective responsibilities of Headquarters and Zone Offices, was issued. The Statement dealt primarily with program planning and supervision, leaving administrative service aspects to be developed progressively as experience warranted.

The Zone Offices were made responsible for operational program activities, both in giving direct technical advice to health administrations and in field planning and operation of projects. This system has had the advantage of making technical advice of Zone staff continuously available to governments. Further, it assures that projects will be planned in cooperation with the national health personnel who will be responsible for their execution, and thus in a manner appropriate to local conditions.

Zone Offices cooperate with the local representatives of other agencies in planning health activities in countries. Zone personnel collect basic information on health needs and resources to be used for long-range planning. As a fundamental part of decentralization, Zone Offices propose the field activities to be included in the program and budget, after consultation with the respective national health authorities and the cooperating agencies.

The Principles of Decentralization reserved for Headquarters the responsibility for provision of certain technical and administrative services which can be more efficiently carried out from the Central Office. Under these Principles, the responsibility and authority for relations with the governing bodies of the Organization and their Members are retained by the Director. The Director also maintains relations with international, governmental and nongovernmental organizations. The Director is also responsible for establishing the policies, procedures and regulations for operation of the Bureau and for over-all direction of its activities. The several offices in the Washington Office are responsible for:

carrying out, in whole or in part, certain technical and administrative services, such as procurement, fellowship placement and supervision, collection and dissemination of statistical and epidemiological information, library service, publication of material for public information, financial control, and general administrative services; the development of general and long-term program planning; evaluation of program accomplishments; provision of technical information and advice; and the operation of inter-country projects involving more than one Zone.

The Division of Public Health, prior to decentralization, had fulfilled both an advisory and an operational role. With the transfer of operational responsibility to Zone Offices for all except some inter-zone projects, the Division was reduced and reorganized, for greater flexibility in the use of its smaller staff. In place of twelve sections, three branches were established: Health Promotion, Communicable Diseases, and Environmental Sanitation.

The primary role of the Division of Public Health is now to serve as the technical advisory unit in all matters related to public health activities of the Bureau. This includes the use of basic information on health needs and resources for short- and long-range program planning; review and approval of plans of operation for field projects, as well as technical advice on their implementation; program evaluation; and development of improved technical procedures and standards. In addition, the Division devotes substantial time and effort to recruitment of professional personnel and technical review of supply requirements. The collection and dissemination of epidemiological and statistical information is an increasingly important central service under the responsibility of the Division.

The Division of Education and Training was reorganized in 1952 with two branches: Professional Education and Fellowships. The activities of the Fellowships Branch remain substantially unchanged, although, as described later, some administrative services have been decentralized. The participation of Zone Offices in planning fellowship programs with countries, and in the preliminary selection of fellows, has improved the quality of the training program. Improved procedures in the Branch for the selection and placement of fellows and their supervision while in training have also raised the standard of the program.

The Professional Education Branch has the same responsibility in relation to education projects as branches in the Public Health Division have for other projects. An important number of the inter-zone projects are in the field of education, e.g., seminars, training courses, etc., and those which cannot be decentralized to a particular Zone remain the operational responsibility of the Division. The growth of activity in this field has increased the workload of the Division of Education and Training, even though the Zone Offices also have assumed more responsibility. In addition to its other activities, the Division has undertaken responsibility for coordinating the exchange of information on medical education among the international and private organizations active in this field.

The Division of Administration was reorganized, in keeping with the aims of the decentralization program and in the interests of more efficient operation. It consists of two branches and two offices, each having definite responsibility for major segments of the administrative activity.

During the period of reorganization, the initial steps in the program of decentralization and economy in the administrative areas were undertaken. The operations of the Washington Office had been hampered by the lack of suitable office accommodations. In 1951, this had been resolved by the acquisition of the two present buildings. These buildings for the first time afforded an opportunity to locate the several offices in an efficient and practical working arrangement. Also, at this time, the custodial and protective services were performed by the staff of the Bureau. As an economy measure it was decided to employ a commercial contractor to provide these services. While the direct costs were more or less comparable, the Bureau was relieved of the indirect and less tangible present and future liabilities represented by recruitment, termination, and leave costs of the Bureau staff.

Even before the Zone establishments had all been activated, decentralization had begun. With the creation of each Zone, responsibility for the appointment of local personnel was fully delegated to the Zone Representative. As the staffing of the Zone Offices was completed, more and more functions were transferred from the Washington Office.

A major step in 1952 was the delegation to the Zone Offices of complete responsibility for the processing of all personnel documentation for the staff of their areas, although the actual appointment of international staff remained a Headquarters function. This delegation permitted the Zone Offices to arrange medical examinations, to obtain necessary documentation for allowance, pension, and insurance purposes, and to complete processing of appointees without delay. Responsibility for review of staff performance and recommendation as to continuation of employment was also vested in the Zone Representative, subject to the review and approval by the Director for international staff members.

Payrolling of PASB staff members was transferred to the Zone Offices in 1952 and, with it, the responsibility for maintenance of leave records and processing of within-grade salary increments. Zone Offices were also given authority to make payment of installation allowances to incoming staff members and to pay travel claims; this reduced the workload at Washington as well as the length of time between claim and payment. Responsibility for maintenance of control over property of the Bureau was transferred to the field establishments, which maintain the inventory records for all property within their area.

In order to ascertain that the financial procedures were followed, the Internal Auditor, who serves both the PASB and the WHO, performed audits of the field office accounts at the Zone Offices instead of at Washington, as before.

Of great importance to the economy phase of the program were the organizational and procedural studies that were conducted. These studies resulted in recommendations for internal reorganization and assignment of functions and in suggestions for improved methods of operation. The Supply Office was reorganized internally and new functions were assigned to it without any increase in staff. A study of the Building Services Unit and the Property and Equipment Unit resulted in the combination of the two units with a net reduction of four positions. The study of the Personnel Office resulted in a complete internal reorganization and a reduction of two positions.

It would be difficult to enumerate all of the measures taken to simplify the work, obtain better utilization of personnel, and conduct a more economical operation. Examples range from the changes approved by the Executive Committee whereby one PASB budget document is prepared annually instead of two and the summary budget combined with the Regional document, to such items as installation of an internal telephone-dial system. Both of these actions effectively reduced workloads and costs. In the case of the budget documents, the present cost of printing a single budget, in both Spanish and English, is approximately $1600, exclusive of staff time; by elimination of two documents, costs were substantially reduced. By the installation of the dial-telephone system, service was greatly improved and the necessity for an additional switchboard operator eliminated.

Other examples are the use of forms and form letters wherever possible, in order to reduce clerical and stenographic requirements, and the printing of commonly used forms in both Spanish and English to facilitate understanding and speed communication.

At the end of 1952, the first major steps had been accomplished. The Zone Offices were in full operation, and the transfer of responsibility for technical supervision effected. Significant progress had been made in the delegation of administrative responsibilities, and beneficial results were accruing from the organizational studies and procedural improvements.

In 1953, the emphasis was placed on further decentralization of administrative functions and on refining existing processes and procedures. It was possible to complete the decentralization of the field payroll operation through transfer of responsibility for payment of WHO staff employed in the field to the responsible Zone Offices.

Decentralization of responsibility for procurement of travel and transportation was completed. In 1951, the workload of the travel staff had steadily increased, since in addition to the normal travel by Headquarters staff, the accelerated fellowship program caused an increase in the number of fellows travelling in the United States. Rather than add to the travel office staff, it was decided to contract with a commercial travel agency to provide some services, and to decentralize responsibility as soon as practical to the field offices. As the Zone Offices gained in experience it was possible to transfer to them more and more authority for both approval and procurement of travel. By 1953, the last stage of decentralization of travel procurement responsibility was attained when the Zone Offices were made responsible for approval of all duty travel by their staff within the area and for the purchase of fellowship and statutory travel originating in their area.

Experience in 1951 and 1952 indicated that the system of purchase of administrative supplies by the Washington Office and shipment to the field should be replaced to some extent by a system of local purchase by field offices. Accordingly, a standard catalog of administrative supplies was prepared which contained average prices in the Washington area. The Zone Offices were given authority to compare these costs with local costs and, giving due allowance to shipping charges, to acquire from the more economical source.

Progress continued in the standardization of methods and procedures. A

forms catalog listing all PASB forms and WHO forms in use in the Region of the Americas was prepared and distributed. A Correspondence Classification Manual was issued, which is of great importance for the simplicity of maintenance of records. True machine accounting was introduced with the mechanization of the Washington Office payroll, thus providing for the preparation of individual checks, vouchers, and summary ledger records in one operation and permitting the assignment of one staff member to other duties. Organizational studies were conducted in the Budget Office, the Reproduction Unit, and the Travel Unit. In each office, these studies resulted in simplified procedures and, for the Budget Office and the Reproduction Unit, in recommendations for reduction of staff, which has been effected by the elimination of two positions in the Budget Office and one position in the Reproduction Unit.

In the process of economizing through simplification of systems, a new method was developed for the payment of stipends to fellows. It had been the practice to prepare monthly checks for each fellow; thus, in effect, separate payrolls were maintained for PASB and WHO fellows. A simple letter of credit was designed which permitted the fellow to draw his stipend wherever he might be and which eliminated the monthly payrolling operation.

Also in 1953, the method of payment of tax reimbursement was improved. The Bureau reimburses the staff members who are required to pay income tax in order to preserve the principle of equal pay for equal work. In previous years, reimbursement was made in the year in which the staff member's tax payment became due, that is, the year following the earning year. Through payment of the tax reimbursement, another liability was incurred in that year in addition to the salary liability, thus increasing the amount of reimbursement required at the time of tax payment. This prevented any exact estimate of the Bureau's total future liability, since the liability could only be calculated at the time of the individual's payment. This difficulty was resolved by the institution of a system which provides for the payment of the entire amount calculated to be the liability of the Bureau for any year, within that year, and without any carry-over of liability into future years. This plan became effective in 1954.

Toward the end of 1953, it was determined that a review of the budget and allotment process should be made. A working committee was established which made an intensive study of the several aspects of the process and submitted a series of recommendations. While it is too early to evaluate the savings or increased efficiencies which may result from these recommendations, it is believed that they represent forward steps.

By the end of 1953, the majority of the responsibilities and functions susceptible of decentralization had been transferred to the field offices. Progress could be noted in reduction of staff at Washington and in improved procedures. With the stabilization of the organization at Washington, it had been possible to complete preparation of position descriptions and to recommend appropriate grade and salary classification in nearly all of the offices. With decentralization of functions almost completely accomplished, the emphasis in 1954 was laid on reduction of staff and overhead costs and on further simplification of methods and procedures.

In 1954, a new system of payment of consultants was developed, which eliminated another payrolling operation. Formerly, consultants' checks had been prepared and issued by the Washington Office. Through adoption of a drawing account system, it was possible for consultants to be paid at whatever station to which they were assigned.

Responsibility had been centralized in one unit of the Washington Office for effecting all purchases for programs, administrative supplies and equipment, as well as Member Government purchases. Centralization of an activity of this type is essential, since procurement can be most economically effected when it is possible to purchase on a volume basis and to make comparison of previous purchase prices, qualities, and reliability of suppliers. In 1954, responsibility for procurement of contractual services was removed from the several service units and integrated with the existing supplies procurement activity. Again, it is too early to estimate potential savings, but it is felt that consolidation of procurement activities will ultimately result in some reduction in personnel.

The last major step in decentralization taken prior to the preparation of this report was the establishment of Zone Boards of Inquiry and Appeal. In the revised Staff Rules, which were approved by the 22nd Meeting of the Executive Committee, provision was made for the Zones to establish local Boards. The Boards, which are now in the process of being selected, will afford staff in the field an impartial review body composed of their fellow staff members. Recommendations by the Boards are, of course, subject to review; final action is the prerogative of the Director for PASB staff, and of the Director-General for WHO staff.

Summary

In summary, the Director wishes to lay special emphasis on the fact that a decentralization and economy program is not a single dramatic step. It is a continuing effort that is evidenced in a series of studied actions.

There are and were many considerations to be faced in the program. Each segment of the Washington Office operation was measured for adaptability to decentralized operation. It was necessary to determine whether the staff in the field was sufficiently experienced to accept particular responsibilities. The effects on the organization and staffing at Washington were considered from the aspects of the realignment of a unit from which a function was transferred. The effects on related operations and the new requirements which would stem from the decentralized operations were carefully considered.

The number of personnel required in Washington, as opposed to field requirements, is indicative. The approved positions at the end of the years, for all sources of funds, were:

	1951	1952	1953
Washington Office	254	219	199
Field	205	251	255

The steady shift in numbers of positions is highly satisfactory. It will be noted that approved position figures rather than actual strength figures are given,

since approved positions reflect the actual requirements even though positions might be vacant due to difficulty in recruiting required skills; this is a condition which has been apparent for some time in the technical fields.

One other comparison of approved positions is of interest. Since the major effort has been in decentralizing administrative functions, the question might well be raised as to whether the Zone staffs have simply replaced the Washington staff. The approved positions as of the year's end were:

	1951	1952	1953
Office of the Director	40	42	39
Conference Services	18	18	18
Division of Public Health	53	34	37
Division of Administration	129	109	99
Division of Education and Training	14	16	17
Zone Offices	71	81	84

It can be seen that the Zone Office staff, which includes technical personnel, rose only slightly; the largest increase came in 1952 when the Mexico City Zone Office was activated. The Division of Public Health decreased in 1952 with the transfer of responsibility to the field. The other offices remain relatively stable, except for the Division of Administration, which shows a decrease of 30 positions. It is worth adding that the staff strength of the Division of Administration stood at 94 as of 1 August 1954, and the approved posts for 1955 number only 91.

In conclusion, the Director wishes to state that every effort has been made to carry out the wishes of the governing bodies with respect to economies and decentralization, and that these efforts, particularly with regard to economies, will be continued in future years.

Informational Statement Presented by the Director

(Document CE23/10)

Informational Statement

The following information is presented by the Director in answer to the question raised by the representative of Argentina regarding the relationship between the economies effected at Headquarters, as shown in Document CE23/5, and the corresponding increase in funds for field operations.

The funds expended for Headquarters in 1951 from all sources, including PASB and WHO Regular, UN/TA, OAS/TA, INCAP, Aftosa, etc., with the exception of those for the organizational meetings and conference services, were $1,321,102. During the same year $1,427,611 was spent on projects and advisory services provided by the Zone Offices.

During 1952 the expenditures for Headquarters showed an increase of $159,104, while at the same time expenditures on projects and advisory services increased by $863,564.

In 1953 expenditures for Headquarters decreased by $92,728, while project and advisory service expenditures increased by an additional $408,316.

In summary, for the three-year period 1951 to 1953 the expenditures in Headquarters increased by $66,376, with a further increase in the expenditure

for projects and advisory services by $1,271,880, as reflected in the following table:

	1951	1952	1953
Headquarters	$1,321,102	$1,480,206	$1,387,478
Field	$1,427,611	$2,291,175	$2,699,491

To give some idea of how the $2,699,491 was spent on field operations, $1,942,308 was spent on projects, $541,558 on Zone Offices, $43,913 on publications, $80,696 on general fellowships and the balance on grants and other types of field activities.

The expenditure of $1,387,478 in Headquarters contained such items as $564,429 for technical services and supply; $343,856 for administrative services; $291,136 for common services, common staff costs and building loan amortization.

UNIFICATION OF ACTION IN PUBLIC HEALTH PROGRAMS IN THE REGION OF THE AMERICAS

(Document CSP14/34)

In accord with Resolution XVI of the VII Meeting of the Directing Council, the Director of the Pan American Sanitary Bureau made a study of the channeling of government funds to international health programs through various organizations and discussed the problem with representatives of various governments in both the health and foreign relations ministries. The Director attended the Tenth Inter-American Conference in Caracas early in the year, prepared to present the problem for consideration, but found no suitable occasion to do so.

The situation is peculiarly difficult because decisions are taken at various levels in government and by varying representations of governments in different international meetings.

The Director is particularly concerned over the recent action (July 1954) of the Economic and Social Council providing that, beginning in 1955, Technical Assistance funds should be devoted to over-all country programs to be negotiated directly between a representative of the United Nations and the government concerned, with limitation of function for the World Health Organization and other specialized agencies to giving technical advice on individual projects. The result of this decision will, in most instances, be a further reduction of health activities financed from Technical Assistance funds, and it will have a retrograde action on attempts to unify programs. It is disconcerting to learn that this action of ECOSOC was strongly supported by representatives of many of the same governments that approved Resolution XVI of the VII Meeting of the Directing Council, which indicates that "It is considered advantageous for the public health programs for the Americas to be concentrated in the American agency created especially for that purpose, namely, the Pan American Sanitary Organization, which also acts as a regional organization of the World Health Organization."

It will be seen from the table accompanying Document CE22/16 that the various international funds supported by governments have been in large part maintained by contributions of the United States Government.

While the Director believes that the present situation is unstable and will not be continued over a long period of time, it is, however, apparent that only as health authorities emphasize to other departments of national governments the difficulty of the present situation can corrective measures be taken. The alterations in the present situation must be brought about through action taken at the international political level.

Document CE22/16 presented to the 22nd Meeting of the Executive Committee on this topic reads as follows:

In accord with Resolution XVI of the VII Meeting of the Directing Council, the Director has begun a study of unification of international health activities.

The approach is through analysis of the channels of financial contributions from the American republics to international health activities and of the interference of various bodies in determining how these are employed. The accompanying chart shows how assessed and voluntary contributions of governments, all or part of which are destined for health activities, are diverted through various agencies within the framework of the United Nations and the Organization of American States.

The assessed contributions are 100% for international health activities and go directly to the World Health Organization and to the Pan American Sanitary Organization. The activities of these two organizations are coordinated by the Pan American Sanitary Bureau, since it serves as the Regional Office of the World Health Organization.

The voluntary contributions, whether made through UN or OAS, are intended only partially for health.

The attached table gives the assessed and voluntary financial obligations assumed by the American republics for funds, all or part of which were devoted to health activities carried out by international organizations during the period 1947 to 1954.

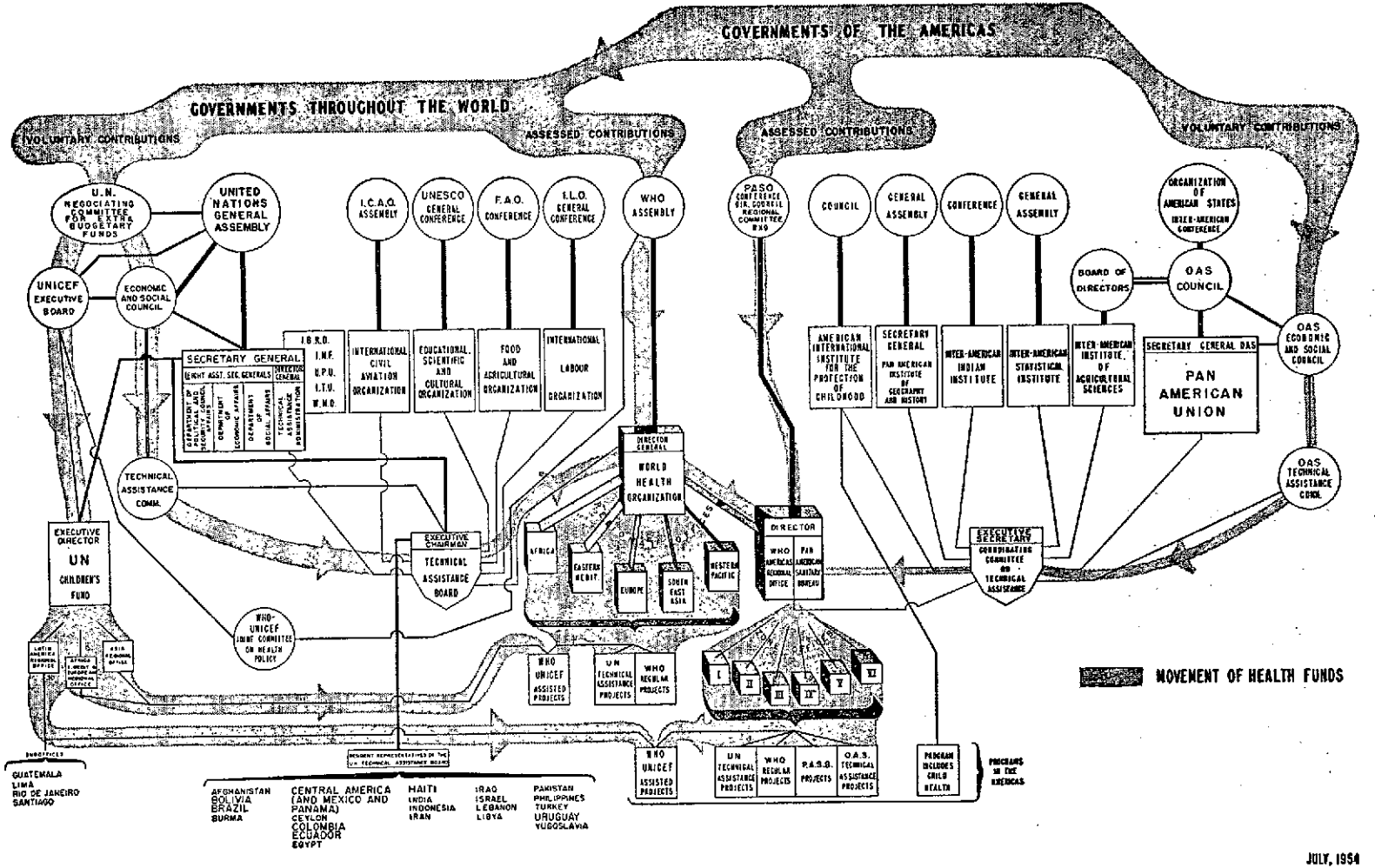
Despite the obviously complicated channels of some of the health funds and the multiplicity of sources, there is no duplication or overlapping in the health projects of international agencies. In the Americas all of these projects, except for health aspects of the American International Institute for the Protection of Childhood program, are under the supervision of PASB, thus automatically assuring complete coordination in their implementation.

There is, however, no uniformity in the basis of operations financed from assessed and voluntary contributions. The programs financed by the assessed contributions of Member States to the World Health Organization and to the Pan American Sanitary Organization are subject to approval of the World Health Assembly and of the Pan American Sanitary Conference, respectively, both composed of technical representatives of the health services of Member States—the same health services with which these two organizations collaborate in field projects. The collaboration of PASO and WHO is harmonious, without appreciable duplication of effort, and altogether is an outstanding example of integration of activities of world-wide and regional organizations.

Recapitulation of All Funds, Pledges, or Assessments

Country	PASO 1947-1954 (dollars)	WHO 1948-1954 (dollars)	OAS/TA [1] 1951-1954 (dollars)	UN/TA [2] 1951-1954 (dollars)	UNICEF [3] 1947-1954 (dollars)	Total (dollars)
Argentina	734,160.41	879,110.00	263,571.00	285,714.28	—	2,162,555.69
Bolivia	61,462.60	38,774.00	14,776.00	14,027.06	30,000.00	159,039.66
Brazil	1,081,762.70	879,110.00	534,000.00	1,283,256.21	562,000.00	4,340,128.91
Chile	205,044.62	213,838.00	104,739.00	168,591.79	146,000.00	838,213.41
Colombia	235,174.49	7,504.00	132,702.00	376,020.00	42,000.00	793,400.49
Costa Rica	23,067.19	19,389.00	12,000.00	21,000.00	30,000.00	105,456.19
Cuba	175,499.85	121,628.00	68,572.00	150,000.00	15,000.00	530,699.85
Dominican Republic	39,132.96	23,758.00	23,275.43	16,000.00	290,000.00	392,166.39
Ecuador	48,624.47	23,264.00	25,426.00	21,661.46	14,000.00	132,975.93
El Salvador	38,689.51	23,758.00	18,284.00	23,000.00	20,000.00	123,731.51
Guatemala	55,477.99	23,264.00	15,000.00	27,500.00	11,000.00	132,241.99
Haiti	44,508.27	19,801.00	8,000.00	42,000.00	18,000.00	132,309.27
Honduras	27,223.83	19,389.00	10,143.00	33,600.00	40,000.00	130,355.83
Mexico	471,013.92	300,957.00	49,758.29	104,046.24	—	925,775.45
Nicaragua	23,376.56	17,376.00	14,000.00	9,990.00	24,000.00	91,742.56
Panama	26,523.18	17,326.00	10,856.00	9,000.00	—	63,705.18
Paraguay	26,599.70	19,389.00	10,000.00	18,000.00	—	73,988.70
Peru	148,906.31	93,062.00	17,428.57	22,000.00	345,497.00	626,893.88
United States of America	8,003,998.69	16,986,308.00	3,427,310.03	50,614,132.00	97,231,000.00	176,262,748.72
Uruguay	90,882.25	85,308.00	65,930.00	263,823.53	1,000,000.00	1,505,943.78
Venezuela	165,939.82	126,717.00	64,305.07	112,447.76	100,000.00	569,409.65
Sub-Total	11,730,069.32	19,939,030.00	4,890,076.39	53,615,810.33	99,918,497.00	190,093,483.04
Voluntary Contributions						
Brazil	250,000.00					250,000.00
Chile	1,857.46					1,857.46
El Salvador	2,538.79					2,538.79
Mexico	194,689.64					194,689.64
Venezuela	74,404.77					74,404.77
Sub-Total	523,490.66					523,490.66
Total	12,253,559.98	19,939,030.00	4,890,076.39	53,615,810.33	99,918,497.00	190,616,973.70

[1] Less than 1% for public health.
[2] 22% for public health.
[3] Percentage for health projects varies widely throughout world but in Latin America it is approximately 50%.



Channels of Government Funds Through International Organizations

Voluntary contributions, on the other hand, come through the channels shown, with the intervention of numerous nontechnical bodies, influencing the choice of programs, administrative procedure and even, at times, technical orientation.

This preliminary statement is presented for information. No attempt has yet been made to consult the Member Governments and the appropriate international organizations with a view to finding practical solutions to the problem, as provided in Resolution XVI of the VII Meeting of the Directing Council.

PART FIVE

FINAL ACT

FINAL ACT

OF THE

XIV PAN AMERICAN SANITARY CONFERENCE, VI MEETING OF THE REGIONAL COMMITTEE OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS [1]

The XIV Pan American Sanitary Conference was held in Santiago, Chile, pursuant to Resolution XXV, approved at the VII Meeting of the Directing Council, which accepted the invitation extended by the Government of Chile. The Government of Chile and the Director of the Pan American Sanitary Bureau, by common accord, set 7 - 22 October 1954 as the dates of the Conference.

The Director of the Bureau sent the letters of convocation, in compliance with Article 7 of the Constitution of the Pan American Sanitary Organization, and the Government of Chile transmitted invitations to the Member Governments of the Organization to send representatives to the Conference.

Preliminary Session

The preliminary session, at which the chiefs of delegations discussed general matters and questions of protocol relating to the Conference, was held on 6 October 1954.

Inaugural Session

The inaugural session was held in the *Salón de Honor* of the National Congress on Thursday, 7 October, at 11:00 a.m.

His Excellency Carlos Ibáñez del Campo, President of the Republic of Chile, delivered the opening address of the Conference. Dr. Ignacio Morones Prieto, Minister of Public Health and Welfare of Mexico, replied on behalf of the delegations. Addresses were also delivered by Dr. M. G. Candau, Director-General of the World Health Organization, and Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau.

Rules of Procedure of the Conference

At the first plenary session, held 8 October, the Proposed Rules of Procedure suggested by the Executive Committee at its 22nd Meeting (Resolution VII), and appearing as Annex I of Document CE22/11, were adopted for the Conference.[2]

[1] Document CSP14/102.

[2] For text of the Rules, see p. 9.

Precedence

The order of precedence of the delegations was determined by lot, as follows:

(1) Colombia, (2) Costa Rica, (3) United States of America, (4) Dominican Republic, (5) Venezuela, (6) Argentina, (7) Uruguay, (8) El Salvador, (9) Ecuador, (10) Haiti, (11) Mexico, (12) Nicaragua, (13) Netherlands, (14) France, (15) Panama, (16) Chile, (17) Cuba, (18) Guatemala, (19) Peru, (20) Bolivia, (21) Brazil, (22) United Kingdom, (23) Paraguay.

Committee on Credentials

In accordance with Article 32 of the Rules of Procedure of the Conference, three delegates representing Mexico, Panama, and Chile were appointed as the Committee on Credentials.

The Committee on Credentials chose Dr. Alberto Bissot, Jr. (Panama) as Chairman and Dr. Jorge Torreblanca (Chile) as Rapporteur, the remaining member being Dr. José Zozaya (Mexico).

The Committee met on 8 and 11 October to examine the credentials presented by the delegations and considered as duly accredited to the XIV Pan American Sanitary Conference the following delegations:[1]

Honorary President and Vice-Presidents

The Conference unanimously designated as Honorary President of the XIV Pan American Sanitary Conference His Excellency Carlos Ibáñez del Campo, President of the Republic of Chile, and as Honorary Vice-Presidents, the Ministers of Public Health of the Member Governments of the Organization.

Election of President and Vice-Presidents

At the first plenary session, the Conference unanimously elected Dr. Sergio Altamirano P., Minister of Public Health and Welfare of Chile, as President of the Conference.

Dr. W. Palmer Dearing, delegate of the United States, and Dr. Oscar Vargas Méndez, delegate of Costa Rica, were elected Vice-Presidents of the Conference.

Establishment of the Main Committees

At the second plenary session, held 8 October, the following main committees were established: (a) Committee I, on Technical Matters; (b) Committee II, on Administration, Finance, and Legal Matters; and (c) the General Committee.

[1] See p. 5.

Dr. Juan Montalván Cornejo, delegate of Ecuador, and Dr. Félix Hurtado, delegate of Cuba, were unanimously appointed Chairmen of Committee I and Committee II, respectively.

Dr. José Zozaya, delegate of Mexico, and Dr. Gerardo Segura, delegate of Argentina, were appointed members of the General Committee.[1]

Agenda

The Conference approved the agenda of the meeting[2].

The Conference agreed, at the tenth plenary session, not to adopt any resolution on Topic 25, "Unification of Action in Public Health Programs in the Region of the Americas" (Document CSP14/34),[3] or on Topic 35, "Technical Assistance Program for 1955" (Document CSP14/21.[4] It decided that the draft resolution on this last topic (Document CSP14/90), presented by the Working Party appointed at the ninth plenary session and composed of the delegates of the United States, Uruguay, Ecuador, and Cuba, should be included in the Proceedings of the Conference.[5]

Program of Sessions

The program of sessions was approved, with such changes as the General Committee considered necessary for the coordination of the work of the Conference.

The Director of the Pan American Sanitary Bureau, in compliance with Resolution IV adopted by the Executive Committee at its 22nd Meeting, organized the Secretariat as provided in the draft program of sessions (Document CSP14/2). The Secretariat comprised seven services, under the Secretary of the Conference, Dr. Miguel E. Bustamante, and his assistant, Mr. Guillermo A. Suro: minutes, Spanish translation and Journal of the Conference; documents and English translation; simultaneous interpretation; library; information; press; and administrative services.

Technical Discussions

Committee I established five working parties.

Working Party A was charged with the study of methods of improving the reliability of raw statistical data required for health programs. Dr. Darío Curiel (Venezuela) was named Moderator, and Dr. Hugo Behm (Chile), Rapporteur; Dr. Ruth R. Puffer (Pan American Sanitary Bureau) served as Secretary. The

[1] For membership of the main committees, see p. 18.

[2] See p. 14.

[3] See p. 610.

[4] Unpublished working document.

[5] See minutes of the tenth plenary session, p. 311.

introductory statement was by Dr. Enrique Pereda, Chief, Subdepartment of Statistics, National Health Service of Chile.

Working Party B studied the control of infant diarrheas in the light of recent scientific progress. Dr. Juan Allwood Paredes (El Salvador) was named Moderator; Dr. Adalberto Steeger (Chile), Rapporteur; and Dr. Myron E. Wegman (Pan American Sanitary Bureau), Secretary. The introductory statement was by Dr. Albert V. Hardy, Director, Bureau of Laboratories of the Florida State Board of Health, United States.

Working Party C dealt with the application of health education methods in rural areas in Latin America. Dr. Carlos Grunauer Toledo (Ecuador) was named Moderator; Miss Graciela Carrillo Castro (Costa Rica), Rapporteur; and Dr. Rigoberto Ríos Castro (Pan American Sanitary Bureau), Secretary. The introductory statement was by Miss María Zalduondo, of the Bureau of Health Education, Department of Health of Puerto Rico.

Working Party D studied the topic concerning eradication of malaria in the Americas. Dr. Nicolaas H. Swellengrebel (Netherlands) acted as Moderator and Dr. Arnoldo Gabaldón (Venezuela), as Rapporteur. Dr. C. A. Alvarado (Pan American Sanitary Bureau) presented a report on the status of the antimalaria campaign in the Americas. The Working Party established a drafting committee composed of Dr. Oscar Vargas Méndez (Costa Rica), Dr. Juan Montalván Cornejo (Ecuador), Dr. Hervé Floch (France), and the Rapporteur. Dr. E. J. Pampana, of the World Health Organization, and Dr. C. A. Alvarado (Pan American Sanitary Bureau) cooperated in the work of this committee.

Working Party E was established to study the treponematoses. Dr. Waldemar E. Coutts (Chile), who presented a paper on the general basis for the establishment of an epidemiological campaign, was named Moderator, and Dr. Alberto Bissot, Jr. (Panama), Rapporteur. Dr. Santiago Ruesta M. (Venezuela) and Dr. Francisco J. Martone (Argentina) were also members of the Working Party.

Revision of the Constitution

Committee II established a Working Party to examine the Final Report of the Permanent Committee on Revision of the Constitution of the Pan American Sanitary Organization and the Revised Draft Constitution (Document CSP14/18 and Annex A) prepared by that Committee. Dr. Gerardo Segura (Argentina) was elected Chairman of the Working Party, and Dr. Frederico C. Carnauba (Brazil), Rapporteur. Mr. Howard B. Calderwood (United States), Dr. Hipólito Sánchez Báez (Dominican Republic), Dr. José Zozaya (Mexico), and Dr. Abraham Horwitz B. (Chile) were also members of the Working Party.

Four-Year Reports of the Member States

All the Member States presented four-year reports on public health conditions and the progress achieved during the period between the XIII and XIV Pan American Sanitary Conferences. These reports were distributed by the Pan American Sanitary Bureau prior to the Conference.

In addition, the Bureau prepared and included in the Conference documents a summary of the statistical data that appeared in those reports, with a view to facilitating the study of the main problems of public health in the Americas.

Finally, the delegations presented at plenary sessions of the Conference summaries of the reports of their respective countries, in the following order: Colombia, Costa Rica, Venezuela, the Dominican Republic, Argentina, Uruguay, El Salvador, Ecuador, Haiti, France, the Netherlands, Panama, Chile, Guatemala, Peru, Bolivia, the United Kingdom, Paraguay, the United States, Cuba, and Nicaragua.

Sessions of the Conference

The Conference held an inaugural session and ten plenary sessions; there were two sessions of the Committee on Credentials, ten sessions of the General Committee, six sessions of Committee I, eight sessions of Committee II, and two joint sessions of Committees I and II.

The closing session was held on 22 October 1954.

Resolutions Approved

The Conference approved, in plenary session, the following resolutions:

Resolution I

Annual Report of the Chairman of the Executive Committee

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined the annual report of the Executive Committee, presented by Dr. Gerardo Segura, delegate of Argentina and Chairman of the 22nd Meeting of that Committee,[1]

RESOLVES:

To approve the annual report of the Executive Committee and express its satisfaction at the work accomplished.

Resolution II

Reports of the Director of the Pan American Sanitary Bureau

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined the annual report of the Director of the Pan American Sanitary Bureau for 1953 and his four-year report on the activities of the Pan

[1] Presented at the second plenary session, see p. 44.

American Sanitary Organization during the period between the XIII (1950) and the XIV (1945) Pan American Sanitary Conferences,[1]

RESOLVES:

To approve the annual report of the Director of the Pan American Sanitary Bureau, Regional Office of the World Health Organization for the Americas, for 1953, and the report of the Director to the Member Governments of the Pan American Sanitary Organization, January 1950-December 1953, congratulating him on the effective work accomplished and the form of presentation of the reports, and extending the congratulations to the staff of the Bureau.

Resolution III

FINANCIAL REPORT OF THE DIRECTOR AND REPORT OF THE EXTERNAL AUDITOR FOR 1953

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having studied the Financial Report of the Director and Report of the External Auditor for 1953 (Document CE22/4) ; [2] and

Noting that the Executive Committee approved the aforesaid reports at its 22nd Meeting,

RESOLVES:

(1) To approve the Financial Report of the Director and Report of the External Auditor for 1953.

(2) To congratulate the Director of the Pan American Sanitary Bureau and his associates on the manner in which the reports were presented.

Resolution IV

REPORT OF THE PERMANENT SUBCOMMITTEE ON BUILDINGS AND INSTALLATIONS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having studied the report of the Permanent Subcommittee on Buildings and Installations (Document CE22/10) ; [3] and

Noting the action taken by the Executive Committee on this subject at its 22nd Meeting,

RESOLVES:

(1) To approve the action taken by the Permanent Subcommittee.

(2) To express its appreciation to the members of the Permanent Subcommittee on Buildings and Installations, who will continue to give collaboration to the Director of the Pan American Sanitary Bureau.

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[1] Published separately.

[2] See p. 523.

[3] Unpublished working document.

Resolution V

REVISION OF THE STAFF RULES OF THE PAN AMERICAN SANITARY BUREAU

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the action taken by the Executive Committee at its 22nd Meeting regarding the revised Staff Rules of the Pan American Sanitary Bureau;

Having been informed that the Seventh World Health Assembly made no changes in the revision of its Staff Rules;

Noting that, in accordance with the instructions contained in the first paragraph of Resolution XVIII adopted by the Executive Committee at its 22nd Meeting, the Director put the revised Staff Rules of the Pan American Sanitary Bureau into effect on 1 June 1954, the date on which those of the World Health Organization came into force; and

Considering that Article 12.2 of the Staff Regulations of the Pan American Sanitary Bureau provides that "the Director shall report annually to the Directing Council such staff rules and amendments thereto as he may make to implement these regulations after confirmation by the Executive Committee,"

RESOLVES:

To take note of the adoption of the revised Staff Rules of the Pan American Sanitary Bureau (Document CE22/5, Annex A) [1] as recommended by the Director and confirmed by the Executive Committee at its 22nd Meeting.

Resolution VI

WORKING CAPITAL FUND

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the previous decisions of the Directing Council and the recommendations of the Director and the External Auditor that an amount of $1,200,000 is sufficient to carry out the purposes of the Working Capital Fund;

In view of the Financial Regulations, which stipulate that the Working Capital Fund shall be established in an amount and for the purpose to be determined from time to time by the Directing Council; and

Considering the recommendation of the 22nd Meeting of the Executive Committee,

RESOLVES:

To establish the level of the Working Capital Fund at $1,200,000 until such time as the budgetary position of the Bureau warrants a change.

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[1] Unpublished working document.

Resolution VII

REIMBURSEMENT OF TRAVEL EXPENSES OF REPRESENTATIVES TO REGIONAL COMMITTEE MEETINGS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the action taken by the Seventh World Health Assembly on the subjects: "Sessions of Regional Committees at Regional Headquarters" and "Payment of Travel Expenses of Representatives to Sessions of the Regional Committees" (Resolutions WHA7.26 and WHA7.27, respectively),

RESOLVES:

To take note of the decision taken by the Seventh World Health Assembly to the effect that the travel expenses of representatives to Regional Committee meetings shall not be reimbursed by the Organization.

Resolution VIII

EXPENDITURE FROM THE EMERGENCY REVOLVING FUND IN CONNECTION WITH A FLOOD DISASTER IN A MEMBER COUNTRY

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

To take note of Resolution II adopted by the Executive Committee at its 23rd Meeting, approving the expenditure of $4,661.97 from the Emergency Revolving Fund in connection with the flood disaster in a Member Country and authorizing the Director to reimburse the Fund in that amount from the general funds of the Pan American Sanitary Bureau for the year 1954.

Resolution IX

FINANCIAL PARTICIPATION OF FRANCE, THE NETHERLANDS, AND THE UNITED KINGDOM, OF BEHALF OF THEIR TERRITORIES IN THE REGION OF THE AMERICAS, IN THE BUDGET OF THE PAN AMERICAN SANITARY ORGANIZATION

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having noted the provisions of Resolution XL, of the V Meeting of the Directing Council; and

Considering the report (Document CE22/12) [1] submitted by the Director to the 22nd Meeting of the Executive Committee, pursuant to the aforesaid resolution, and the decision of the said Committee on this matter (Resolution XIII),

[1] See p. 552.

RESOLVES:

(1) To take note of the report of the Director on the financial participation of France, the Netherlands, and the United Kingdom, on behalf of their territories in the Region of the Americas, in the budget of the Pan American Sanitary Organization.

(2) To instruct the Director to present future reports to the Executive Committee when circumstances so require.

Resolution X

STATUS OF THE COLLECTION OF QUOTA CONTRIBUTIONS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Noting the decision of the Directing Council at its VII Meeting, which instructed the Director to request, in its name, that Member Governments make the necessary financial arrangements for payment of all arrearages and the maintenance of future years' contributions on a current annual basis;

Recognizing that delays in the receipt of contributions limit the development of long-range programs to be undertaken in the Americas; and

Noting the report submitted by the Director, reflecting the current status of outstanding contributions,

RESOLVES:

To request Member Governments having outstanding quota balances to make the necessary financial arrangements for the payment thereof, and to emphasize the importance of maintaining future contributions on a current annual basis.

Resolution XI

PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY BUREAU FOR 1955

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 submitted by the Director; and

Taking into account the report of the Working Party (Document CE22/47, Rev. 1) [1] appointed by the Executive Committee at its 22nd Meeting to study the afore-mentioned Proposed Program and Budget,

RESOLVES:

To approve the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 (Document CE22/2). [2]

[1] See p. 598.

[2] Published separately.

Resolution XII

BUDGET APPROPRIATION

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

(1) To appropriate for the financial year 1955 an amount of $2,100,000, as follows:

Purpose of Appropriation			
Part I	Pan American Sanitary Organization		$ 139,796
Part II	Pan American Sanitary Bureau-Headquarters		899,200
Part III	Pan American Sanitary Bureau-Field and Other Programs		1,061,004
	Total All Parts		$ 2,100,000
Less:	Miscellaneous Receipts	$ 77,723	
	Contributions on behalf of non-self-governing territories of France, the Netherlands, and the United Kingdom	22,277	
	Total Estimated Receipts		100,000
	Total for Assessment		$ 2,000,000

(2) Amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations in accordance with the Financial Regulations of the Bureau during the period 1 January to 31 December 1955, inclusive.

(3) The appropriations as noted above shall be financed by contributions from Member Governments according to Article LX of the Pan American Sanitary Code; from contributions on behalf of the territories of France, the Netherlands, and the United Kingdom according to Resolutions XV and XL of the V Meeting of the Directing Council, and miscellaneous income accruing to the Pan American Sanitary Bureau.

(4) The Director is authorized to transfer credits between parts of the budget, provided that such transfers of credits between parts as are made do not exceed 10% of the part from which the credit is transferred. Transfers of credits between these parts of the budget in excess of 10% may be made with the concurrence of the Executive Committee. All transfers of budget credits shall be reported to the Directing Council.

Resolution XIII

Utilization of Surplus Funds from 1953

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Noting that the surplus funds from 1953, in the amount of $144,089, were placed in a Special Fund at the disposal of the Pan American Sanitary Conference; and

Considering the recommendation of the Director regarding the utilization of this Fund for the intensification of the campaign against smallpox, and the decision thereon taken by the Executive Committee at its 22nd Meeting,

RESOLVES:

To authorize the Director to use the surplus funds from 1953, in the amount of $144,089, for the intensification of the campaign against smallpox in the Americas.

Resolution XIV

Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

Article 4-E of the Constitution of the Pan American Sanitary Organization, which provides that the Conference shall elect the Director of the Pan American Sanitary Bureau by a two-thirds vote of the countries represented and with the right to vote;

Resolution III of the XII Pan American Sanitary Conference, which provides that the term of office of the Director of the Pan American Sanitary Bureau shall be four years; and

Article 4 of the Agreement between the World Health Organization and the Pan American Sanitary Organization and Articles 49 and 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of the Regional Director of the World Health Organization,

RESOLVES:

(1) To re-elect, by acclamation, Dr. Fred L. Soper, as Director of the Pan American Sanitary Bureau, for the term of office commencing 1 February 1955.

(2) To apprise the Executive Board of the World Health Organization of the above designation of Dr. Fred L. Soper, for appointment as Regional Director for the Americas.

Resolution XV

ELECTION OF TWO MEMBER COUNTRIES TO FILL THE VACANCIES ON THE EXECUTIVE COMMITTEE CREATED BY THE TERMINATION OF THE PERIODS OF OFFICE OF ECUADOR AND MEXICO

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the provisions of Article 13-A of the Constitution of the Pan American Sanitary Organization; and

Bearing in mind that the terms of Ecuador and Mexico expire immediately following this Conference,

RESOLVES:

To elect the Governments of Paraguay and Colombia to membership on the Executive Committee for a period of three years, and to express the appreciation of the Conference to the Governments of Ecuador and Mexico for the services they have rendered to the Organization.

Resolution XVI

STATISTICS REQUIRED IN HEALTH PROGRAMS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That health is in itself an indivisible whole, and, moreover, is closely linked to the economic, social, and cultural development of the community;

That public health encompasses all activities concerning the promotion, protection, and preservation of health;

That the disproportion between the magnitude of health problems and the resources usually made available for their solution makes it necessary to classify these problems in proper order, so that they may be dealt with according to their relative importance and the resources utilized in such a way as to yield the maximum returns; and

That basic statistical data are essential to health programs, to ensure their proper planning, development, evaluation, and improvement,

RESOLVES:

To recommend that the Member States, to the extent that their economic, social, and cultural development permits, extend and improve the collection, processing, analysis, and timely publication of statistics on population, vital statistics, morbidity statistics, statistics on health resources and services, and socio-economic statistics related to health.

Resolution XVII

POPULATION STATISTICS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that a knowledge of the different groups making up the population is of fundamental importance in health programs,

RESOLVES:

To recommend to the Member States that their health agencies:

(a) Promote and cooperate in the provision of timely and reliable demographic statistics;

(b) Participate in the planning of population censuses, so as to ensure that they include the maximum of data essential for health programs; and

(c) Make use of public health surveys, when necessary, to provide additional data on population.

Resolution XVIII

VITAL STATISTICS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That it is a basic task of health agencies to know, at both the local and the national levels, the vital facts regarding the people whose health problems they wish to solve;

That, among these vital facts, it is particularly important in health programs to have the most thorough knowledge possible of the causes of deaths in the population;

That, for these purposes, there are available detailed international recommendations of the World Health Organization and the United Nations; and

That, nevertheless, vital statistics are still subject to error in collection, inadequate analysis, and delays in publication, all of which interfere with their proper use in the planning, development, evaluation, and improvement of health programs, and with the comparability of data on a national and international scale,

RESOLVES:

(1) To recommend that the Member States, through their national agencies, improve the use of:

(a) *Principles for a Vital Statistics System* of the United Nations, stressing the collection and processing of those data that specifically serve the aims of health; and

(b) Regulations No. 1 of the World Health Organization, regarding the use of the *International Statistical Classification of Diseases, Injuries, and Causes of Death.*

(2) To recommend that, in the use of the above, special attention be given to improving the procedures for collection of basic statistical information at the local level.

Resolution XIX

Morbidity Statistics

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That morbidity statistics are essential in the planning, development, evaluation, and improvement of health programs;

That the collection of this information is a complex process, and the quantity and detail in which it can be obtained depends in large measure on the level of economic, social, and cultural development;

That it is apparent that, in most of the countries, information exists on diseases of certain population groups, such as hospital statistics, data on insurance against illness, accidents, industrial hazards, etc., which should be developed, standardized, and utilized;

That a thorough description of the importance, type, sources, and uses of morbidity statistics is contained in the Third Report of the Expert Committee on Health Statistics of the World Health Organization; and

That to cover the special group of communicable diseases—a complete and timely knowledge of which is of local, national, and international importance—there are legal provisions in the various countries and detailed international recommendations, in spite of which these statistics still suffer from inaccuracy, and the provisions regarding their transmittal and publication are not complied with fully,

RESOLVES:

(1) To recommend that the Member States promote utilization of general morbidity statistics for the purposes of health programs, and that they take permanent measures to comply with the recommendations of the Third Report of the Expert Committee on Health Statistics of the World Health Organization.

(2) To recommend that the Member States take immediate steps to improve the reporting of communicable diseases, through the use of:

(a) Regulations No. 2 of the World Health Organization *(International Sanitary Regulations);*

(b) *Basic Procedures for the Reporting of Communicable Diseases* (Scientific Publications, No. 9, Pan American Sanitary Bureau); and

(c) *Guide for the Reporting of Quarantinable and Other Communicable Dis-*

eases in the Americas (Miscellaneous Publications, No. 6, Pan American Sanitary Bureau).

Resolution XX

STATISTICS ON RESOURCES AND SERVICES

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That health programs require a knowledge of the economic resources and resources in personnel and equipment, both public and private, that the country provides specifically for such programs;

That an evaluation of the yield and cost of public health programs is of basic importance, and that, for this purpose, statistics on resources and on services provided are indispensable; and

That, in spite of their importance, statistics of this type have not been developed sufficiently in the majority of the American countries,

RESOLVES:

To recommend that the Member States take measures to obtain statistics on the national resources devoted to health and on the services rendered to the community, so that this information may facilitate the planning, development, evaluation, and improvement of health programs.

Resolution XXI

SOCIO-ECONOMIC STATISTICS RELATED TO HEALTH

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That there is a close interdependence between the economic, cultural, and social development of the community and its health problems;

That health programs should, therefore, form part of a comprehensive governmental plan for the improvement of the living conditions of the population;

That those in charge of health programs should have available socio-economic statistics to help give them an over-all view of the problems confronting the community; and

That, despite the fact that information of this type exists in the majority of the countries, it is not used sufficiently by the health agencies,

RESOLVES:

To recommend that the Member States promote the use by health agencies of socio-economic statistics related to health, in order to unify the activities designed to raise the living standards of the population.

Resolution XXII

STATISTICAL SERVICES IN HEALTH ADMINISTRATIONS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That some of the basic statistical data required by health administrations should be subject in those administrations to such a system of collection, processing, and analysis as will ensure their constant and timely use in the planning, development, evaluation, and improvement of health programs;

That, in addition to the statistical information mentioned above, use should be made of the statistical data produced by other national administrations; and

That, if health programs are to make proper use of statistical data, statisticians having a basic knowledge of health must collaborate closely with those who conduct such programs,

RECOMMENDS:

(1) That the Member States create, or stimulate and strengthen, the statistical services in health administrations, providing them with material facilities and adequately trained statistical personnel.

(2) That, in order to coordinate the various administrations producing statistics of health interest, the Member States promote the establishment and development of National Committees on Vital and Health Statistics, in accordance with the Report on the First International Conference of National Committees on Vital and Health Statistics.

(3) That, in order to produce reliable basic data essential for vital statistics, local coordination be established between health services, civil registration, and statistical services.

Resolution XXIII

DISSEMINATION AND TEACHING OF STATISTICS APPLIED TO HEALTH

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That to improve the reliability of the statistical data needed in the planning, development, evaluation, and improvement of health programs, it is necessary to train the professional workers for such programs (physicians, nurses, sanitary engineers, social workers, health educators, etc.) in statistical methods and their application to health;

That, to the same end, it is equally necessary that the technical knowledge of statistical personnel be increased; and

That it is advisable to stimulate the progressive development of a trained group of statisticians and statistical officials,

RESOLVES:

(1) To recommend that the Member States, with respect to professional health workers:

(a) Include in the curriculum of the schools of medicine, nursing, social work, etc., the teaching of statistical methods applicable to health; and

(b) Orient the teaching of statistics given in schools of public health toward their practical application in health programs.

(2) To recommend to the Member States that, with respect to officials in statistical services and according to national needs, they carry out teaching programs on the following levels:

(a) University courses for education of statisticians, with a foundation in mathematics and specialization in various fields, including health;

(b) Graduate courses for health statisticians who already have completed their undergraduate university education;

(c) Courses at an intermediate level in the schools of public health for employees in statistical services who have completed secondary education; and

(d) In-service training for employees who work in local or central offices in the collection and utilization of original statistical data.

(3) To recommend to the Member States that they establish a professional statistical career, in which there is provision for proper classification of positions and adequate salaries.

(4) To recommend to the Member States that they stimulate teamwork of professional health workers and statisticians, so as to encourage the application of statistical methods in health programs and clinical research.

Resolution XXIV

SUMMARY OF REPORTS OF THE MEMBER STATES FOR 1954-1957

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That the "Summary of Reports of the Member States 1950-1953," [1] prepared by the Pan American Sanitary Bureau, is a valuable document for providing knowledge of the health problems of the Americas and for coordinating health programs, inasmuch as it contains statistical data on population, births, deaths, cases of communicable diseases, personnel and organization of health services, and description of programs; and

That it is evident that the data in these reports are not strictly comparable,

[1] Document CSP14/7, a revision of which has been published separately as *Summary Reports on the Health Conditions in the Americas.* Scientific Publication No. 25, June 1956.

because of differences in definitions and procedures followed by the various countries,

RESOLVES:

To recommend that the Member States:

(a) Immediately begin the improvement of these statistical data, in accordance with the recommendations of international organizations; and

(b) Agree to increase the statistical information that their reports to the next Pan American Sanitary Conference should contain, and decide upon the procedures for obtaining such information and the methods for ensuring international comparability, with the active cooperation of the Pan American Sanitary Bureau and through seminars and other activities for the exchange of ideas and procedures.

Resolution XXV

METHODS OF IMPROVING THE RELIABILITY OF RAW STATISTICAL DATA REQUIRED FOR HEALTH PROGRAMS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the importance of statistics in the planning, development, evaluation, and improvement of health programs; and

Taking into account the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

RESOLVES:

(1) To recommend that the Director of the Pan American Sanitary Bureau encourage, insofar as possible, the implementation of the technical recommendations contained in the report of the *ad hoc* Working Party on "Methods of Improving the Reliability of Raw Statistical Data Required for Health Programs," and to inform the Directing Council, in his annual reports, of the steps taken by the Bureau with respect to this matter.

(2) To request the Pan American Sanitary Bureau to give Member States as much assistance as possible in the development of programs for education and training in statistics applied to health.

(3) To instruct the Director of the Bureau to give wide distribution to the study prepared by Dr. Enrique Pereda (Document CSP14/26) [1] and the report of the *ad hoc* Working Party (Document CSP14/69, Rev. 1).[2]

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[1] See p. 502.

[2] See p. 444.

Resolution XXVI

Application of Health Education Methods in Rural Areas in Latin America

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the importance that should be given to health education in all phases of public health and activities related thereto; and

Taking into account the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

RESOLVES:

(1) To approve the text of the preamble and the recommendations submitteed by Committee I on the topic "Application of Health Education Methods in Rural Areas in Latin America" (Document CSP14/79, Rev. 1).

(2) To instruct the Director of the Pan American Sanitary Bureau to encourage, insofar as possible, the promotion and implementation of the recommendations contained in the afore-mentioned document, and to inform the Directing Council, in his annual reports, of the steps taken with respect to this matter.

(3) To recommend that the Director of the Bureau give wide distribution to the complete text of Document CSP14/79, Rev. 1, for the information of all the countries.[1]

Resolution XXVII

Control of Infant Diarrheas

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering the importance of infant diarrheas as a predominant cause of sickness and death in many countries of the Americas; and

Bearing in mind the discussions held in the Working Party appointed to study this topic, and the report and recommendations proposed by that Working Party,

RESOLVES:

(1) To approve the technical recommendations on control of infant diarrheas set forth in the report of the *ad hoc* Working Party, as modified by Committee I (Document CSP14/79, Rev. 1).

(2) To recommend that the Director of the Bureau encourage, insofar as possible, the implementation of the technical recommendations contained in the above-mentioned report, and inform the Directing Council, in his annual reports, of the steps taken with respect to this matter.

(3) To instruct the Director of the Bureau to give wide distribution to the paper prepared by Dr. Albert V. Hardy (Document CSP14/27, Addenda I and

[1] See p. 438.

II)[1] and to the report of the *ad hoc* Working Party (Document CSP14/79, Rev. 1).[2]

Resolution XXVIII

RELATIONS BETWEEN THE PAN AMERICAN SANITARY ORGANIZATION AND NONGOVERNMENTAL ORGANIZATIONS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that collaboration in matters of common interest to the Pan American Sanitary Organization and other international and inter-American organizations contributes to the fulfillment of the objectives of the Organization, as stated in the Pan American Sanitary Code and in the Constitution of the Organization,

RESOLVES:

That the Pan American Sanitary Organization establish and maintain cooperative relations with other international and inter-American organizations in the manner that it deems appropriate.

That the criteria given below be observed when the Pan American Sanitary Organization establishes cooperative relations with any other international and inter-American organizations.

That these relations be established or maintained in accordance with the provisions set forth in Article 23 of the Constitution.

CRITERIA

(1) The organization shall be concerned with matters falling within the competence of the Pan American Sanitary Organization.

(2) The aims and purposes of the organization shall be in conformity with the spirit, purposes, and principles of the Pan American Sanitary Code and the Constitution of the Pan American Sanitary Organization.

(3) The organization shall be of recognized standing and shall represent a substantial proportion of the persons organized for the purpose of participating in the particular field of interest in which it operates. To meet this requirement, a group of organizations may form a joint committee or other body authorized to act for the group as a whole.

(4) The organization shall have a directing body and authority to speak for its members through its authorized representatives; evidence of this authority shall be presented if requested.

(5) The organization shall normally be inter-American in its structure and scope, with members who exercise voting rights in relation to its policies or action.

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[1] See p. 462.

[2] See p. 440.

(6) Save in exceptional cases, a national organization that is affiliated to an inter-American nongovernmental organization covering the same subject on an international basis shall present its views through its government or through the inter-American nongovernmental organization to which it is affiliated. A national organization, however, may be included in the list after consultation with, and with the consent of, the Member Government concerned, if the activities of the organization are not covered by any international organization or if it offers experience upon which the Pan American Sanitary Organization wishes to draw.

Resolution XXIX

Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having seen Document CE23/2,[1] submitted by the Director of the Pan American Sanitary Bureau and containing the Proposed Program and Budget of the Region of the Americas, World Health Organization, and Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956;

Bearing in mind that the Proposed Program and Budget of the Region of the Americas is submitted to the Conference, as Regional Committee of the World Health Organization, for review and submittal to the Director-General of the World Health Organization for consideration in drafting his budget for 1956; and

Taking into account the fact that the Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956 is a provisional draft that will serve as the basis for the preparation of the proposed program and budget to be submitted by the Director to the 25th Meeting of the Executive Committee for review and revision, and to the VIII Meeting of the Directing Council of the Pan American Sanitary Organization in 1955 for approval,

RESOLVES:

(1) To endorse the Proposed Program and Budget of the Region of the Americas, World Health Organization, for 1956, and to request the Director of the Pan American Sanitary Bureau to transmit it to the Director-General of the World Health Organization, so that he may take it into consideration when preparing the WHO budget for 1956.

(2) To approve the Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1956 as a provisional draft that will serve as the basis for the proposed budget to be submitted by the Director to the 25th Meeting of the Executive Committee.[2]

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[1] Published separately.

[2] Resolution XLIII, paragraph 2, adopted subsequently at the tenth plenary session, authorizes an increase of $100,000 over the present budgetary level, this increase to be allotted specifically for the intensification of the antimalaria activities of the Bureau. (Explanatory note included by decision of the General Committee, ninth session, 20 October, 1954.)

(3) To express its appreciation to the Director of the Pan American Sanitary Bureau for the accomplishments of past years and for the continuing evidence of well-designed programs, as shown in the Proposed Programs and Budgets for 1956.

Resolution XXX

Modification in the 1955 Program and Budget of the World Health Organization

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having been requested by the Director-General of the WHO for an expression of opinion on the maintenance of a satisfactory balance between the major subject headings in the 1955 Regional Budget for the Americas;

Having noted that the original total for 1955 of $1,342,418 for the Region was reduced to $1,137,783 as a result of the action of the Seventh World Health Assembly; and

Having noted that, when this reduction was effected, a satisfactory balance was maintained between the major subject headings in the Regional Budget for the Americas,

RESOLVES:

To request the Director, serving as Regional Director of the WHO, to inform the Director-General that the regional portion of the over-all reduction of $811,100, amounting to $204,635, was effected in an appropriate manner and a satisfactory balance was maintained between the major subject headings in the 1955 Program and Budget of the Region of the Americas.

Resolution XXXI

Functions of the Executive Committee in the Preparation of Pan American Sanitary Meetings

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that the Executive Committee has the authority, in conformity with Article 7-D and Article 12-B and D, Chapter IV, of the Constitution of the Pan American Sanitary Organization, to draw up the agenda of the Pan American Sanitary Conference and to advise the Directing Council, on its own initiative, regarding matters relating to its activities; and

Bearing in mind that in the preparation of the agenda of the Pan American Sanitary meetings and in their organization, there are a number of questions that are difficult to resolve and the solution of which will facilitate the work of the said meetings,

RESOLVES:

(1) To approve the measures adopted by the Executive Committee at its

23rd Meeting to facilitate the work of the XIV Pan American Sanitary Conference.

(2) To authorize the Executive Committee to take those measures it deems necessary in relation to the preparation of future meetings of the Directing Council and of the Pan American Sanitary Conference, in situations not specifically provided for in the Constitution of the Pan American Sanitary Organization or in their respective rules of procedure, in order to facilitate the conduct and to expedite the work of the meetings.

(3) The Executive Committee will, in due course, advise the Pan American Sanitary Conference or the Directing Council of the measures taken.

Resolution XXXII

FUTURE FORM OF PRESENTATION OF THE PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY BUREAU

THE XIV PAN AMERICAN SANITARY CONFERENCE

RESOLVES:

To take note of Resolution I approved by the Executive Committee at its 23rd Meeting, concerning the future form of presentation of the proposed program and budget of the Pan American Sanitary Bureau. [1]

Resolution XXXIII

STIPENDS PAID TO RECIPIENTS OF FELLOWSHIPS FROM THE PAN AMERICAN SANITARY BUREAU

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined Document CE23/6 [2] presented by the Director of the Pan American Sanitary Bureau, "Stipends Paid to Recipients of Fellowships from the Pan American Sanitary Bureau," and recognizing that a detailed study of the topic has been made, showing clearly the present difficulty of taking into account the different factors involved in the granting and use of fellowships,

RESOLVES:

(1) To recommend to the Director:

(a) That he continue studying the possibility of establishing classifications of fellowships, with different stipends, after consultation with the national and international organizations concerned; and

(b) That if the conclusions reached in these studies so justify, they be included in draft general fellowship regulations, which will set forth

[1] For text of resolution, see minutes fourth session of Committee II, p. 390.

[2] See p. 554.

also the basic conditions and requirements for awarding fellowships, such provisions to be sufficiently flexible to make them applicable within the Member Countries.

(2) To instruct the Director to present these regulations to the 25th Meeting of the Executive Committee.

Resolution XXXIV

Program of Economies and Decentralization of the Pan American Sanitary Bureau

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Taking into account that the VII Meeting of the Directing Council requested the Director to present a detailed report to this Conference on the program of economies and decentralization of the Bureau; and

Considering that the Executive Committee, in Resolution V adopted at its 23rd Meeting, stated that the documents presented by the Director had fulfilled its wishes in this matter, took note of the report, and transmitted it to the Conference with the recommendation that it be adopted,

RESOLVES:

To approve and express its satisfaction with the report presented by the Director (Document CE23/5 [1] and the Informational Statement CE23/10) [2] on the program of economies and decentralization of the Pan American Sanitary Bureau.

Resolution XXXV

Selection of Topics for Technical Discussions During the VIII Meeting of the Directing Council, VII Meeting of the Regional Committee of the World Health Organization (1955)

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Deeming it desirable that the Directing Council meetings continue to serve as the occasion for holding technical discussions on matters of regional interest related to the activities of the Pan American Sanitary Organization; and

In view of the advisability of taking into account past experience and, specifically, the decisions adopted in Resolution XXXI of the V Meeting of the Directing Council and Resolution X of the 22nd Meeting of the Executive Committee,

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[1] See p. 602.

[2] See p. 609.

RESOLVES:

(1) To select, because of their general interest, the following topics for the technical discussions to be held at the VIII Meeting of the Directing Council, VII Meeting of the Regional Committee:

(a) Methods of Improving the Education of Public Health Personnel.

(b) Medical Care in Rural Areas.

(2) To recommend that the Director of the Pan American Sanitary Bureau inform the public health ministries of the Member Governments of the Organization, of the topics selected for the technical discussions.

(3) To authorize the Director to designate experts to present introductory statements on the topics selected.

Resolution XXXVI

INTER-AMERICAN CONGRESS OF PUBLIC HEALTH

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having noted the proposal of the delegation of Cuba, that "at the time the Pan American Conference of Public Health takes place the Inter-American Congress of Public Health will hold an official meeting, which will be organized by the Pan American Office of Public Health,"

RESOLVES:

To postpone consideration of the proposal presented by the delegation of Cuba until the X Meeting of the Directing Council, scheduled for 1957.

Resolution XXXVII

ENVIRONMENTAL SANITATION

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined Document CSP14/22,[1] submitted by the Director of the Pan American Sanitary Bureau at the request of the Director-General of the World Health Organization,

RESOLVES:

To take note of Resolution 53 adopted by the Seventh World Health Assembly and Resolution 21 of the Fourteenth Session of its Executive Board, dealing with environmental sanitation.

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[1] Unpublished working document.

Resolution XXXVIII

PLACE AND DATE OF THE XV PAN AMERICAN SANITARY CONFERENCE

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Taking into account the terms of Article 7-A of the Constitution of the Pan American Sanitary Organization,

RESOLVES:

To express its appreciation to the Government of the United States of America, and to accept its invitation to have the XV Pan American Sanitary Conference held in the city of San Juan, capital of the Commonwealth of Puerto Rico.

Resolution XXXIX

POLICY ON ACCEPTING AMENDMENTS TO THE CONSTITUTION OF THE PAN AMERICAN SANITARY ORGANIZATION

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Considering that Article 25 of the Constitution provides that "the Conference or the Directing Council may approve and put into force, in accordance with policies which they may determine, amendments to this Constitution,"

RESOLVES:

That the approval of the proposed amendments to the Constitution recommended by Committee II of this Conference shall require the affirmative vote of a two-thirds majority of those participating governments entitled to vote that are represented and present when the vote is taken by the Conference in plenary session.

Resolution XL

CONSTITUTION OF THE PAN AMERICAN SANITARY ORGANIZATION

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Having examined the final report of the Permanent Committee on Revision of the Constitution of the Pan American Sanitary Organization (Document CSP14/18 and Annex A);[1] and

Taking into account the modifications proposed by the *ad hoc* Working Party of Committee II presented in Document CSP14/78,[2] and the modifications introduced by Committee II (Document CSP14/85, Rev. 1),[3]

[1] See p. 587.
[2] See p. 575.
[3] See p. 566.

RESOLVES:

Not to approve the proposed amendments to the Constitution of the Pan American Sanitary Organization.

Resolution XLI

TREPONEMATOSES

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That the treponematoses are still important in many countries of the Continent as infecto-contagious diseases;

That many people in the Americas are still suffering from some of the treponematoses in a contagious phase;

That the transmission of the treponematoses is effected only by human beings, and therefore the campaign against the propagation of these diseases is limited exclusively to man; and

That it is necessary to take all measures to encourage the prophylaxis and control of the aforesaid diseases, through concrete and basic preventive programs,

RESOLVES:

(1) To recommend that the Member States, in accordance with their possibilities, resources, and conditions, develop medico-preventive programs, based on the use of penicillin or the application of methods or techniques that science may recommend in the future for the control and eradication of these diseases.

(2) To recommend that, inasmuch as experiments in mass treatment with penicillin have proved successful in endemic areas of yaws, this procedure be applied to achieve eradication.

Resolution XLII

ERADICATION OF MALARIA IN THE AMERICAS

THE XIV PAN AMERICAN SANITARY CONFERENCE,

CONSIDERING:

That in the course of the technical discussions on the topic "Eradication of Malaria in the Americas" it was made evident that:

(a) The experience of those countries that have achieved eradication of malaria shows that, once transmission is intercepted, the infection in human beings disappears within a few years, as the result of the natural death of the parasite;

(b) Recent observations indicate the development of resistance by some

anopheline species to certain insecticides, a phenomenon that, in time, may cause serious difficulties and even failures in antimalaria campaigns; and

(c) The eradication of malaria in some countries calls attention to the international problem of preventing the importation of new cases into areas already free from infection,

RESOLVES:

(1) To declare that it is of the utmost urgency to carry out the terms of Resolution XVIII of the XIII Pan American Sanitary Conference, which recommends that the Pan American Sanitary Bureau promote the intensification and coordination of antimalaria work, with a view to achieving the eradication of this disease in the Western Hemisphere; and that the Member Governments should convert all control programs into eradication campaigns within the shortest possible time, so as to achieve eradication before the appearance of anopheline resistance to insecticides.

(2) To instruct the Pan American Sanitary Bureau to take steps to implement the aforesaid resolution and to study international measures to ensure the protection of those countries or territories that have achieved the eradication of the disease.

(3) To authorize the Director of the Pan American Sanitary Bureau to secure the financial participation of public or private organizations, national or international, in order to further the aims set forth in this resolution.

Resolution XLIII

UTILIZATION OF FUNDS FOR THE INTENSIFICATION OF ANTIMALARIA ACTIVITIES

THE XIV PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the resolution on eradication of malaria in the Americas, approved at the present meeting; and

Considering that it is necessary to provide the Pan American Sanitary Bureau with the financial resources that will enable it to carry out the functions assigned to it by the aforesaid resolution,

RESOLVES:

(1) To authorize the Director of the Pan American Sanitary Bureau to obligate up to $100,000 of the surplus funds available as of 31 December 1954 for the intensification of the antimalaria activities of the Bureau designed to eradicate this disease in the Western Hemisphere.

(2) To approve the preparation by the Executive Committee of a proposed budget for 1956, for consideration by the Directing Council, to include an increase of $100,000 over the present budgetary level, this increase to be allotted specifically for the intensification of the antimalaria activities of the Bureau.

Resolution XLIV

Votes of Thanks

THE XIV PAN AMERICAN SANITARY CONFERENCE

Expresses its appreciation to His Excellency the President of the Republic of Chile, to the President of the Senate, and to the national authorities, particularly to the Ministers of Foreign Affairs and of Public Health, for the generous hospitality accorded the delegations and the staff of the Conference, and for the facilities provided to make the meeting a success;

To the Municipalities of Santiago and Viña del Mar, the University of Chile, the Chilean Public Health Society, and the other public and private institutions that offered so many courtesies to all the delegations;

To the members of the Chilean Organizing Committee of the Conference for their valuable collaboration both before and during the Conference, and to the Committee of Women for the attentions shown to the women members of the delegations;

To the press and radio of Chile for the excellent publicity given to the activities of the Conference; and

To the staff of the Secretariat, especially those of the interpretation service, for their effective work, which made it possible for the Conference to perform its work successfully.[1]

IN WITNESS WHEREOF, the delegates to the Conference, the Director of the Pan American Sanitary Bureau, and the Secretary sign the present Final Act in the English and Spanish languages, whose texts shall be equally authentic.

DONE in Santiago, Chile, this twenty-second day of October, one thousand nine hundred and fifty-four. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies of these texts to the Member Governments.

COLOMBIA:	Jorge Jiménez
COSTA RICA:	O. Vargas
UNITED STATES OF AMERICA:	W. P. Dearing
DOMINICAN REPUBLIC:	Ramón Bergés S.
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[1] In accordance with the decision of the tenth session of the General Committee, a list of the members of the Conference Secretariat has been issued as an Annex to the Final Act.

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PAN AMERICAN SANITARY BUREAU
REGIONAL OFFICE OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS

Fred L. Soper Director Member *ex officio* of the Conference	M. E. Bustamante Secretary General Secretary *ex officio* of the Conference

Annex

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Santiago, Chile, 7-22 October 1954

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PAN AMERICAN SANITARY BUREAU
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