



*directing council*

PAN AMERICAN  
SANITARY  
ORGANIZATION

VII Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

V Meeting



Washington, D. C.  
9-19 October 1953

CD7/49 (Eng.)\*  
9 April 1954  
ORIGINAL: SPANISH

PRECIS MINUTES  
OF THE  
VII MEETING OF THE DIRECTING COUNCIL  
OF THE PAN AMERICAN SANITARY ORGANIZATION,  
V MEETING OF THE REGIONAL COMMITTEE  
OF THE WORLD HEALTH ORGANIZATION

\*Definitive text of the précis minutes, incorporating the provisional texts contained in Documents CD7/31, CD7/32, CD7/33, CD7/34, CD7/35, CD7/37, CD7/39, CD7/40, CD7/41, CD7/42, CD7/43, CD7/44, CD7/45, CD7/46, and CD7/48.

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LIST OF PARTICIPANTS

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and Geographical Pathology  
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Department of State, Washington, D.C.

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Dr. M.G. Candau, Director-General  
Dr. H. S. Gear, Assistant Director-General

PAN AMERICAN SANITARY BUREAU (PASB)

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Member ex officio of the Council

Dr. Miguel E. Bustamante, Secretary General  
Secretary of the Council

Advisers:

Dr. Carlos L. González, Chief, Division of Public Health  
Mr. Harry A. Hinderer, Chief, Division of Administration  
Dr. Myron Wegman, Chief, Division of Education and Training  
Dr. P. F. de Caires, Area Supervisor, Zone I  
Dr. Guillermo Samame, Representative, Zone II  
Dr. Stanford F. Farnsworth, Representative, Zone III  
Dr. Oswaldo J. da Silva, Representative, Zone IV  
Dr. Kenneth O. Courtney, Representative, Zone V  
Dr. Emilio Budnik, Representative, Zone VI  
Mr. Clarence Moore, Chief, Office of Coordination

Press Officer:

Mr. Harold Ballou

Conference Officer:

Mr. Guillermo A. Suro

ORGANIZATION OF AMERICAN STATES (OAS)

Mr. Paul R. Kelbaugh  
Chief, Division of Conferences and Organizations  
Pan American Union  
Washington, D.C.

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Food and Agriculture Organization (FAO)

Mrs. Andromache Sismanidis  
Nutrition Representative  
Regional Office for North America

Dr. W. R. Aykroyd, Nutrition Director  
Rome, Italy

INTERGOVERNMENTAL ORGANIZATIONS

United Nations International Children's Emergency Fund  
(UNICEF)

Dr. Robert L. Davée, Regional Director for Latin America  
Mr. David R. Hunter  
Dr. I. C. Yuan  
Mr. Fred Tooby

NONGOVERNMENTAL ORGANIZATIONS

International Council of Nurses

Miss Annabelle Petersen

International Dental Federation

Dr. C. Willard Camalier

International Hospital Federation

Dr. Vane M. Hoge

International Union Against Tuberculosis

Mr. Frederick D. Hopkins

International Union Against the Venereal Diseases

Mrs. Josephine V. Tuller

League of Red Cross Societies

Dr. David N. W. Grant  
Mrs. Martha Smith Fry

PRECIS MINUTES  
OF THE PLENARY SESSIONS

PRECIS MINUTES OF THE FIRST PLENARY SESSION  
Washington, D. C.  
Friday, 9 October 1953, at 10 a.m.

<u>Provisional Chairman:</u>	Dr. Daniel ORELLANA	Venezuela
<u>Chairmen:</u>	Dr. Hernán URZUA	Chile
<u>Vice-Chairmen:</u>	Mr. Andrés RODRIQUEZ	Argentina
	Dr. Alberto BISSOT, Jr.	Panama
<u>Secretary:</u>	Dr. Miguel E. BUSTAMANTE	Pan American Sanitary Bureau

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TOPIC 1: OPENING BY THE PROVISIONAL CHAIRMAN OF THE  
DIRECTING COUNCIL

Dr. Daniel ORELLANA (Venezuela), Provisional Chairman of the Council, in opening the VII Meeting, extended a cordial welcome to the Representatives, Observers, and other participants, and expressed special pleasure at the presence of Dr. M. G. Candau, Director-General of the World Health Organization. Speaking for the Representatives, he said that he hoped Dr. Candau would address the Council.

The SECRETARY announced that, in order to facilitate the deliberations, simultaneous interpretation would be provided in English, French, Spanish, and Portuguese, the four official languages of the Organization. He also commented briefly on the three volumes of working documents that had been distributed to all participants prior to the meeting.

TOPIC 2: ESTABLISHMENT OF COMMITTEE ON CREDENTIALS

The CHAIRMAN announced that, pursuant to Article 22 of the Rules of Procedure, the Directing Council would proceed with the establishment of a Committee on Credentials. He suggested that this Committee be composed of the Representatives of Guatemala, the United States, and Uruguay.

Dr. CASTRO (Brazil), Mr. RODRIGUEZ (Argentina), and Dr. BISSOT (Panama) supported the suggestion.

DECISION TAKEN

The Representatives of Guatemala, the United States, and Uruguay were unanimously elected to the Committee on Credentials.

TOPIC 3: ELECTION OF CHAIRMAN AND TWO VICE-CHAIRMEN

The CHAIRMAN called for nominations for the office of Chairman of the VII Meeting of the Directing Council.

Dr. BISSOT (Panama) nominated Dr. Hernán Urzúa, Representative of Chile, as Chairman.

Mr. RODRIGUEZ (Argentina), Dr. BELLO SARRIA (Ecuador), and Dr. MAY (Uruguay) supported the proposal.

The CHAIRMAN called for a vote. The Representative of Chile abstained.

DECISION TAKEN

Dr. Hernán Urzúa, Representative of Chile, was unanimously elected Chairman of the Directing Council.

Dr. URZUA (Chile), after taking the Chair, thanked the Council for this high honor and declared that he would endeavor to perform his duties to the best of his abilities.

The CHAIRMAN called for the election of the two Vice-Chairmen of the meeting.

Dr. CASTRO (Brazil) nominated the Representatives of Argentina and Panama.

Dr. ESTRUCH (Dominican Republic), Mr. ANGUIANO (Guatemala), Dr. BELLO SARRIA (Ecuador), Dr. MAY (Uruguay), and Dr. PIERRE-NOEL (Haiti) supported the proposal of the Representative of Brazil.

DECISION TAKEN

The Representatives of Argentina and Panama were unanimously elected Vice-Chairmen.

SPEECH BY DR. M. G. CANDAU, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

Dr. CANDAU (Director-General, WHO) stated that he was pleased to be once again in America, before a group of leaders in the field of public health. He extended a cordial greeting to them all and expressed the hope that, through its decisions, the VII Meeting of the Directing Council of the Pan American Sanitary Organization, Regional Committee of the WHO, will contribute to the improvement of public health in the Americas and the rest of the world. He spoke of the Council's main functions and pointed out that this was the fourth meeting of a WHO Regional Committee that he had had the honor to attend within the short space of a month. He then summarized his impressions of these meetings. Whenever delegates get together to deal with common public health problems, one is impressed not by their variety but rather by their basic similarity. He declared that the delegates are bound by a single purpose: to make it possible for the world to enjoy the health to which its people and its nations are all entitled. Although health programs and methods of combating disease should be adapted to local conditions, they must be part of a world-wide plan, because nothing is gained by bringing a disease under control in one



place if it continues to exist in another and thereby threatens to spread throughout the world. The WHO is contributing to the achievement of this task, and it will continue to offer increasing assistance, by fostering a greater understanding of public health administration and methods. The speaker was deeply impressed by the similarity of the problems facing us; that is, ignorance, poverty, a lack of public health facilities, the prevalence of contagious diseases, and an appalling rate of infant mortality. To deal with this situation we must adopt a cold, analytical approach that will prevent us from being carried away by the immediate needs and thereby losing sight of the long-range problems. He congratulated the Pan American Sanitary Bureau on the work it has carried out, or rather, on the guidance it has offered in collaborating with and encouraging the various Governments in improving public health services and in undertaking campaigns against some of the principal diseases. In this connection, he said that the Pan American Sanitary Organization's continent-wide program for the eradication of the Aedes aegypti is an excellent example worthy of imitation.

Dr. Candau considered it very important to inform the Representatives of the Member Countries of this Region as to the financial status of the WHO. He explained that the Organization has been faced with a very difficult situation during 1953, a situation misunderstood by many Governments. In order to meet the problem raised by the shortage of United Nations Technical Assistance funds, the WHO had to cut down its regular program and use a half million dollars to cover the TA projects. This half-million-dollar cut in the WHO regular Budget has resulted in the non-implementation of projects that were approved by the Regional Committee for the Americas in 1951, and by the World Health Assembly last year. He added that all the Representatives present were aware that in May of this year the Executive Board and the World Health Assembly authorized the transfer of funds in order to continue the implementation of the TA programs and to avoid losing what had already been gained. He did not believe that the situation existing in 1953 would be any better in 1954, and it was his duty as Director-General to state very clearly that 1954 is going to be as difficult as 1953, or even more so.

In order to save money so as to be able to continue projects during 1954, he explained, he had been placed in the position of postponing new projects in 1953 and of curtailing the expenses of both the present projects of the Regular Budget and those of the TA Program. He reminded the Representatives that he had issued instructions to the Regional Directors to postpone any new appointments, fellowships, and commitments for supplies, until the middle of next year. He explained that

this decision was made in order to economize, so as to permit the continuation of present projects during 1954, and added that all the WHO could expect to have in 1954 for the TA Expanded Program was \$2,500,000. The situation might possibly change, he said, but not during the first six months of the year. Under the circumstances, he had had to estimate how much would be needed to continue with the present TA projects. He believed that the WHO would need \$4,000,000, and he was faced with the task of getting an additional \$1,500,000, which he was having some difficulty in finding.

The Director-General went on to say that he proposed to keep the restrictions on TA programs so as to ensure greater savings. He hoped to have made economies of \$400,000 by the end of the year in the 1953 TA Program, and to apply this amount to continuing projects in 1954. However, he would still have to face the deficit of \$1,100,000, and therefore he intended to propose to the Executive Board that all new projects in the WHO Regular Budget for 1954 be postponed. These economies yield \$600,000, but he did not at the moment know how he would find the additional \$500,000.

The Director-General then stated that he was trying to discuss this problem with UNICEF in the hope that perhaps part of this money could come from them, but even so, the amount would not be more than about \$300,000, and the difference would have to be found elsewhere. He had some ideas on how to obtain sufficient funds for the continuation of the TA projects, and would submit them to the Executive Board. He emphasized the fact that he did not intend to add any new project but would continue with the present TA projects and those of the Regular Budget. This, he said, is the financial situation for the year 1954.

As for the year 1955, Dr. Candau stated that he had prepared plans for requesting an increase in the Regular Budget of the World Health Organization. He pointed out to the Representatives that, as they could see in the document that had been presented to them, there was an increase in some of the projects for the Region of the Americas and that the same held true for other Regions. When the increases for all Regions are added up, it naturally means an increase in the Regular Budget of the WHO. He wished to make it clear that in speaking of the Regular Budget, which will include the new projects for 1955, he doubted whether the Organization would have any more money for all programs in 1955 than it had in 1952, 1953 or 1954. This, he said, would depend on the amounts the Organization would receive from TA. In 1952 the WHO had approximately \$12,500,000 for the entire program of the Organization, including the Regular Budget and

TA. In 1953 the WHO had about \$13,000,000 and for 1954 there may be around \$11,500,000, but he did not know how much there would be for 1955.

He went on to say that his reason for stating this was that an increase in the Regular Budget might not necessarily mean an increase in the Organization's activities, because failure to get other funds might still imply a cut in the overall activities of the Organization. This, of course, was merely an assumption. Neither he nor any one else could be sure of what might happen, and the only suggestion he had received was that he look into a crystal ball. He explained that one of the large items in the increase in the Regular Budget for 1955 was the use of Spanish as a full working language. He reminded the Representatives that the WHO had started using Spanish as a working language a few years ago, and added that a proposal was now being made to start some documentation in Spanish in 1955. This would amount to \$160,000, and the rest of the increases related to field projects.

Another thing the Director-General wished to mention was that if the WHO and the PASB, as an integrated organization, wanted to be a large health organization -- the World Health Organization -- some funds would be required to carry out its commitments with the UNICEF.

At the present time, he said, UNICEF has certain sums available for health projects which are welcomed by the Organization, but at the same time the Organization is placed in the position of not being able to carry out its commitments as regards payment of its personnel on joint projects, and for this reason he had approached the Executive Board of UNICEF with the request that some funds be allocated in order to help out the WHO in this situation. The Director-General added that he hoped the situation could be improved in the future, since it had far more importance than appeared on the surface. He went on to say that it was necessary to be prepared to carry out commitments as an international health organization, and to use UNICEF funds for joint projects in the manner established in 1950 by the Joint Committee on Health Policy, which delineated the fields of action of both Organizations.

Dr. Candau then referred to discussions on the increase in the budget of the Organization and some difficulties mentioned in connection with the limitations imposed by certain countries as regards their contributions to the WHO. He pointed out, however, that this problem was not related to the proposed increase in the WHO Regular Budget for 1955, as this was not the only reason for increasing the assessments against Member States.

He explained that regardless of what increase might be made in the budget for 1955, the miscellaneous income of about \$800,000 which was available in 1954 cannot be counted on for 1955. This matter should be clearly understood at the present time, he said. Owing to the fact that the miscellaneous income of the Organization in 1955 will not be the same as in 1954, it will be necessary to increase the assessments if the present level of activities is to be maintained. He expressed the hope that he had made this point very clear, for if the countries did not want to have their assessments increased, then the activities of the Organization would have to be decreased.

Dr. Candau went on to say that if the countries decided to decrease the budget of the Organization, he would not consider it any reflection on him, although he was well aware that it was his duty to defend the budget of the WHO and the maintenance of the present level of activities, regardless of whether they were TA or Regular Budget funds. But it was up to the countries to decide what they wanted from the Organization. If they did not wish the same sized program, they would have to decide at the next Assembly how it should be cut. He stated that he was not defending any so-called Secretariat point of view, but only the present level of activities of the Organization. He invited the Representatives of the Member Countries to make their wishes known to him and he would carry out any decisions they made, without permitting his personal feelings to interfere. He felt that he had to make this point of view very clear in order to avoid misunderstandings, since he would not be able to stay to discuss the matter at length or be present to answer questions at subsequent sessions of the Meeting. He added that he was truly sorry he would not be present, but felt sure that Dr. Soper, who knows the Organization as well as he, or better, would be able to supply all the information that might be required.

In conclusion, Dr. Candau recalled that 2,000 years ago Galen described health as a kind of harmony based upon the recognition of human differences and the distinctiveness of individuals. We must also realize that, although people, races, and nations differ, as do individuals, our ideal is the same; and this ideal, carried in our hearts and minds, may be summarized in two words: health and peace.

The CHAIRMAN thanked Dr. Candau for his interesting address, adding that it will be distributed to the Member Governments.

Mr. ANGUIANO (Guatemala) observed that all matters concerning the financial situation of the Organization are of vital interest to all the Representatives and, inasmuch as Dr. Candau had stated he would be unable to be present for a detailed discussion of the points raised in his speech, he suggested that the Representatives jointly request Dr. Candau to set a date during the meeting of the Directing Council when he would be able to take part in such a discussion.

Dr. MAY (Uruguay) suggested that the budget be considered immediately so that Dr. Candau could take part in the discussion.

Dr. CANDAU (Director-General, WHO) saw no advantage in discussing the financial situation at this time, since the only information available is that there will be much less money. The answer to the question that had been raised rests with the Governments, whose representatives to the Pledging Conference for Technical Assistance in November will decide what funds will be available for 1954. The WHO needs approximately \$5,000,000 for that year. It can count on \$2,500,000 and another \$2,500,000 will have to be found. The speaker considered it wiser to discuss a program of work first and later adapt it to the size of the budget. In conclusion, he said that the problem was extremely complex.

Mr. ANGUIANO (Guatemala) reminded the Chairman that no response had been given to the motion that Dr. Candau be invited to set a date on which he could discuss in detail the points raised in his speech, and he proposed that the matter be put to a vote.

Dr. SOPER (Director, PASB) said that he would be glad to provide the Council with any information it might wish, except on the afternoon of 9 October, when together with Dr. Candau he will attend meetings with officials of the United States. He added that the chiefs of the various divisions of the PASB would be present at the afternoon session in order to clarify any points concerning the budget.

Dr. CASTRO (Brazil) stated that, in view of the fact that all aspects were taken into consideration in the preparation of the budget, he believed that the Secretary General could clarify any point.

Dr. SOPER (Director, PASB) explained that the 1955 Budget (Document CE20/2) had been prepared prior to the receipt of the latest instructions from the WHO. He added that this

document takes into account the technical assistance funds that were expected to be received, on the basis of information available during the first months of this year. The latest limiting provision of the WHO had been approved in August. The 1955 Budget, therefore, does not reflect the curtailed program to which Dr. Candau had referred.

#### DECISION TAKEN

In view of the fact that Dr. Candau will not be in Washington, it was decided to postpone the consideration of the budget.

#### TOPIC 4: ESTABLISHMENT OF THE GENERAL COMMITTEE

The CHAIRMAN announced that the Council would proceed with the appointment of two Representatives who, together with the Chairman and the two Vice-Chairmen, would constitute the General Committee. He proposed that the Representatives of Brazil and the United States be so appointed.

Mr. RODRIGUEZ (Argentina), Dr. BISSOT (Panama), and Dr. BELLO SARRIA (Ecuador) supported the proposal of the Chair.

#### DECISION TAKEN

The Representatives of Brazil and the United States were unanimously elected members of the General Committee.

#### TOPIC 5: ADOPTION OF THE AGENDA (Document CD7/1, Rev. 3)

The CHAIRMAN announced that the Agenda (Document CD7/1, Rev. 3) had been approved by the Executive Committee and he, in turn, submitted it to the Council for approval.

Dr. MAY (Uruguay) stated that he would be unable to attend every session of the Meeting and asked if the Council would be willing to consider Topics 27 and 29 of the Agenda on Tuesday.

The CHAIRMAN replied that the General Committee will decide upon the order in which the topics will be considered, and saw no reason why it could not comply with the request of the Representative of Uruguay.

DECISION TAKEN

The Agenda (Document CD7/1, Rev. 3) was unanimously approved.

TOPIC 6: ADOPTION OF THE PROGRAM OF MEETINGS  
(Document CD7/2)

The CHAIRMAN submitted the Program of Meetings (Document CD7/2) to the Council for consideration.

Dr. SWELLENGREBEL (Netherlands) proposed that consideration of Topic 9 (Annual Report of the Director of the Pan American Sanitary Bureau, Document CD7/3) be postponed, inasmuch as this document is extremely important and many Representatives will wish to study it thoroughly before discussing it.

Mr. ANGUIANO (Guatemala) requested that the General Committee postpone consideration of Topic 10, concerning the Proposed Program and Budget of the Pan American Sanitary Bureau for 1954.

DECISION TAKEN

The Program of Meetings (Document CD7/2), with the proposals for postponement made by the Representatives of the Netherlands and Guatemala, were unanimously approved.

TOPIC 7: ANNUAL REPORT OF THE DIRECTING COUNCIL TO THE PARTICIPATING GOVERNMENTS (Document CD7/18)

The SECRETARY read the document related to this topic.

The CHAIRMAN proposed that, in view of the fact that the procedure previously adopted had proved satisfactory, the proposed resolution appearing in Document CD7/18 be approved.

Mr. RODRIGUEZ (Argentina) and Dr. CASTRO (Brazil) supported the proposal of the Chairman.

DECISION TAKEN

It was unanimously agreed to transmit to the participating Governments the Final Report of the Meeting of the

Directing Council, together with the Annual Report of the Director of the Pan American Sanitary Bureau, for the purpose of complying with Article 8-E of the Constitution of the Pan American Sanitary Organization. 1/

TOPIC 8: ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE

The CHAIRMAN announced that Dr. Juan A. Montalván (Ecuador), Chairman of the 19th Meeting of the Executive Committee, had reported that he had been unable to prepare his report owing to the fact that he had had to make a trip to Europe. He therefore requested that the Representatives agree to having the annual report of the Chairman sent at a later date for transmittal to the Governments.

It was so agreed.

The session was adjourned at 11:30 a.m.

1/ See Final Report of the VII Meeting of the Directing Council (Document CD7/47), Resolution I.



PRECIS MINUTES OF THE SECOND PLENARY SESSION  
Washington, D.C.  
Friday, 9 October 1953, at 2:30 p.m.

Chairman: Dr. Hernán URZUA Chile  
Vice-Chairman: Dr. Alberto BISSOT, Jr. Panama  
Secretary: Dr. Miguel E. BUSTAMANTE Pan American  
Sanitary Bureau

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The CHAIRMAN announced that the General Committee had already approved the program of work for next Monday and Tuesday and had set the afternoons of Tuesday, Wednesday, and Thursday for the consideration of technical topics dealing with public health. He added that the Report of the Committee on Credentials (Document CD7/30) had been distributed.

TOPIC 12: REIMBURSEMENT OF TRAVELLING EXPENSES OF REPRESENTATIVES TO REGIONAL COMMITTEE MEETINGS (Document CD7/16 and Addendum I)

The CHAIRMAN submitted Topic 12, on the reimbursement of travelling expenses of Representatives to Regional Committee meetings, for consideration.

Dr. SEGURA (Argentina) stressed the necessity of bringing into agreement the existing viewpoints on this matter. He enumerated the obstacles that the Representatives frequently have to overcome in order to attend the meetings, and the effects of the uncertainty of their attendance. He added that, since the attendance of the greatest possible number of Representatives at the meetings is of vital importance and since it is evident that the Region of the Americas contributes quotas to two organizations and receives less cooperation than other regional agencies, it might well receive the benefit of reimbursement. He stated that if the World Health Organization does not make the reimbursement, the Pan American Sanitary Bureau could do so and thereby it would only be anticipating an expenditure that later would be covered by the countries. He concluded by stating that the Argentine Delegation would propose this when the revision of the Constitution is discussed.

Dr. CASTRO (Brazil) said that the measure appeared to him to be inadvisable because, judging by the opinion expressed by an authorized person, there is little hope that the World Health Organization will pay for it, and if the Pan American Sanitary Bureau did so it would then be obliged to divert funds allotted for carrying out the programs.

Dr. BRADY (United States) supported Dr. Castro's views and stated that not only was it obvious that the Bureau would have to sacrifice part of the funds already earmarked, but there were many other reasons in support of the inadvisability of such a measure.

The CHAIRMAN affirmed that there were two ways of attaining this objective: one, the simple approval and transmittal to the Assembly for a definitive decision; and the other, the revision of the Constitution of the Pan American Sanitary Organization. He added that the maximum estimated cost of the holding meetings in another country is \$14,402, an amount he considered small if the importance of the problem is kept in mind.

Mr. ANGUIANO (Guatemala) agreed with the Representative of Argentina.

Dr. PIERRE-NOEL (Haiti) considered it desirable for the Permanent Committee on Revision of the Constitution to consider this matter, since the payment of reimbursement would also entail a constitutional revision.

Dr. BELLO SARRIA (Ecuador) supported the view of the Representative of Brazil.

Mr. RODRIGUEZ (Argentina) supported the view of the Representative of Haiti.

Mr. HINDERER (Chief, Division of Administration, PASB) believed that two subjects were being discussed. The document under consideration was prepared on instructions of the Sixth World Health Assembly, the Regional Committee being asked for its opinion as to whether the World Health Organization should reimburse the travel expenses of Members to Regional Committee meetings. He thought that the subject under discussion, the subject of whether the Pan American Sanitary Organization should make reimbursement to members of the Directing Council, seemed to be a different subject and could be discussed as a separate item.

The CHAIRMAN asked whether the elimination of the Directing Council would not entail the elimination of the Regional Committee.

The SECRETARY stated that if the Directing Council were eliminated the Regional Committee would continue.

Dr. SEGURA (Argentina) said that, since the elimination of the Directing Council is included in the proposed revision of the Constitution, it is preferable to postpone the study of this question.

The SECRETARY explained that the Director-General of the World Health Organization had sent an inquiry about reimbursement of the travelling expenses of Representatives to Regional Committee meetings and that, as was done with the opinions of the Regional Committees of Europe, Africa, the Western Pacific, and Southeast Asia, the opinion of this Committee would be transmitted to Geneva to be referred to the Assembly.

Dr. BRADY (United States) stated that at this meeting it was necessary to consider the reply that must be made to the inquiry from the World Health Organization and that postponement of the discussion of this topic until another occasion was not justified.

Mr. SANCHEZ BAEZ (Dominican Republic) disagreed with the Delegate of Argentina that the problem of reimbursement should be submitted to the Permanent Committee on Revision of the Constitution for consideration. He added that there would always be some agency that would function as a Regional Committee and that the main problem was whether or not there was agreement with respect to reimbursement.

Mr. VERGARA (Chile) expressed the opinion, after referring to the provisions in the present Constitution, that the expenses of the Representatives should be met by the Bureau and not by the Governments and repeated his hope that a decision to this effect would ensure greater attendance at the meetings.

Dr. SEGURA (Argentina) affirmed that they could expect that the World Health Organization was not going to meet the expenses and that at the time the Constitution is discussed it would be possible to determine whether the expenses of the representatives were going to be met by the Bureau or by the Governments. He added that nothing would be lost by postponing the discussion.

The CHAIRMAN asked whether the proposal of the Representative of Argentina was accepted.

Dr. MAY (Uruguay) stated that postponement did not mean settlement of the problem.

Mr. RODRIGUEZ (Argentina), Dr. CASTRO (Brazil), Mr. VERGARA (Chile), Mr. SANCHEZ BAEZ (Dominican Republic), Dr. PIERRE-NOEL (Haiti), and Dr. BISSOT (Panama) set forth their points of view.

The CHAIRMAN, considering the matter to have been sufficiently discussed, called for a vote on postponement of the discussion.

#### DECISION TAKEN

A vote was taken and the SECRETARY announced that there had been four votes in favor of the proposal and four votes against it, with seven abstentions.

Dr. MAY (Uruguay) was of the opinion that the discussion should continue.

Mr. RODRIGUEZ (Argentina) thought that the Chairman should cast the deciding vote.

Dr. BRADY (United States) asked that Article 9-C of the Constitution of the Pan American Sanitary Organization be read.

Mr. VERGARA (Chile) stated that, in his opinion, the proposal had been rejected.

Mr. RODRIGUEZ (Argentina) called for a new secret ballot.

Mr. PERALTA (Argentina) said he wished to clarify the legal import of the wording of Article 9-C of the Constitution. He pointed out that, considering the lack of a legal precedent as regards the application of this text, the spirit of the text should be followed, which would be in support of the opinion of the Delegation of Chile. However, there is one factor that changes this position entirely and that is that the phrase following the last comma was not placed at the beginning of the text of the article and it was therefore up to the Chairman to decide the matter. Mr. Peralta suggested that the Chairman submit the matter to a secret ballot, as was proposed by Mr. Rodríguez (Argentina).

Mr. VERGARA (Chile) did not object and recognized that it was a question of grammar, that is, the placing of the phrase and the comma.

The CHAIRMAN submitted the matter to a secret ballot.

DECISION TAKEN

Eight countries voted in favor of not postponing the discussion and four voted against it. Three countries abstained.

The CHAIRMAN requested the Council to reach an agreement on the substance of the question.

Dr. CASTRO (Brazil) stated that it was not possible to give such a reply and proposed that the inquiry of the World Health Organization, which appears in Document CD7/16, be read.

The SECRETARY read the section requested and the CHAIRMAN submitted the question of accepting reimbursement to a vote, appointing Dr. CASTRO (Brazil) and Dr. BELLO SARRIA (Ecuador) as tellers.

DECISION TAKEN

A secret ballot was taken.

Number of ballots cast:	13
Number of void ballots:	0
Number of valid ballots:	13
Abstentions:	2
Number of countries present:	15
Number of affirmative votes:	7
Majority necessary:	7

The CHAIRMAN declared the proposal favoring reimbursement of the travelling expenses of representatives attending Regional Committee Meetings approved, adding that this opinion would be sent to Geneva as the view of the Regional Committee. 2/

TOPIC 13: PLAN OF LONG-RANGE PUBLIC HEALTH PROGRAMS  
(Document CD7/28)

The SECRETARY read Document CD7/28.

The CHAIRMAN stated that this topic had been amply discussed at the 20th Meeting of the Executive Committee, during which the Chief of the Division of Public Health of the Bureau had furnished detailed information on the matter, at the request of the Representatives of Brazil and Chile. The Chairman pointed out that in the Proposed Program and Budget of the PASB for 1955 allotments necessary to take care of long-range public health programs had been included.

Mr. ANGUIANO (Guatemala) requested that since paragraph 4 of Resolution VI approved at the V Meeting of the Directing Council is mentioned in the present resolution, the paragraph be read.

The SECRETARY proceeded to read Resolution VI of the V Meeting of the Directing Council.

Mr. RODRIGUEZ (Argentina) stated that, inasmuch as point 2 of the operative part, in his opinion, implied that the quota contributions of Member Countries could be increased, he would like to suggest that this point be modified to read as follows:

"2. To instruct the Director to prepare these programs, after due analysis, in harmony with future budgets."

Dr. BISSOT (Panama), Mr. SANCHEZ BAEZ (Dominican Republic) and Dr. MAY (Uruguay) seconded the proposal of the Representative of Argentina.

Dr. CASTRO (Brazil) inquired whether the Directing Council could modify a resolution approved by the Executive Committee,

The SECRETARY explained that since this was a resolution submitted to the Directing Council, the latter could modify it.

Dr. ORELLANA (Venezuela) stated that the modification suggested by the Representative of Argentina merely changed the order of the words but in no way changed the substance, and indicated that he would prefer the original wording.

Dr. BELLO SARRIA (Ecuador) and Dr. CASTRO (Brazil) agreed with the point of view of the Representative of Venezuela.

#### DECISION TAKEN

The resolution in Document CD7/28, page 1, was approved with the modification proposed by the Representative of Argentina. 3/

3/ Ibid., Resolution III.

The session recessed at 4:35 p.m. and was resumed 15 minutes later.

TOPIC 19: REMUNERATION OF THE INTERNATIONAL STAFF  
MEMBERS OF THE PAN AMERICAN SANITARY  
BUREAU (Documents CD7/9 and CE19/8)

The SECRETARY read Document CD7/9.

Dr. MAY (Uruguay) inquired whether the repatriation grant is paid to staff members who have not completed two full years of service with the Bureau.

Mr. HINDERER (Chief, Division of Administration, PASB) pointed out that there is a difference between travel back to the home country and repatriation as a grant. All personnel are entitled to travel expenses back to their respective home countries. The repatriation grant applies only to personnel serving outside the home country for two or more years. They are entitled to an additional remuneration to help them become reestablished in their own country. A single man, when he returns to his home country after two years of service, is entitled to four weeks' additional salary; and for each additional year of service, he is entitled to one additional week's salary.

Dr. MAY (Uruguay) felt that it should be made clear that the return trip is always paid, even though the staff member works less than two years, and requested that this be placed in the record.

DECISION TAKEN

The proposed resolution in Document CD7/9 was unanimously approved. 4/

TOPIC 20: RETAINMENT OF POSITIONS IN THEIR OWN  
COUNTRIES BY THE INTERNATIONAL STAFF  
OF THE PAN AMERICAN SANITARY BUREAU  
(Document CD7/21 and Annex I)

The SECRETARY read Document CD7/21 and Annex I, which sets forth the opinions of the Member Governments on this topic.

4/ Ibid., Resolution IV.



Dr. MAY (Uruguay) explained that the opinion sent by his country at the request of the Director of the Bureau appeared in a letter signed by the Director of the Division of Health of the Ministry of Public Health of Uruguay, and it therefore was not a resolution of the Executive Power of his country. He added that there were cases in which employees whose positions were included in the budget had been detailed on special assignments without losing their posts.

Mr. SANCHEZ BAEZ (Dominican Republic) indicated that the opposition of his Government, expressed in the document just read, was based on a constitutional provision and that he would like this fact to be placed in the record.

The CHAIRMAN pointed out the difficulties encountered by the Pan American Sanitary Bureau in recruiting qualified personnel from Latin American countries. He stressed the importance of this matter, because the personnel hired by the Bureau represented a loss to the country of origin of the staff member. He then pointed out that although the countries wished to grant these facilities to their public health personnel, the problem consisted of deciding the duration of the special assignment. He added that in his own country there is a public health career service and an absent staff member remained in a static position.

Dr. SEGURA (Argentina) explained that in his country, when leave of absence is granted to a staff member, the duration and terms thereof are specified.

Dr. BELLO SARRIA (Ecuador) stated that in his country leave with salary is granted for a period of three months only, after which the staff member loses his rights.

Dr. ORELLANA (Venezuela) said that in his opinion the problem under discussion was of the utmost importance. He felt that the Directing Council should give an opinion on the matter. He agreed that the limitations imposed by national legislation should be respected, but the question should be discussed most thoroughly.

Mr. SANCHEZ BAEZ (Dominican Republic) stated that it was his observation that the opinions of the various Member Governments were in favor of the idea, in some instances a time limit being set. In the case of his Government the period was three months. No staff member who occupies an international position and takes an oath not to serve any particular

Government should, in his opinion, be entitled to receive a salary from his own Government. He indicated that it would be preferable to have this matter studied in greater detail by a working party.

The CHAIRMAN remarked that in Chile an employee who has absented himself from the country cannot retain his position after three years. He pointed out the difficulties faced by the staff member on his return by having to start his career anew. He mentioned the advantage of having an exchange of technical personnel and the important experience acquired in international organizations. He proposed the adoption of a resolution along the following lines:

"To recommend to the Member Countries of the Organization that they grant every facility to enable their experts to serve with the Pan American Sanitary Bureau and retain their posts, in accordance with existing legislation in the respective country."

Mr. RODRIGUEZ (Argentina) seconded the motion of the Chair, believing it to be in accordance with the wishes of the countries.

Dr. BRADY (United States) agreed with the Representative of Venezuela that the limitations imposed by the legislation of each country should be respected and recommended that the proposal of the Chairman be referred to the Drafting Committee.

Mr. ANGUIANO (Guatemala), Dr. BELLO SARRIA (Ecuador) and Dr. MAY (Uruguay) agreed with the proposal of the Chair.

Mr. SANCHEZ BAEZ (Dominican Republic) stated that he would agree with the proposal of the Chairman if the word "recommend" were changed to another that was less specific.

The CHAIRMAN proposed that the term be changed to "suggest", which was accepted by the Council.

#### DECISION TAKEN

The modified proposal of the Chairman was unanimously approved, with the understanding that it would be transmitted to the Drafting Committee. 5/

5/ Ibid., Resolution V.

TOPIC 21: REPORT ON AMENDMENTS MADE TO THE STAFF  
RULES OF THE PAN AMERICAN SANITARY BUREAU  
(Documents CD7/10, CE19/6)

The SECRETARY read Document CD7/10.

The CHAIRMAN wished to know whether these amendments to the Staff Rules of the Pan American Sanitary Bureau had been examined by the Staff Committee.

Mr. HINDERER (Chief, Division of Administration, PASB) explained that, according to the policy followed in the Bureau, the amendments to the Staff Rules are put into effect by the Director, after having been referred to the Staff Committee of the Staff Association for comment and criticism, which was done in this case.

The CHAIRMAN approved of this procedure, as he considered the welfare of the staff to be essential to the proper functioning of the Bureau.

DECISION TAKEN

The proposed resolution in Document CD7/10 was unanimously approved. 6/

The CHAIRMAN then suggested that, in view of the lateness of the hour, the Agenda be changed and Topic 24 be considered next.

TOPIC 24: REPAYMENT OF LOANS TO THE ROCKEFELLER  
AND KELLOGG FOUNDATIONS (Documents CD7/11,  
CE19/5)

The SECRETARY read Document CD7/11.

Mr. ANGUIANO (Guatemala), in view of the unpromising financial picture given by the Director-General of the WHO at the first plenary session, moved that payment of the loans not be approved at this time.

Mr. SANCHEZ BAEZ (Dominican Republic) said he agreed with the proposed resolution and moved that it be approved.

6/ Ibid., Resolution VI.

Dr. BELLO SARRIA (Ecuador) and Dr. CASTRO (Brazil) seconded the motion.

Mr. ANGUIANO (Guatemala) felt that it would be advisable to hear an explanation from the Chief of the Division of Administration of the Bureau. In view of the statements made by the Director-General of the World Health Organization at the previous session and because of the fact that both these Foundations are very powerful economic institutions, he proposed that the surplus be retained instead of being used to repay the loans.

Mr. HINDERER (Chief, Division of Administration, PASB) pointed out that, since the \$170,000 is now available, the Director felt that it would be more appropriate to pay off the loans and be rid of the obligation of \$50,000 a year during the next four years. By paying off the total obligation now, the continuing programs could be increased by \$50,000 a year beginning immediately, and it would not be necessary to include the \$50,000 for the buildings in future budgets.

Mr. ANGUIANO (Guatemala) repeated his original proposal that the debt should not be paid at the present time. He requested Mr. Hinderer to explain whether this did not, in fact, constitute an advance payment of the funds owed to the Foundations. He pointed out that in the original agreement the Director was under obligation to pay \$50,000 a year for the ensuing six years.

Mr. HINDERER (Chief, Division of Administration, PASB) said it is true that when the Director made the agreement with the Kellogg and Rockefeller Foundations, he agreed that the payment would be made within six years. The statement by the Representative of Guatemala is correct; the balance could be paid on the basis of \$50,000 a year for the next four years.

Dr. PIERRE-NOEL (Haiti) stated that, as member of the Executive Committee, his delegation had voted in favor of repaying the loans made by the Rockefeller and Kellogg Foundations. However, because of the pessimistic statements made by the Director-General of the World Health Organization concerning the financial situation of that Organization for 1954, he felt that he should change his position in this question and proposed that the Council make the regular payment of \$50,000 and that the remaining funds be reserved to cope with the present financial problems.

Mr. RODRIGUEZ (Argentina) and Dr. BISSOT (Panama) favored liquidating the debt with the surplus available.

Mr. SANCHEZ BAEZ (Dominican Republic) proposed that, since the matter had been discussed sufficiently, this question be put to a vote. He added that the Director-General of the WHO had made reference to the financial difficulties of the WHO and for this reason he believed it advisable for the PASB to be free of debt in the future.

#### DECISION TAKEN

The proposed resolution in Document CD7/11 was approved, the Representatives of Guatemala and Haiti dissenting. 7/

The CHAIRMAN announced that the next session would be held on the following Monday at 9:30 a.m., at which the Director's Report and the Budget would be dealt with. He therefore called the attention of the Representatives to these documents.

The session was adjourned at 6:00 p.m.

PRECIS MINUTES OF THE THIRD PLENARY SESSION  
Washington, D. C.  
Monday, 12 October 1953, at 9:50 a.m.

<u>Chairman:</u>	Dr. Hernán URZUA	Chile
<u>Vice-Chairmen:</u>	Mr. Andrés RODRÍGUEZ	Argentina
	Dr. Alberto BISSOT, Jr.	Panama
<u>Secretary:</u>	Dr. Miguel E. BUSTAMANTE	Pan American Sanitary Bureau

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COMMUNICATION FROM THE DIRECTOR GENERAL OF PUBLIC HEALTH  
OF BOLIVIA

The CHAIRMAN announced that a cablegram had been received from the Director General of Public Health of Bolivia, Dr. Francisco Torres Bracamonte.

The SECRETARY read the cablegram, in which Dr. Torres Bracamonte expressed his regret at not being able to attend the meeting of the Council and wished it the greatest success in its work.

TOPIC 9: ANNUAL REPORT OF THE DIRECTOR OF THE PAN  
AMERICAN SANITARY BUREAU (Document CD7/3)

Dr. SOPER (Director, PASB) stated that the Annual Report is a document which, as he had pointed out at the VI Meeting of the Council in Havana, should be prepared by the Directors of Public Health of the Member States. The PASB and the WHO have the responsibility of collaborating with and assisting the public health authorities of the Member Countries and, consequently, whatever work is carried out in each of them depends to a great extent on the national authorities. For this reason, it is very difficult for the PASB to prepare an Annual Report that might not be misinterpreted.

Dr. Soper went on to discuss some of the more important points of the Report. He spoke first of the International Sanitary Regulations No. 2 of the WHO, which entered into force on 1 October 1952, and as a result of which many aspects of the Pan American Sanitary Code ceased to be in force. There is a very important part of the Regulations that refers to yellow fever. Pursuant to the International Sanitary Regulations, there are now two conditions necessary to declare a zone endemic for this disease: first, the existence of the Aedes aegypti mosquito, and second, the existence of jungle yellow fever virus. Article 70 provides that the yellow-fever endemic zones and the yellow-fever receptive areas shall be delineated by the Organization in consultation with each of the health administrations concerned, and that a local area which is part of a yellow-fever endemic zone may be declared to be outside such zone if the Aedes aegypti index has continuously remained below 1% for a period of one year. A new delineation of the endemic zones had not been made before the International Sanitary Regulations came into force, and the Committee on Quarantine will not meet until October of this year to formulate its recommendations on this matter for presentation to the World Health Assembly. Dr. Soper also called attention to Article 20 of the aforesaid Regulations, which provides that ports and airports situated in a yellow-fever endemic

zone or yellow-fever receptive area shall be kept free from the Aedes aegypti mosquito. This, he stated, is an important point as a Government that declares a zone to be receptive to the disease has authority to demand certain restrictions in relation to passenger traffic. He hoped that this would increase interest in the eradication of the Aedes aegypti in the countries, since it is more important to eradicate the mosquito in a region than it is to keep the ports and airports free from mosquitoes. He added that, during 1951 and 1952, difficulties were encountered in pursuing the campaign for the eradication of the Aedes aegypti owing to the administrative reorganization and the transfer of functions to the Zone Offices, and also to the question of projects financed with Technical Assistance funds, but that beginning this year, the situation in this regard has been much better than was expected. At present, certain countries are being urged to lay emphasis on the need to proceed with the eradication of Aedes aegypti from certain parts of their territory in order to protect neighboring countries. For information, Dr. Soper added that, the Yellow Fever Committee, which met in September at Kampala, recommended to the Committee on Quarantine that the endemic zone in Central America, which was established first by UNRRA and later by the WHO, be maintained. This zone includes Panama but not Costa Rica and Nicaragua, where a short time ago cases of yellow fever occurred, since the Aedes aegypti mosquito is not present in these two countries. He recalled that the problem of yellow fever was discussed at the First Inter-American Congress of Public Health, held last year in Havana, a discussion in which the Director of the Pasteur Institute took part. This Institute is responsible for the preparation of vaccine to be applied by skin scarification. He added that an acceptable explanation had been found for the cases of postvaccinal encephalitis that occurred in Costa Rica in 1951, the conclusion being that they were due to the reduction of the virus in the vaccine, which was caused by the fact that it was not given the proper care before it was applied, since tests made later in monkeys showed no clinical disturbances when large amounts were used, but when very small amounts were applied a large number of monkeys died of the disease. Later, 80 cases occurred in Nigeria and the virus was isolated in the brains of 4 cases. Consequently, it was decided to recommend the use of vaccine with 17D virus, initially prepared by the Rockefeller Foundation. In 1952, an agreement was concluded with the Government of Columbia to renew and improve the installations for the preparation of vaccine in Bogota. In Brazil a process has been evolved whereby the vaccine arrives in the field for application in a dilution of 1 percent instead of 1:10 and 1:20 as was previously the case. There have been delays in obtaining the personnel and equipment necessary to prepare vaccine in accordance with this new technique, but it is hoped that all the vaccine needed for the countries of the Americas will be prepared.



Dr. Soper then referred to the program for the eradication of yaws in Haiti, started in 1950, in which the Government of Haiti, UNICEF, WHO, and PASB have cooperated.

After the initial experiments in 1951, a service was established for house-to-house treatment, under the personal responsibility of the Inspectors within a well-defined zone, to treat not only the apparent cases but also the contacts. The maximum dose applied was 600,000 units of penicillin. Within a few months during 1952, 100,000 persons were treated. The Yaws Service in Haiti has treated 96% of the inhabitants of the northern part of the Republic. Professor Hume, of the Johns Hopkins University, has visited Haiti during the last three years and he has arrived at the conclusion that the dose of 600,000 units of penicillin is sufficient to achieve the total eradication of yaws in that country. However, it is also necessary to eliminate yaws from the large cities in the country, and in this respect the problem of syphilis arises, since while yaws is being eliminated from rural areas, syphilis might be spread from the cities to those areas. Consequently, one campaign cannot be separated from the other. Furthermore, all eradication programs should be subject to expansion. For example, if yaws is eradicated in Haiti, it should also be eradicated in the islands of the Caribbean so as to prevent reinfection in Haiti. Something similar occurred in Brazil with the eradication of the Aedes aegypti. Brazil, whose borders touch upon ten different countries or territories, foresaw the importance of reinfestation and urged the neighboring countries to proceed with the work of eradication. Consequently, it becomes necessary to interest UNICEF and the countries and territories in solving the yaws problem, a problem that has been almost solved in Haiti.

Dr. SWELLENGREBEL (Netherlands) pointed out that in the introduction to his report, the Director complained that it falls short of the ideal he had set himself to attain. This ideal he described as follows on page 3:

- 1) A clear statement of the objectives of the Organization.
- 2) A description of the activities of the Bureau in attempting to reach these objectives.
- 3) An outline of the difficulties encountered.
- 4) An evaluation of the progress made.

Commenting further, Dr. Swellengrebel said that one of the reasons why, in his opinion, the Director had failed to prepare an ideal report was that the Bureau cannot report on the difficulties encountered in each individual country. But, he added, when studying the document he had wondered why could not the Director report on the difficulty encountered in all the countries? The difficulties each public health worker encounters in every

country, difficulties which may be described in these words: The results of public health are not spectacular, they are not dramatic; they do not appeal to the uninformed general public; they do not appeal to the authorities who hold the purse strings. He felt that the Director is well aware of this fundamental difficulty. On page 5 he wrote that

"the technical organizations in the international health field . . . . have failed to recognize the full emotional . . . . appeal of health programs, and have not successfully sold their programs to governments"; and the Director added: "The non-technical agencies . . . . have been more successful, with the result that the funds made available by these same governments for health work through voluntary contributions . . . . were considerably greater than those made available to the PASB and WHO through regular quota payments."

Of course, Dr. Swellengrebel continued, whatever else could the Director have expected? These non-technical agencies can formulate their opinions unhampered by the scientific knowledge which keeps the spokesmen of the technical organizations tongue-tied. With the greatest honesty and confidence, the non-technical agencies can express opinions which the technical organizations could not have upheld without violating their scientific conscience. Dr. Swellengrebel said he need not give examples of this state of affairs, as no doubt the Representatives have them at their fingertips. If the technical organization tries to strike a dramatic note without becoming dishonest, it usually fails in the eyes of the untutored masses. All the Representatives are familiar with a striking picture hanging in one of the conference rooms of the PASB. It represents one of the experiments of the Walter Reed Board to transmit yellow fever virus to man by the bite of a mosquito. Walter Reed himself, can be recognized, as well as old Finlay, and all the rest of them, including the volunteer, a U.S. soldier, with an inverted test-tube applied to his left arm (containing, no doubt, an Aedes aegypti, though the picture does not show it). How would this picture appeal to, say, a member of the Dutch Parliament? He might feel interested, so long as he believed that the volunteer was a patient who was being operated upon in order to restore his health. But as soon as he found out that the sole and only object was to make the man ill with yellow fever, he would lose all interest or, more likely, he would indignantly condemn the whole thing as smelling of the practices of the German concentration camps, and no one would succeed in getting one red cent out of the public purse of which he held the strings. But, he added, put the same Parliamentarian in front of the next picture. Unfortunately, it is not hanging in the conference room of the PASB, but most of us have come across it at some time. It is old-fashioned, the mid-Victorian, he judged, dripping sentimentality. It is called "The Doctor". It shows an ill-lighted room. In the

foreground a sick child is lying on a pallet, a bearded doctor with a kindly, confidence-inspiring face, closely watching the little patient. In the background the parents standing: the father's face furrowed with care, the mother is in tears. And so, you may be sure, would our Parliamentarian be in tears, and through his influence money could be raised for a hospital, for medicine and for doctors, but not for a well-supervised water supply, or a body of food handlers, or a well-organized vaccination service, which might have prevented the child from falling ill.

These two pictures in the PASB's conference room, continued Dr. Swellengrebel, the one actually there, the other to flank the first one in the future, would, he hoped, represent preventive and curative medicine. Money, he said, can be obtained for the latter, but not for the former, unless preventive medicine is paraded in the guise of curative medicine. And that is what the non-technical agencies are doing with the greatest honesty and confidence. And that is where they have an undeniable advantage over us, for we cannot follow their example, because we know better.

This, said Dr. Swellengrebel, was one of the thoughts a perusal of the Director's Annual Report had evoked in his mind. There were others, but he felt he had no right to take up more of the valuable time. He wished however to formulate the following conclusion: In framing the policy of health propaganda, romanticism should be avoided. The public should no longer be taught to have pity in their own tender hearts, but should transfer that pity to where it is really needed: the suffering population. Make them understand that treating hookworm patients, although an unavoidable duty, is no more than scratching the surface of the soil; it should go deeper, preventing infection, and still deeper, preventing the population falling an easy prey to infection owing to malnutrition.

He ended by stating that, if we succeed in immunizing the public (including the governments) against romanticism and sentimentality in health matters, or, speaking figuratively, if we succeed in weaning them from second-rate detective and love stories, and make them apply themselves to solid reading, then we need no longer be afraid of the well-meant but injudicious, and therefore, all too successful propaganda of the non-technical agencies.

Dr. SEGURA (Argentina) referred to the difficulties encountered by the Governments because of the variety of their quota contributions and the requests they receive from various sources for public health campaigns. Commitments are being assumed but considerable difficulty is encountered in obtaining practical results. The multiplicity of requests made to

the Member Governments for collaboration, together with the non-specific action of the more political of the Pan American agencies, with respect to public health programs, tend to prolong matters and at times the programs are not carried out. Often the public health activities are not executed in conformity with the ideas of the technical services, but rather are the result of decisions of the political agencies. Therefore, Dr. Segura felt that it is necessary to provide a unification of command and of action in the Continent insofar as public health programs are concerned. He suggested that the Director bring this matter to the attention of the Member Governments. He then pointed out that the Director had clearly and valiantly explained the difficulty encountered in obtaining experts in the American countries. The Governments should take these requirements of the Bureau into consideration and should sacrifice their experts by giving a certain priority to the needs of the Bureau.

Dr. Segura went on to say that a certain equilibrium should be maintained in the distribution of funds for programs in the different Zones, since one is struck with the fact that the budget for one Zone Office is double that of another, even though greater public health needs may exist in the former Zone. He felt that the Director should be congratulated for the international attitude he had maintained in relation to the position adopted by a Member Government with regard to the recruitment of personnel. It should not be forgotten that, on the other hand, the WHO has agreed to submit to a certain amount of supervision in this respect, since it does not employ an expert without first requesting the consent of the Government of the country of origin of that expert. Therefore, there is a principle according to which it is recognized that the Governments may have a say in the appointment of national experts.

In conclusion, the speaker pointed out that the development of the activities of the Organization in general, and the execution of the programs in the respective countries depend upon the Governments. In this regard, he praised the work of Zone VI Office in Buenos Aires, and especially the organization of the Seminar on Alcoholism in that Capital city, the preparation, progress, and results of which were excellent.

Dr. BRADY (United States) pointed out that when reading the Director's Report for 1952, he was impressed with the interdependence of public health programs one upon the other. He added that it is frequently true that a campaign to control a single disease may strengthen public health education, may gain the acceptance of the public to community health measures,

may result in the establishment of a permanent public health laboratory, and in fact set off a whole chain reaction in health services in advancing economic and social betterment. With regard to the Americas, he believed that the greatest profit results from education and training programs. Without a doubt, all countries need better trained personnel and many of them need more doctors and nurses. He said that the Director had reported on the formation of the Medical Education Information Center, whereby there is a coordination of various organizations in their progress toward better training and education. He felt that it was gratifying that disease control and eradication in the Americas were advancing apace. For example, 1,600,000 persons up to now have received treatment for yaws in Haiti, and it is expected that the campaign will be successfully concluded next year. The re-introduction of diseases and vectors after eradication is a matter that will need study by the PASO and WHO. In the United States, considerable thought is being given to this. Dr. Brady noted that in 1952, for the first time, the Organization was able to allocate all the funds budgeted -- another milestone of PASO. Over five million dollars were available for programs in the Americas -- funds from five separate sources. He continued saying that there did not appear to be any method whereby these funds could come from one or even two sources without resulting in a tremendous reduction in the total amount that would be available. Even though some aspects of the allocation and administration of these funds are not by such methods as health people would prefer, nonetheless these resources should continue to be channeled into the programs that are the most effective in reaching the desired objectives.

Dr. Brady then referred to the measures adopted by the United States Government to enable it to assist the heads of all international organizations in which it participates in determining whether any of its citizens who are employed, or are being considered for employment, have been demonstrated to be engaging in, or are deemed likely to engage in subversive activity against their own Government. He said he would first like to emphasize the importance which the United States Government attached to this problem. The public in the United States could not be expected to wholeheartedly support any organization that employs United States citizens who are dedicated to the destruction of the great principles for which the United States stands. He added that, to ensure that this situation does not occur, the President of the United States, in the Executive Orders referred to in the Director's Report, set up internal procedures in the Government to investigate United States citizens presently employed or

considered for employment by the international organizations, and authorized the Secretary of State to make arrangements with their executive heads to effect these procedures, concerning which a complete agreement had been reached. Dr. Brady said that the Director in his Report had included the measures concluded in this regard with the United States Government. He pointed out that the President of the United States, in establishing these procedures, made it quite clear that he was in no way questioning the independent discretion of the executive heads of the international organizations on personnel matters. The preamble of the Executive Order states that, "the independence of the Secretary General and his sole responsibility to the General Assembly of the United Nations for the selection and retention of staff should be recognized by all Member Nations." This, of course, is applied equally to the Director of the Pan American Sanitary Bureau, Dr. Brady added. Any information provided by the United States is advisory to the Director. After full investigation, the United States sends to the Director an advisory determination, with supporting information, concerning the loyalty of the United States citizen in question. The decision as to action to be taken lies with the Director.

Dr. Brady ended his comments by stating that the Director's Report reflects another year of accomplishment of the PASO and that, in brief, he thought that we could indeed be proud of the progress made in the field of public health in this Hemisphere.

Mr. DAVEE (Observer, UNICEF) expressed his appreciation for the opportunity to participate in the Meeting, and said he wished to clarify two points that appear in the Director's Report. The first point referred to the doubt expressed as to the qualifications of the non-technical organizations, to which group he considered UNICEF and the United Nations Technical Assistance to belong, in handling public health problems. The second point referred to the difficulties that arose because the Member Countries were asked to contribute not only to UNICEF but also to the WHO, UN/TA, and PASO. The Director's Report indicated that the Director-General of WHO had made a direct appeal to the Member States to make payment of their contributions to UNICEF, in order to prevent the interruption of public health programs in which the WHO participates. Mr. Davee understood by this that the Director-General of WHO had wished to point out the service being given by UNICEF in public health campaigns. In March 1953, UNICEF allotted US\$288,000 for the reimbursement of personnel expenses that were commitments of the WHO and UN/TA. In October of this year, US\$618,000 more were allotted to reimburse personnel expenses that were direct UN/TA commitments relating to public

health programs. This means that UNICEF allotted US\$ 906,000 for personnel expenses which were not its responsibility. He then referred to the doubt expressed as to the advisability of giving certain priority to maternal and child activities. The total of the public health programs approved by UNICEF in Latin America in the last four years, including the allotments for October 1953, amounts to US\$ 5,388,800. This is in addition to the transportation and administration expenses, the latter amounting to relatively small amounts, since they represent only 8 percent of the total cost of the programs. Practically the total amount of the funds have been used for equipment and supplies. On the other hand, according to the documents presented to the Council, of the 64 programs carried out by the PASB and the WHO, 31 were conducted with the cooperation of UNICEF. The proportion of programs for the control of communicable diseases, and more specifically for the control of yellow fever and malaria, is 70.6 and 32.6 percent, respectively, of the public health programs approved by UNICEF (the percentage for yellow fever and malaria is included in the total percentage for communicable diseases). Maternal and child health programs accounted for only 23.1 percent of the total. The contributions received by UNICEF from Latin America, from the end of 1949 to date, reached a total of US\$ 2,628,449, while the total cost of the contributions of UNICEF to the programs in Latin America, including emergency programs, represented a total of US\$ 9,321,700, plus expenses for administration and transportation. Thus, UNICEF has allotted a large proportion of its funds in Latin America to public health programs. The majority of the funds received by UNICEF come from the United States, Canada, and Australia, thus reflecting the generosity of the contributors, and in these contributions there was not the slightest hint of anything political.

Dr. SOPER (Director, PASB) pointed out that there is quite a bit of confusion, even among participants at the meeting of the Council, concerning the distribution of the funds that the Governments contribute for the programs. He said he found himself in a difficult situation with respect to the distribution of these funds in the programs. During previous meetings, the question of the percentage of the total funds used for the administrative expenses of the programs had been especially emphasized. He felt that it should be kept in mind that the Governments are again examining the international organization set up. In 1954, the Organization of American States will discuss the question of international organizations in the Americas. In 1955, there will be a re-study of this question by the United Nations. These are

political problems and it is the political representatives of the Governments who will participate in the discussion of these questions. On the other hand, the agreement between the WHO and the U.N. includes a provision regarding the possibility of the WHO's budget becoming an item of the budget of the United Nations and that, consequently, the situation in respect to this question is not yet clear. Dr. Soper said that the Director's Report was presented merely as an informative document, to give a picture of the conditions under which the PASB is working.

The Director thanked Mr. Davée, Observer for UNICEF, for his statements and emphasized that the PASB wishes to work in collaboration with UNICEF, the UN/TA, and the other organizations, with the aim of strengthening the health services of all peoples. He wished to make clear that the statements made in the Report for 1952 indicate no change or any anticipated change in the relationship of the PASO with other organizations. He had merely wished to explain the situation to the technical representatives of the Member Countries of the PASO, so that they would not expect from the Bureau staff a type of organization that cannot be established under the present conditions. As to the equilibrium between the budgets of the different Zone Offices, to which the Representative of Argentina had referred, Dr. Soper pointed out that it was not a simple problem. To a considerable degree, the small countries have the same problems as the large ones. Thus, the Central American Zone includes a population of 12,000,000 inhabitants, with six independent Governments, each of which needs its own public health personnel. On the other hand, Brazil has a population of 55,000,000 inhabitants and the expenditures in this respect are relatively small. The activities in Zones III (Central America and Panama) and IV (Lima) are explained by the fact that the PASB had Zone Offices in Guatemala and Lima prior to 1947 and 1948. In addition, there are countries that have had more experience in collaborating with international organizations. The distribution of the expenses reflects many factors that are involved, many of which cannot be easily explained. But the PASB always gives consideration to the need for arriving at an equitable distribution of available funds.

Dr. ESTRUCH (Dominican Republic) expressed his approval of the Director's Report and his satisfaction with the activities conducted by the PASB in his country, which include programs for insect control, venereal disease control, and the organization of public health units. He mentioned especially the work of Dr. Guillermo Samamé, Chief of Zone II, who is accepted as if he were another member of the Department of Public Health of the Dominican Republic.



Dr. SANCHEZ VIGIL (Nicaragua) praised the assistance given by Dr. Farnsworth, Chief of the Central American Zone Office, during the recent yellow fever epidemic. Thanks to his cooperation, it was possible to overcome the serious public health problem, a total of 750,000 persons having been vaccinated against yellow fever.

Dr. LAVOINE (France) said that the Director's Report expresses the desire to extend to all the Caribbean Islands the program for the eradication of yaws carried out in Haiti. Although he was in agreement with the principle that yaws and syphilis should be eradicated, he felt that the methods used should vary according to the country concerned. In this respect, he felt that the systematic house-to-house treatment method would be difficult to apply in the West Indies, for the following reasons:

- 1) It would be inadvisable psychologically, and to the inhabitants of Martinique and Guadeloupe it would appear to be colonial "bush" medicine.
- 2) To the French school of syphilography, this method would appear to involve the risk of syphilis "d'emblée".
- 3) Fortunately, the venereal danger is not great enough in the French territories to justify the need for applying such intensive measures.

Dr. Lavoine felt that, from an international viewpoint, general measures should be adopted. For this purpose it would be advisable to follow the customary methods of the International Union against Venereal Diseases, according to which each Caribbean country should place at the disposal of the merchant seamen, ambulatory dispensaries for the application of preventive treatment without loss of time. Also, the International Union against Venereal Diseases has always recommended to the Governments that venereal diseases be reported by the Directors of Public Health to their interested colleagues, in the case of persons traveling from one country to another. Also, compulsory reporting of syphilis and yaws cases to the Director of Public Health should be required of physicians attending cases of these diseases.

Dr. Lavoine further suggested that the Report of the Director be devoted not only to the Member Countries of the PASO, but also to those of the Regional Committee of WHO.

Dr. MAY (Uruguay) stated that Dr. Soper's Report reflects the difficult work that has been carried out. The explanations given by Dr. Soper and the UNICEF Observer dispelled any reservations that he might have had with regard to possible comments. Referring to the use of 600,000 units of penicillin as a general dose in mass campaigns, he said that, with regard to syphilis, he had seen patients who had been treated with that dose and who returned within four or five months with secondary manifestations, which they had not suspected because they had already received the treatment. He added that in his country the campaign recommended by the International Union against Venereal Diseases was started in 1917, the Government doing what it could by granting tax exemption for certain medicines, free medical care, etc. At present, the incidence of syphilis in Uruguay is about 26 per 100,000 inhabitants, the greatest proportion being in Montevideo, which as a port is an infection area.

Dr. BISSOT (Panama) congratulated the Director on the Report he had presented and moved that the Council approve it. With respect to his country, he praised the work done by Zone Office III and especially by its Chief, Dr. Farnsworth.

Dr. PIERRE-NOEL (Haiti) seconded the motion of the Representative of Panama and also expressed his satisfaction at the progress made during 1952.

(Proposal Concerning Unification of Action in Public Health Programs in the Region of the Americas)

The CHAIRMAN stated that there are two aspects to the relationships of international organizations with the Governments: one is financial, and refers to the difficulties in obtaining contributions and quotas; the other is human and practical, because for political reasons the Ministers or Directors of Public Health might be changed and the new incumbents might not be acquainted with the programs, whereas others are contrary, and it has even happened that the projects have become inactive although funds were available for their execution. Practically all the Governments have established international relations offices and the situation is improving, but even so, representatives of international organizations still are constantly making visits. Therefore, he suggested that instead of merely taking cognizance of the Director's Report, the Council approve a resolution specifying: (1) that the Directing Council approve the Report and congratulate the Director and the staff of the Bureau for the work performed in 1952; and (2) that the Director be requested to approach

the Governments and international organizations in an endeavor to have the technical and economic aspects of the public health programs in the Americas made uniform, under the direction of the PASB, and that the Director report on the results at the next Pan American Sanitary Conference. He added that it is a difficult problem, but in the course of the consultations some formula for its solution may be found.

Dr. SEGURA (Argentina) approved the first point proposed by the Chairman, and with regard to the second point, he proposed that a working party be appointed to draft the resolution.

Dr. BRADY (United States) and Dr. CASTRO (Brazil) seconded the proposal of the Representative of Argentina.

The CHAIRMAN pointed out that his proposal was merely a suggestion and proposed that the subcommittee be composed of the Representatives of Argentina, Brazil, and the United States.

Mr. DAVEE (Observer, UNICEF) remarked that the second suggestion of the Chairman was a matter he could not discuss, since it is a matter for the Executive Board of UNICEF to act upon. However, he pointed out that the WHO and UNICEF are represented on the Joint Committee on Public Health Policy, a Committee that decides the procedure to be followed in such matters. On the other hand, he said it had been suggested to the Director of the PASB four months ago that meetings be held to discuss the planning of programs. Consequently, coordination already exists, both for the general policy to be followed, and for the planning of programs.

Dr. MAY (Uruguay) suggested that the Observer for UNICEF collaborate with the working party in drafting the proposed resolution.

The SECRETARY pointed out that this was an internal working party of the Council and read Article 29 of the Rules of Procedure of the Council, relating to the composition of working parties.

Mr. DAVEE (Observer, UNICEF) said that the Secretary was right.

Dr. SOPER (Director, PASB) suggested that the aforesaid working party study the problem thoroughly and if it did not deem it advisable to present a draft resolution on this point, that it need not feel obliged to do so.

DECISION TAKEN

It was unanimously decided to approve the Report of the Director and to congratulate the Director and the staff of the Pan American Sanitary Bureau on the work performed during 1952, 8/ and to appoint a working party, composed of the Representatives of Argentina, Brazil, and the United States, to study and, if it thought it advisable, to draft a resolution on the second point presented, merely as a suggestion, by the Chairman of the Directing Council.\*

PROGRAM OF FUTURE PLENARY SESSIONS

Dr. SEGURA (Argentina) announced that the afternoon sessions on Tuesday, Wednesday, and Thursday would be devoted to Technical Discussions on nutrition problems, and suggested the possibility that these discussions be shortened, so that one of those sessions could be devoted to the discussion of topics on the Agenda of the Directing Council meeting.

The SECRETARY said that the material received from the countries for use in the Technical Discussions had already been distributed, and this might help expedite the discussions. In addition, the Delegations will send nutrition specialists to participate in the discussions, but in any case the General Committee is responsible for determining the programs for the sessions, and the Moderator who is to be appointed for the discussions would keep the Committee informed on the progress of the discussions and the possibility of following the suggestion of the Representative of Argentina.

The session was adjourned at 12:00 noon.

8/ Ibid., Resolution VIII.

- \* Resolution presented at the Sixth Plenary Session, under the title "Unification of Action in Public Health Programs in the Region of the Americas".

PRECIS MINUTES OF THE FOURTH PLENARY SESSION  
Washington, D. C.  
Monday, 12 October 1953, at 2:45 p.m.

Chairman: Mr. Andrés RODRIGUEZ Argentina  
Vice-Chairman: Dr. Alberto BISSOT, Jr. Panama  
Secretary: Dr. Miguel E. BUSTAMANTE Pan American  
Sanitary  
Bureau

SUMMARY

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TOPIC 10: PROPOSED PROGRAM AND BUDGET OF THE PAN  
AMERICAN SANITARY BUREAU FOR 1954 (Docu-  
ments CD7/19, CE19/2, CE19/23, Rev. I)

The SECRETARY explained Documents CD7/19, CE19/23, Rev. 1, and annexes.

Mr. ANGUIANO (Guatemala) said that before discussing this important topic he wished to mention a problem that concerned the public health authorities of Guatemala: the non-fulfilment of a duly approved field program, which had been postponed for lack of funds. He added that, fortunately, according to his information, there were means of overcoming these difficulties in due time.

He stated that when the Proposed Program and Budget of the Pan American Sanitary Bureau was discussed at the VI Meeting of the Directing Council, approval was given, among other programs that were to be carried out in Guatemala, to the following:

1) Model Health Unit	\$23,016
2) Maternal and Child Health	\$34,376
3) Nursing	\$58,277

When the PASB Budget for 1953 was discussed, the Delegation of Guatemala protested because these three programs, as well as the funds for the continuation of others, were listed in the Technical Assistance Funds column, pointing out that Guatemala does not permit the payment of subsidies to advisers. Mr. Anguiano stated that the Ministry of Public Health and Social Welfare of Guatemala had rejected the Nursing Program, so that only the Model Health Unit Program and the Maternal and Child Health Program remained to be carried out in the field of public health administration programs.

In conversations held between the Director of the PASB, the Representative of Zone III, and Dr. Gándara Lacape, Director General of Public Health of Guatemala, it was agreed that in order to better execute the programs and be able to utilize the funds allotted to the Nursing Program, which the Ministry had rejected, the Model Health Unit Program and the Maternal and Child Health Program would be joined in a single program, which would be called Rural Public Health Services or Rural Sanitation.

In May 1953 the Representative of Zone III informed the National Department of Public Health that he had instructions to sign the Agreement for the Rural Public Health Services Program and that the funds to pay for it would come from the regular budget appropriations of the WHO.

The Agreement on the subject was signed in June 1953, and since July of this year the National Department of Public Health has pressed the Representative of Zone III to get the program started. During the last week of August, Mr. Owens, Acting Representative of the Zone III Office, informed the Director of Public Health that he had received a cable informing him that the funds for the Rural Public Health Services Program were available and that the program could be started immediately.

Mr. Anguiano brought out the fact that page 96 of the Summary of the Proposed Program and Budget of the Pan American Sanitary Bureau for 1955 contains the items for the execution of the program on which the Agreement had been signed. On September 7 of this year, Dr. Farnsworth, the Zone III Representative, informed the Director General of Public Health verbally that, owing to new restrictions in the WHO budget, the program had been cancelled for the time being. On September 10 he repeated this fact, stating that on account of considerable temporary limitations the Pan American Sanitary Bureau would postpone the execution of the program.

He stated that, in view of the fact that the funds for the program in question had been approved at the VI Meeting of the Directing Council, and authorized at the Meeting of the Executive Board of the World Health Organization, Guatemala considered that it had the right to request that the Rural Public Health Services Program be carried out immediately.

Request by the Representative of Guatemala for  
Reconsideration of the Resolution on Repayment  
of Loans to the Rockefeller and Kellogg Founda-  
tions

Moreover, at the Second Plenary Session of this Meeting of the Directing Council, the Director of the PASB reported the existence of a surplus, and recommended (Document CD7/11) that it be used in repaying amounts that were not yet due on the loans from the Rockefeller and Kellogg Foundations. This recommendation was approved by a majority vote, the Representatives of Guatemala and Haiti dissenting.

He proposed that the resolution approved on 9 October by this Council be reviewed and changed to read:

"1. To authorize the payment of \$100,000 of the surplus to be applied on the loans from the Rockefeller Foundation and W. K. Kellogg Foundation.

"2. To authorize the immediate expenditure of the \$42,460 included in the 1953 Budget to carry out the Rural Public Health Services Program in Guatemala.

"3. To freeze the remaining \$28,268.46 in a Reserve Fund so that, should circumstances in the future make it necessary to postpone the execution of a vitally important field program in any of the member countries of the PASO, these funds will be available and can be utilized."

Mr. Anguiano closed his remarks by saying that at the Fourth Plenary Session of the 19th Meeting of the Executive Committee, the Representative of Haiti had pointed out the advisability of postponing repayment of the loans from the Rockefeller and Kellogg Foundations until the end of 1953, in case it should be necessary to have funds available to carry out programs.

Dr. SOPER (Director, PASB) wanted to clarify the matter for the Representatives, for, in his opinion, quite different matters had been confused. They were now considering, he added, the Proposed Budget of the Pan American Sanitary Bureau for 1954.

The problem that the Representative of Guatemala brought up referred, not to a PASB program, but to a program of the Public Health Administration of Guatemala, which was a Technical Assistance Program that has been transferred to the regular budget of the WHO to overcome the difficulty. It had been anticipated that by this means the program could be carried out, until instructions were received from the Director-General of the WHO to suspend or curtail all programs. The Guatemala program is not the only one in this situation. We are faced with a situation that affects many countries. This is a problem in which all the countries are interested. He stated that there is an internal document of the PASB in which the status of the programs of the different countries is described in detail.



He said that the situation pointed out by the Representative of Guatemala has not been overlooked; the Bureau has had to make other arrangements in connection with the Technical Assistance Programs. Although there is detailed information on the individual countries, he believed that the situation should be studied as a whole, because there are many countries in the same situation.

Mr. ANGUIANO (Guatemala) felt it important to know the exact financial situation of the World Health Organization and the Pan American Sanitary Organization, and wished to know if the figures contained in the 1954 Budget represent tangible amounts. He added that the approval of amounts existing only on paper serves no purpose and that there are ways of dealing with the situation.

Dr. SEGURA (Argentina) wished to know when the Director of the PASB had been informed that a surplus would be available, and what relation it bore to the time it was decided to eliminate certain programs that had been promised.

Dr. SOPER (Director, PASB) replied that the proposal for utilizing the available funds for the repayment of loans to the Rockefeller and Kellogg Foundations was presented at the end of last year, so that the sums might be applied to the present year. He made the clarifying statement that the surplus is from amounts accumulated because of irregularities in the payment of quotas. He also said that they are funds that the Director cannot expend without the Council's authorization. He recalled the statements of the Director-General of the WHO with respect to the financial difficulties of that agency for 1955, when it became impossible to keep the level of activities without increasing the quota contributions of Member Countries. The 1954 Budget contains an item of \$800,000, which represents former surpluses and has been earmarked for programs that must be continued in the ensuing years. The PASB has refused to increase estimated expenditures by including the surpluses of former years, thus avoiding an expense that might continue year after year and could not be maintained without increasing the quotas of the countries. He had preferred to tell the Council that it had available an unspent sum that could be applied to any activity representing a single and limited expense and not affecting programs of future years. As Director of the PASB it was his duty to point out the impossibility of taking care of the TA and WHO programs that have been postponed. He added that

he had learned in August that the WHO did not have sufficient funds to take care of the Guatemala program. He then asked Mr. Moore how much the frozen TA and WHO programs amounted to.

Mr. MOORE (Chief, Office of Coordination, PASB) stated that two types of projects have had to be suspended owing to the reduction in TA funds. There were some \$1,000,000 worth of programs that had been planned but were left out in the spring of 1953 because of the curtailment of the program. In addition, some \$200,000 worth of programs had been absorbed by the WHO Regular Program. Of those that were intended to be absorbed by the WHO Regular Program, only two or three were frozen through lack of funds. He added that it was difficult to give more exact figures, because some of the programs were reported to Technical Assistance, but not included in any documents. This, therefore, was an over-all figure, to give an idea of the number of programs it had been necessary to discard. He went on to say that there were some forty projects that had not been started when the first freeze occurred in the spring of 1953.

Dr. BRADY (United States) said that the item before them was the Regular Budget of the PASB, but he felt that in order to talk about that budget properly, it would be appropriate to also talk about the other proposed budgets in the document under consideration. With regard to the United Nations Technical Assistance Budget, he believed that most of those present would recall that it was estimated for 1952 that there might be as much as \$10,000,000 available to the WHO from the UN Technical Assistance. The World Health Assembly, therefore, actually approved projects totalling almost \$10,000,000. However, when it became known earlier this year that only a little over \$5,000,000 would become available to the WHO, it became quite difficult for the Director-General of the WHO and the Director of the Regional Office to decide how those funds could be used, when programs had been scheduled for almost twice that amount, and both officials were put in the very embarrassing position of having to tell the Governments that certain programs would have to be terminated or postponed. Dr. Brady felt that this was the situation described by the Representative of Guatemala. He pointed out that it was the Governments, our own Governments, that at the Pledging Conference to Technical Assistance did not pledge the amounts it had been thought they would pledge. He felt we should be grateful to the Director for the way he handled this very difficult situation.

With regard to the budget of the Pan American Sanitary Bureau, Dr. Brady stated that this is the budget on which delegates will commit their Governments at this meeting. This is not a voluntary budget, he declared, or one that is elastic or susceptible to change, but rather a concrete budget as to the amount of money that can be expected to be received in 1954; it amounts to an assessment of \$2,050,000. He pointed out that the action taken several days ago to repay the Kellogg and Rockefeller Foundation loans, a resolution which the United States had strongly supported, stipulated for that purpose the utilization of moneys that come in occasionally and are not recurrent like the year-after-year assessments. He added that the 1954 budget contains an item of approximately \$50,000 for the repayment of these loans. Since these loans will be paid in 1953, in accordance with a resolution already approved, he said, the United States Delegation would like to see this \$50,000 applied toward the reduction of the assessments to the Member Governments. In that way, at this time of governmental economies, there need be no increase in the amount of quotas, and the budget would remain at \$2,000,000 in 1954, which is the same amount it was in 1953.

The CHAIRMAN then announced that the Representative of Guatemala's proposal that the Directing Council reexamine its decision on the repayment of the Rockefeller and Kellogg Foundation loans would be put to a vote. He inquired of the Representatives whether, in the case of a reconsideration vote, a two-thirds majority was required for approval.

Mr. ANGUIANO (Guatemala) stated that if up to the present time every decision of the Council has been approved by a simple majority, in his opinion there would be discrimination if a two-thirds affirmative vote of those present were required in this instance.

The CHAIRMAN put the request of the Representative of Guatemala for reconsideration to a vote.

#### DECISION TAKEN

The vote was taken and the SECRETARY stated that there had been one vote in favor of reexamining the former resolution, eight dissenting votes, and five abstentions.

The CHAIRMAN then announced that discussion of Topic 10 on the Agenda would continue.

Dr. SEGURA (Argentina) felt that there should be a thorough study of the budget, including the various programs, and observations should be made on any point having a special connection with the problems that had been discussed.

The SECRETARY read the Report of the Working Party on the Proposed Program and Budget of the Pan American Sanitary Bureau for 1954 (Document CE19/23, Rev.1)

Mr. ANGUIANO (Guatemala) requested the Director of the Bureau to explain the interrelationship between the three columns in the document headed "PASB", "WHO Regular" and "UN Technical Assistance". He also wanted to know what criterion the Bureau uses in distributing items among these columns and what priority scale is employed by the Bureau to make available the funds assigned to the various items.

Dr. SOPER (Director, PASB) pointed out that the subject under discussion referred exclusively to the part pertaining to the PASB. The three columns in the document refer to funds of the WHO Regular Budget, UN Technical Assistance, and Other Extra Budgetary Funds. The latter includes primarily funds from UNICEF. It is impossible in this case to say beforehand how much the funds from UNICEF will amount to, he stated. The WHO Budget for 1954 and that of Technical Assistance were approved at the Havana Meeting, to be submitted to the World Health Assembly for consideration. These titles cannot be modified.

Dr. Soper continued by saying that the criterion followed in deciding whether a program will appear under the WHO or TA Budget sometimes depends on the type of program involved and on the possibility of utilizing funds from one or the other source at a given moment. He stated that some programs, as for example the Aedes aegypti eradication program, are exclusively the PASB activities. It has been found, he said, that the malaria-control program partly solves the Aedes aegypti problem, and a combined service for combating malaria and eradicating Aedes aegypti has therefore been incorporated. The attempt has been made at all times to adjust the programs to the financial situation of the various organizations cooperating with the PASB. Dr. Soper wished to explain that the distribution of programs by countries

necessarily depends on the existing situation within the country and on the time when the country desires the cooperative service. The Zone Office Chiefs are charged with the responsibility of discussing the programs with the countries, no matter what the origin of the funds is.

With regard to the system of priorities, Dr. Soper stated that a number of criteria had been established by the Bureau in the application of the programs, but their distribution did not always depend on the Bureau; on occasion he had had to convince the Representatives of UNICEF and TA as to the manner in which the funds should be utilized in Latin America. He pointed out that since January of this year there has been a Technical Assistance Executive Secretary authorized to give definite approval to all Technical Assistance programs.

Dr. URZUA (Chile) said that on examining the document, he could well understand the tremendous difficulty involved in the preparation of the budgets. Reading from the document, he cited the different percentages of funds contributed by the PASB, WHO, TA, and UNICEF for the execution of the programs. He pointed out that the PASB Budget is charged for the maintenance of the administrative machinery necessary for the handling of all these funds.

Mr. ANGUIANO (Guatemala) said that, according to the statements of the Director of the PASB, he understood that the interdependence of these funds is absolute, and he requested that the Director inform him whether this interpretation was correct.

Dr. SOPER (Director, PASB) replied that he could not see quite clearly the meaning of the word "interdependence". The document under discussion is the PASB Budget, but the Bureau has to handle funds of the WHO, the amount and programming of which are determined by the World Health Assembly. On the other hand, the TA funds are approved by the Executive Secretary of that agency, and those of UNICEF by its Executive Board, which votes the budgets and determines the distribution of funds. The only funds controlled by the Directing Council are those of the PASO. The WHO receives the suggestions made by the Directing Council, as Regional Committee, but in this connection there is the fact that the WHO approves its budget before the PASB budget is approved. For example, the WHO has already approved its 1954 Budget, in regard to which it could not take into consideration the PASB Budget that is now being considered. Dr. Soper added there is no merger of the funds coming from TA, WHO, UNICEF, and PASB, and that in reality there are four different sources of income and four different systems for

approving the programs. He felt that the participants should hear the remarks that Mr. Davée, Observer for UNICEF, wished to make.

Mr. DAVEE (Observer, UNICEF) declared that in the column of the Budget headed "Other Extrabudgetary Funds", the majority of the appropriations come from UNICEF. From the point of view of UNICEF, the budget figures given in Document CE19/2 no longer reflect the real facts, whereas those in Document CE20/2 are approximately correct. Between the dates on which the two budgets were prepared, there has been introduced a joint planning mechanism that has made it possible to coordinate figures and reconcile viewpoints. He said that this anonymous manner of describing the funds proceeding from UNICEF is maintained in order to avoid false interpretations that might arise when amounts, such as those coming from Technical Assistance, are considered to be already approved. UNICEF wishes to prevent these funds from being considered as UNICEF commitments. He pointed out that UNICEF does not prepare a proposed budget, but rather prepares plans for programs, as a means of expressing its interest in this or that activity. When the approval of the budget is announced, it means that the funds actually exist and that the countries can count upon them. He stated that the difference between the figures given in the pertinent column of the PASB Budget and those that had been expected, is quite small. These amounts should be examined in the light of what has already been approved by the UNICEF Executive Board.

Mr. Davée took advantage of the occasion to state that this budget shows the joint activities of both organizations, and he requested that the PASB, in the joint planning of activities, give special attention to maternal and child programs. In Latin America, all improvements that can be introduced in public health matters could very well be started with the maternal and child aspect of the programs. At its last meeting, the Executive Board of UNICEF expressed the desire that the environmental sanitation programs be integrated with those of maternal and child health. He declared that UNICEF takes special care to avoid duplication of activities begun in Latin America by the Institute of Inter-American Affairs.

Dr. URZUA (Chile) referred to the complexity of the problem of preparing the budgets and entered into a comparative analysis of the funds assigned in the 1954 Budget with those of the 1955 Budget.

Dr. SOPER (Director, PASB) explained that Document CE19/2 is the 1954 Budget approved by the Executive Committee at its April 1953 meeting. He referred to the statements made by the UNICEF Observer to the effect that the UNICEF budget should be considered essentially as a program planning document. In organizations such as the PASB and the WHO, whose programs must be adapted constantly to the needs of the Governments, the situation is the same. The Director said that on page 6 of Document CE19/2 there is a proposed resolution that explains the manner in which the previous budgets had been approved. For the benefit of the Representatives who are attending a meeting of the Directing Council for the first time, he gave a general explanation regarding the different sections of the budget document. He declared that, after preparing Document CE19/2, another one was prepared in which a new study of the situation was made. This was done in order to have a firm basis on which suggestions could be made to the WHO. The distribution of estimated expenditures for 1955 was presented to the WHO for its approval. Dr. Soper wanted to make this explanation as he had understood that the Representative of Chile was going to point out that the two documents did not exactly coincide.

Dr. URZUA (Chile) stated that the funds from TA, WHO, UNICEF, etc., were provisional, and inquired whether a transfer of funds could be made to cover the programs in Guatemala.

Mr. ANGUIANO (Guatemala) said that, with respect to the transfer of funds, the Director has received special authorization to make such transfers.

Dr. SEGURA (Argentina) stated that they should proceed to approve the Budget in an orderly manner, beginning with the over-all allotments. He suggested two alternatives: a Working Party should be appointed to study the Budget and present it to the Directing Council, or the countries that have studied the budget and have comments to make, should present them to the Council. He pointed out that a detailed analysis of the document would take up too much time and that, in view of the fact that there had already been time to study it, the Governments should present their comments.

Dr. CASTRO (Brazil) deemed the proposal of the Representative of Argentina very pertinent and added that the budget should be approved or rejected as a whole.

Dr. MAY (Uruguay) said that, in his opinion, the explanations of the Director were quite accurate and that, after having examined the document carefully, he was willing to approve it.

Dr. BELLO SARRIA (Ecuador) felt that the Report of the Working Party on the Proposed Program and Budget of the PASB for 1954 should be studied, as he believed that they should begin by either approving or disapproving it.

Dr. BRADY (United States) indicated that the United States Delegation was willing to support the Report of the Working Party with the amendment he had proposed earlier, of decreasing the total assessments by \$50,000.

Mr. SANCHEZ BAEZ (Dominican Republic) supported the proposal of the Representatives of Ecuador and the United States.

Dr. SEGURA (Argentina) announced that the Argentine Delegation would approve the Budget, but that first he wished to make several remarks regarding the increases noted therein. He stated that the allotments for the Fellowships Section had been reduced while those of the Office of the Chief of the Division of Education and Training had been increased. He pointed out other increases in the Office of the Chief of the Division of Administration and in that of Administrative Management and Personnel. He said, however, that he had always maintained that the administrative part is highly important.

Dr. SOPER (Director, PASB) said that for some years the Education and Training Services had not been developed because no one could be found who was qualified and trained in both health and professional education. He added that in Dr. Wegman he had found the person who fulfills both requirements. He said that the Representative of the United States had expressed his satisfaction with the manner in which the Coordination Service operates as to activities of agencies interested in technical education. He added that in addition to the post of Division Chief, it had been necessary to fill the post of Chief of the Professional Education Branch by appointing Dr. Molina. He emphasized the fact that previously some criticism had been directed toward the Bureau because it did not devote sufficient attention to the preparation of professional personnel. He felt that the question asked by the Representative of Argentina was most pertinent, and said that the Bureau is very proud of having been able to consolidate these activities.

The CHAIRMAN called for a vote on the proposal of the Representative of the United States to the effect that the \$50,000 representing a payment on the loans made by the Rockefeller and Kellogg Foundations be used to reduce the budget so that there would be no need to increase the quota payments.



DECISION TAKEN

By unanimous vote the proposal of the Representative of the United States was approved.

The session was recessed at 5:00 p.m., and resumed at 5:30 p.m.

Dr. BISSOT (Panama) said that he would vote in favor of the budget but that he proposed that the amount of \$50,000 representing a payment on the loans be used to strengthen the field programs.

Dr. URZUA (Chile), Dr. BELLO SARRIA (Ecuador), and Mr. ANGUIANO (Guatemala) seconded the proposal of the Representative of Panama.

Dr. SOPER (Director, PASB) explained that, in his opinion, there was a misunderstanding in the proposal made by the Representative of Panama. If the amount of \$50,000 were left in the budget to strengthen the field programs, in reality the budget would be increased, and this, he wished to make clear to the Representatives, would also mean an increase in quotas.

Dr. SEGURA (Argentina) said that in reality there could not be a reimbursement of this amount to the Governments because the amount had not yet been paid. He added that he supported the proposal of the Representative of the United States, since, by deducting the amount of \$50,000 from the 1954 quotas, the budget would be kept on the same level as for 1953.

Dr. PIERRE-NOEL (Haiti), Dr. MAY (Uruguay), and Dr. ORELLANA (Venezuela) supported Dr. Brady's proposal, which had been seconded by the Representative of Argentina.

Dr. BISSOT (Panama) withdrew his motion. He declared that it was not his desire to increase the quota payments and proposed that the budget be approved as it stood.

Mr. ANGUIANO (Guatemala) said that he wished to voice a protest, not for the purpose of systematically opposing the budgetary policy of the PASB and the WHO, but rather, for reasons mentioned previously, because the field programs in Guatemala appear in a column under the heading, United Nations Technical Assistance funds.

The SECRETARY pointed out that a definitive resolution on the appropriations must be approved.

DECISION TAKEN

The Proposed Program and Budget of the Pan American Sanitary Bureau for 1954 and the resolution appearing on page 6 of Document CE19/2 were approved by unanimous vote, it being established that the over-all amount of the budget would be \$2,000,000, and that the quotas to be paid by the Member States would be based on the amount of \$2,000,000. 9/

TOPIC 11: SUMMARY OF THE PROPOSED PROGRAM AND BUDGET OF THE PAN AMERICAN SANITARY BUREAU, AND PROPOSED PROGRAM AND BUDGET OF THE REGION OF THE AMERICAS, WORLD HEALTH ORGANIZATION, FCR 1955  
(Documents CD7/26, CE20/2)

The SECRETARY read Document CD7/26.

Dr. SOPER (Director, PASB) stated that, in this case, the document under consideration concerns exclusively the WHC Budget. He said it was the present custom to approve the PASB Budget in the year preceding the budgetary year. Now it is necessary to approve the WHO Budget and he added that the PASB Budget appearing in this document is presented for information. He referred to the statements made by the Director-General of the WHO at the First Plenary Session of this meeting. He pointed out that it is now known that a certain part of the program cannot be carried out; the budget, however, was prepared before the need to make a greater reduction was learned. He regretted that he could say nothing further in the matter, but the situation is unforeseeable and does not depend upon the PASB.

Dr. SEGURA (Argentina) said that his Delegation would not discuss the consideration of the 1955 budget at this time. He said that in this case it would not be possible to make the reduction of \$50,000, for which reason he felt that the amount of \$2,050,000 should remain in the 1955 budget.

Dr. SOPER (Director, PASB) pointed out that the 1955 PASB Budget was not under consideration and that it had been presented, insofar as the PASB is concerned, only for information. The Executive Committee is responsible for the preparation of the Bureau's budgets and it was expected that next year the Executive Committee would take into consideration the conditions

prevailing at that time. He emphasized the fact that, although as Director of the PASB he favors having the Governments approve the PASB Budget at the same time they examine the WHO programs, he could understand that the Representatives were not authorized by their Governments to make commitments for 1955. He added that even in the case of the WHO Budget, the World Health Assembly has the final responsibility.

Dr. SEGURA (Argentina) requested a clarification of the manner in which Document CD7/26 was drafted.

Dr. SOPER (Director, PASB) said that apparently a word had been used that brought about confusion. He stated that perhaps the phrase "draft projects" should have been used instead of "summary". This document had been prepared in the hope of facilitating the planning of programs and making plans for quota payments.

Dr. MAY (Uruguay) held that it would be preferable to change paragraphs a and b of the operative part of the resolution to read "plan for" instead of "summary of". He felt that the same word given by the UNICEF Observer should be used, and made a motion to this effect.

Dr. ORELLANA (Venezuela) stated that he understood the word "summary" to be appropriate but added that he would prefer the words "preliminary draft".

Mr. ANGUIANO (Guatemala) supported the change proposed by the Representative of Uruguay.

The SECRETARY read the text as it would be phrased in the operative part of the resolution, if the proposal made by the Representative of Uruguay were approved.

- "a. That the Directing Council approve the Plan for the Program and Budget of the Pan American Sanitary Bureau for 1955; and
- "b. That, the Directing Council, as Regional Committee of the World Health Organization, approve the Plan for the Program and Budget of the Region of the Americas, World Health Organization, for 1955."

Dr. BRADY (United States) said that in the past years the Directing Council adopted a resolution merely stating that "it takes note of" the document. He felt that this expression was more appropriate.

Dr. SOPER (Director, PASB) said that the information of the Representative of the United States was correct, insofar as the WHO Budgets previous to 1952 were concerned, but that this year, for the first time, the PASB and WHO Budgets for 1955 were being considered jointly. He was pleased to note that the Executive Committee, at its Meeting in Havana, took a special interest in studying the program planning for 1955 and stated the Executive Committee has the authority to recommend such planning.

The CHAIRMAN requested that the proposed resolution be read again and stated it would be presented to the General Committee for final drafting.

Dr. MAY (Uruguay) pointed out that if the phrase "plan for" were not used, the word "preliminary draft" should be used as an alternative.

#### DECISION TAKEN

The proposed resolution contained in Document CD7/26 was approved by unanimous vote, to be referred to the General Committee for final drafting in conformity with the changes suggested by the Representative of Uruguay. 10/

Dr. SEGURA (Argentina) stated that, in his opinion, the approval of the resolution that had just been read would imply that the PASB Budget for 1955 would also be approved. The Director had stated that in this instance the WHO Budget and not the PASB Budget was being approved, but Dr. Segura felt that it would be better to proceed in the same manner as was done at the VI Meeting of the Directing Council when Resolution XIV was approved.

Mr. SANCHEZ BAEZ (Dominican Republic) said he understood that if the suggestion made by Dr. Segura were accepted, they would have to reconsider what had already been approved.

Dr. SOPER (Director, PASB) felt that what had been suggested by Dr. Segura was not much different from what would happen in any event, because Resolution XIV adopted at the VI Meeting of the Directing Council provided that the document should be sent to the Member Governments and this would be done in any case.

Dr. SEGURA (Argentina) said he was satisfied and withdrew his proposal.

The session was adjourned at 6:05 p.m.

PRECIS MINUTES OF THE FIFTH PLENARY SESSION  
Washington, D. C.  
Tuesday, 13 October 1953, at 9:48 a.m.

Chairman: Dr. Hernán URZUA Chile  
Vice-Chairmen: Mr. Andrés RODRIGUEZ Argentina  
Dr. Alberto BISSOT, Jr. Panama  
Secretary: Dr. Miguel E. BUSTAMANTE Pan American  
Sanitary Bureau

SUMMARY

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TOPIC 23: WORKING CAPITAL FUND (Document CD7/6)

The CHAIRMAN presented for consideration Document CD7/6, which was read by the SECRETARY.

Dr. BELLO SARRIA (Ecuador) moved that the proposed resolution appearing in the aforesaid document be approved.

Mr. RODRIGUEZ (Argentina) and Dr. CASTRO (Brazil) seconded the motion.

DECISION TAKEN

By unanimous vote the proposed resolution appearing in Document CD7/6 was approved, the Working Capital Fund for 1954 being established at \$1,200,000. 11/

TOPIC 22: RESOLUTION CONCERNING MEDICAL CARE, ADOPTED BY THE FIFTH CONFERENCE OF AMERICAN STATES MEMBERS OF THE INTERNATIONAL LABOR ORGANIZATION (Documents CD7/4, CE19/3 and Annex I, CE19/19)

The SECRETARY read Document CD7/4, containing the resolution on this topic adopted by the Executive Committee at its 19th Meeting. He pointed out that the Resolution concerning Medical Care adopted by the V Conference of the American States Members of the International Labor Organization (Document CE19/3, Annex I) was also presented for information.

Dr. BRADY (United States) said that although the document was given to the Council solely to note, he wished to comment on the aforesaid Resolution. As he interpreted the document, the American States Members of ILO were making specific proposals as to the methods by which governments should carry out their medical care programs. There are evident dangers in international organizations' recommending to the governments the methods by which medical care should be given to nationals, a detail that had been faced by the III World Health Assembly, at which it was established that it was not the prerogative of international organizations to determine such methods. Consequently, because of the wide diversity of economic, political, and social conditions in the different countries, it would be very wise for the PASO not to endorse any recommendations in this respect, since Article 2-p of the Constitution of the World Health Organization specifies that one of the functions of the Organization is "to study and report on" the administrative and social techniques affecting medical care, and the word "recommendation" was carefully omitted.

Dr. CASTRO (Brazil) supported the statements of the Representative of the United States and added that, although he was in agreement with point 1 of the Resolution adopted by the Member States of the ILO, he wished to make reservations on the remainder of the points, since the application depends on the economic, cultural, and social conditions in each country.

Dr. SEGURA (Argentina) suggested that the aforesaid Resolution be transmitted to the Member Governments.

The CHAIRMAN stated that the Governments had been informed of the Resolution by the ILO.

Dr. ORELLANA (Venezuela) agreed with the statements made by the Representatives of Brazil and the United States. He suggested that the Council merely take note of the Resolution and transmit it to the WHO.

Dr. SOPER (Director, PASB) explained that this Resolution was received from the Director-General of the WHO for transmittal to the Regional Committee of the Americas, with no suggestion on the part of the Director-General. Therefore, he felt that the most appropriate action would be for the Council merely to take note of the Resolution.

Dr. PIERRE-NOEL (Haiti) agreed with the Director of the PASB.

The CHAIRMAN recalled that the Executive Committee, at its 19th Meeting, did no more than take note of the Resolution. The application of the methods for medical care is a question falling within the province of each country, and consequently it would not be appropriate for the Directing Council to make any recommendation in this matter.

Mr. SANCHEZ BAEZ (Dominican Republic) stated, for information, that his Government had concluded a Technical Assistance agreement with the International Labor Organization for the provision of advisory services for the new phase of social security in the Dominican Republic, and that with this in view a group of ILO experts are at present in his country working on the coordination of the social security and public health services. This is a delicate matter, but the results will be beneficial, because the study includes the preventive and curative aspects of medical care as determining factors in the solution of public health problems.

DECISION TAKEN

It was unanimously agreed to take note of the Resolution concerning Medical Care adopted by the V Conference of American States Members of the International Labor Organization (Document CE19/3, Annex I). 12/

TOPIC 25: AMENDMENTS TO THE FINANCIAL REGULATIONS OF THE PAN AMERICAN SANITARY BUREAU (Documents CD7/12, CE19/7)

The SECRETARY read Document CD7/12, which transmitted the decision on this topic adopted by the Executive Committee at its 19th Meeting.

Dr. SEGURA (Argentina) pointed out that amendments to the Financial Regulations are a purely Pan American question, and consequently in this instance the Council is acting as the Directing Council of the Pan American Sanitary Organization. The proposed amendments refer to the contributions made by France, the Netherlands, and the United Kingdom, on behalf of their territories in the region of the Americas, and therefore it is a question related to the revision of the Constitution of the Pan American Sanitary Organization, in which the juridical status of these delegations is to be determined. Consequently, he proposed that Topic 25 be postponed until the revision of the Constitution had been taken up.

Mr. ANGUIANO (Guatemala) supported the proposal of the Representative of Argentina.

Dr. ORELLANA (Venezuela) saw no practical advantage in postponing the discussion on the amendments to the Financial Regulations.

Dr. CASTRO (Brazil) pointed out that one discussion had been postponed for the same reason and he therefore suggested that the order be reversed and the revision of the Constitution be taken up first.

Dr. PIERRE-NOEL (Haiti) agreed with the the Representative of Venezuela.

Mr. SANCHEZ BAEZ (Dominican Republic) also agreed with the opinion of the Representative of Venezuela. The Constitution and the Financial Regulations are two quite different matters. Furthermore, the revision of the Constitution could not be discussed at



the present meeting of the Directing Council, since the Executive Committee had not yet prepared the complete draft revision and the subject would be deferred until the meeting of the Pan American Sanitary Conference next year. He therefore proposed that a vote be taken on the amendments to the Financial Regulations.

Dr. SEGURA (Argentina) reiterated his previous statements. In the revision of the Constitution the juridical status of France, the Netherlands, and the United Kingdom within the Organization would have to be taken up and, consequently, it might be that those States would lose the rights they now have.

Dr. SWELLENGREBEL (Netherlands) requested that the Chairman make it clear whether the Representatives of France, the United Kingdom, and the Netherlands have the right to express an opinion on this question.

The SECRETARY read Articles 7-A, 8, 9, 10, 11, 11-A, and 11-B of the Rules of Procedure of the Council, in which the rights of the aforesaid Representatives are defined.

The CHAIRMAN announced that in accordance with those articles, the Representatives of the non-self-governing territories have a right to vote in this case, since it was a matter regarding the budget.

Dr. SOPER (Director, PASB) explained that it did not concern a financial problem. The authorization to receive contributions on behalf of the non-self-governing territories had been established in Resolution XL adopted at the V Meeting of the Directing Council. The proposed amendments are simply intended to place the contributions made on behalf of those territories on the same accounting basis as those of the Member States.

Mr. SANCHEZ BAEZ (Dominican Republic) said that after hearing the explanation of the Director, he thought it would be best to take up the amendments to the Financial Regulations immediately, before taking up the revision of the Constitution.

The CHAIRMAN called for a vote as to whether the amendments to the Financial Regulations should be studied immediately.

This was agreed to by a majority vote.

Dr. ORELLANA (Venezuela) moved that the proposed resolution appearing in Document CD7/12 be approved.

Dr. BELLO SARRIA (Ecuador), Mr. SANCHEZ BAEZ (Dominican Republic), Dr. BRADY (United States), and Dr. LAVOINE (France) seconded the motion of the Representative of Venezuela.

DECISION TAKEN

The proposed resolution in Document CD7/12, containing the proposed amendments to the Financial Regulations, was unanimously approved. 13/

TOPIC 26: REPORT ON THE COLLECTION OF QUOTA CONTRIBUTIONS (Document CD7/24)

The SECRETARY read Document CD7/24.

Dr. SOPER (Director, PASB) explained that although there had been some delays in the payment of quotas dating back to 1946, the situation generally was better now than it had been in previous years. With respect to the last four years, there have been received 98.2 percent of the total quotas for 1950; 92.6 percent of those for 1951; 88.3 percent of those for 1952; and 86.2 percent for those for 1953.

Dr. SANCHEZ VIGIL (Nicaragua) explained that the quota payment for 1953 of his country had been included in the budget for the fiscal year 1 July 1953 to 30 June 1954 and would be made soon.

The CHAIRMAN said it was evident that the Governments are making every effort to pay the quotas more regularly, and that the pending amounts at the end of the year were relatively small. He stressed the need to pay the quotas punctually, since the normal activities of the Bureau depend upon prompt payment.

The proposed resolution on this question was put to a vote.

DECISION TAKEN

The proposed resolution in Document CD7/24 was unanimously approved. 14/

13/ Ibid., Resolution XIII.

14/ Ibid., Resolution XIV.

TOPIC 14: FINANCIAL REPORT OF THE DIRECTOR AND REPORT  
OF THE EXTERNAL AUDITOR FOR 1952  
(Documents CD7/7, CE19/10, CE19/25)

The SECRETARY read Document CD7/7, containing the decision approved by the 19th Meeting of the Executive Committee, and explained certain points in the Report of the Working Party and the Director's and External Auditor's reports, annexed to the former document, all of which were duly transmitted to the Governments.

The CHAIRMAN stated that at its 19th Meeting the Executive Committee studied in detail both the Financial Report of the Director and the Report of the External Auditor and he believed that acceptance of the report made by the Working Party of the Committee (Document CE19/25) was in order.

Mr. CALDERWOOD (United States) felt that the Directing Council should give some attention to the comments and recommendations made by the External Auditor. As an example, he cited the fact that PASB funds had been loaned to the WHO, without previous specific authorization by the Executive Committee. Mr. Calderwood also questioned the advisability of accepting the recommendation of the Working Party with respect to the establishment of a single budget, composed of the contributions of the various organizations engaged in health programs in the Hemisphere. He then suggested that the Council approve the recommendations of the External Auditor's Report, as well as the Financial Report of the Director.

Dr. SCOPER (Director, PASB) called attention to the fact that the Working Party did not consider it advisable to accept the External Auditor's suggestions as to the need for stabilizing the Working Capital Fund at a fixed level, since it would limit the ability of the Director to make such changes as are indicated by the financial status of the Bureau, which may vary from year to year. He called attention to this fact to indicate that the action taken this morning by the Council in fixing a level of \$1,200,000 for the Working Capital Fund is not in contradiction with the opinion expressed by the Working Party, since that action referred only to the year 1954.

Dr. SEGURA (Argentina) stated that among the External Auditor's comments there was something to the effect that "there is no valid excuse for the existence of an overdraft in the bank account", which should be clarified by the Bureau. Dr. Segura also alluded to the percentage in personnel turnover in the Finance and Budget Sections, on which he likewise requested additional information.

Dr. SOPER (Director, PASB) explained that the PASB is an organization financially independent of the WHO. What occurred last year was that funds from the WHO did not arrive in time and at the same time there was what he might call an over-eagerness on the part of the Bureau to earn interest on money available. There had been a delay in issuing orders to sell U.S. Bonds, but as a matter of fact there had been no overdraft because, merely by delaying for three weeks the issuance of checks dated 31 December 1952, the Bureau's bank balance was never actually overdrawn. It was precisely in order to guarantee the control of all funds that the External Auditor for the PASB is the same as the External Auditor for the WHO. Steps have been taken to avoid a repetition of this situation, Dr. Soper said.

As regards the second point raised by the Representative of Argentina, Mr. Hinderer, Chief of the Division of Administration of the PASB, would give the pertinent explanations.

Mr. HINDERER (Chief, Division of Administration, PASB) explained that the turnover in personnel that had taken place in the Bureau had been due to the fact that the Government of the United States last year had many openings and was offering better salaries than the Bureau. Therefore many of the staff had gone into the United States Government service. There was a turnover last year of some 40% throughout the entire Bureau. The Finance Office turnover ran as high as 63% because the people there were working in a more monotonous type of work. The situation in the United States Government this year is considerably different, Mr. Hinderer added, and the turnover throughout the Bureau has fallen to some 20% or less.

Dr. ZCZAYA (Mexico) agreed with the observations of the Representative of the United States and felt that the Report of the Working Party should be thoroughly studied. He also suggested that perhaps the members of that Party present at the session could give some explanations on the most important points.

Dr. BISSOT (Panama), in his capacity as member of the Working Party, pointed out that its opinion was clearly set forth in the Report and proposed that the document be read.

The session was adjourned at 11:00 a.m. and resumed at 11:30.

The SECRETARY read the Report of the Working Party of the 19th Meeting of the Executive Committee (Document CE19/25).

Dr. ZOZAYA (Mexico) mentioned the advisability of stressing certain fundamental points of the Report. He referred, for example, to: paragraph (a) on page 2, stating that the explanation given by the Working Party as to whether or not the bank account had been overdrawn was not very clear to him; to paragraph (b) on page 3, concerning funds belonging to the PASB that were used to meet cash requirements of the WHO; to paragraph (c) page 4, on overinvestment of funds, concerning which the Working Party gives an opinion that, it should be remembered, does not come from financial experts. With respect to the interchange of funds between the PASB and the WHO, referred to on page 4 of the Report, the speaker felt that the opinion expressed by the Working Party was not very practical. He likewise thought that points 13 and 14, which appear on pages 5 and 6 of the Report, should be taken into consideration.

Dr. BRADY (United States) recalled that at the Council meeting held in Ciudad Trujillo three years ago it was agreed to ask Mr. Uno Brunskog to accept the position of External Auditor of the PASB, which position he already held in the WHO, so that he might examine the financial activities of the Bureau and present his observations to the Directing Council. That is exactly what he did and consequently attention should be given to his observations. The speaker pointed out that one of the things that struck him most was the 63% turnover in the staff of the Bureau Office and he would like the Director or one of his Advisers to comment on the reasons therefor. Furthermore, on page 4 of the Report, the Working Party recommended that the office of Treasurer should be transferred from the Pan American Union to the Pan American Sanitary Bureau. The speaker thought that under the agreement with the Organization of American States the office of Treasurer rested necessarily with the Pan American Union. Furthermore, on page 5 it speaks of establishing a single budget based on the contributions of the various organizations engaged in health programs in the Hemisphere. He suspected this was a pious hope, but it poses a very complex problem. He mentioned the complexities in the national and local governments themselves as regards health operations and the several budgets that bring monies to health operations, and said it was not conceivable that the operation could be more simple on the scale of two Continents. On page 5 of the same report, with reference to point 12, allusion is made to the suggestion of the External Auditor concerning the stabilization of the Working Capital Fund. He believed that such stabilization had already been achieved, but now a further question arises, of where in future years the monies will go that in past years have been reverting to the Working Capital Fund.

Mr. HINDERER (Chief, Division of Administration, PASB) explained that the appointment of Mr. Uno Brunskeg took place at the V Meeting of the Directing Council, held in Washington, and not at the meeting in Ciudad Trujillo, and the appointment was made by the Directing Council upon the recommendation of the Director of the Bureau, since it was considered valuable to have an Auditor who would examine the method of operations and the accounting system's rules and not simply, as before, have an examination by a commercial firm, without comments or criticisms. With respect to the staff turnover, Mr. Hinderer referred to his previous remarks on this subject and added that certain sensitive agencies in the United States Government were permitted to offer salaries higher than the ordinary scale in that Government. For that reason the Bureau lost a considerable number of staff members, but on the other hand this year it has a large number of applications of personnel from the United States Government. The salaries of the Bureau are now very good by comparison. With respect to the other point raised by the Representative of the United States with respect to the office of Treasurer of the Pan American Sanitary Bureau, Mr. Hinderer stated that those functions had already been transferred from the Treasurer of the Pan American Union to the Bureau itself; this was done shortly after the 19th Meeting of the Executive Committee. At the present time the Bureau handles all its funds and makes all its own investments. But the Organization of American States continues to be the collection agency in that they send the notice of amounts of the quota contributions to the countries and in most cases receive the payments from the countries. Upon receipt, however, those amounts are immediately placed in an account under the control of the Director. With respect to the combined budget for all public health activities in the Hemisphere, he considered that for the time being it was impossible to carry out the wishes of the Working Party in this respect.

Dr. SOPER (Director, PASB), referring to the remarks of the Representative of the United States concerning the stabilization of the Working Capital Fund, repeated his previous remarks and added that the decision taken on the question at this session referred only to the year 1954, and consequently the Directing Council was at liberty to change the level of the fund in any other year. With reference to the remarks of the Representative of Mexico concerning the existence of an overdraft at the bank, Dr. Soper pointed out that, as was mentioned in the Report of the Working Party, what actually existed was an overdraft on the books of the PASB, and not in the bank account, because checks dated 31 December 1952 were issued three weeks later, with the result that at the time the checks were cashed there was a sufficient balance in the account to cover their payment.

Dr. CASTRO (Brazil) asked for an explanation concerning paragraph (b) on page 4 of the Working Party Report.

Mr. HINDERER (Chief, Division of Administration, PASB) stated that the situation to which the Representative of Brazil referred was due solely to the fact that, at that time, the Treasurer of the Pan American Union was in complete control of the PASB funds and when the Bureau needed additional cash it was necessary for the request to go through the Pan American Union, and occasionally there was too much delay in notifying the Treasurer to sell investments in order to make cash available for the operation of the Bureau. This situation has been totally corrected by the transfer of this function to the Bureau and now investments can be sold on a few moments' notice.

Dr. CASTRO (Brazil) asked whether it was really advisable to invest such a large proportion of the funds of the Bureau in bonds.

Dr. SOPER (Director, PASB) pointed out that the policy of the Bureau, since the time of General Cumming and during the time when the Pan American Union had control of the PASB funds, had been to invest the money in United States bonds for the purpose of obtaining some returns, instead of keeping large amounts in the bank account, without any interest.

Mr. DAVEE (Observer, UNICEF) referred to the suggestion of the Working Party with respect to establishing a single budget, under the responsibility of the PASB, with the contributions of the different organizations that work on health programs in the Hemisphere. If that unification referred to the contributions of the WHO, TA/UN and PASB, he had nothing to say; but if it also included UNICEF, he considered it advisable to repeat the reservations expressed in the Third Plenary Session on a similar question. Although he was not empowered to deal with the topic, which in any case falls within the province of the Executive Board of UNICEF, he did not believe that this agency would agree to transfer its authority to another entity.

Dr. PIERRE-NOEL (Haiti) pointed out that whenever this question was broached, the complexity of the operations was apparent. He proposed that the Working Party appointed at the Third Plenary Session also concern itself with making a thorough study of how to achieve better coordination in the administration of public health funds. If it is not possible to reach an ideal solution, perhaps it may be possible to reach a modus vivendi permitting an improvement of the situation in this respect.

Mr. DAVEE (Observer, UNICEF) reiterated his previous remarks and added that if in that single budget it was a question of including also the purchase of equipment and supplies furnished by UNICEF, he believed that agency would insist on its powers.

Dr. SOPER (Director, PASB) stated that the document in question came, not from the Director of the Bureau, but from the Working Party, so that possibly members of the Working Party might better be called upon to explain it. He referred to the remarks of the United States Representative to the effect that at the present moment, under the existing legal complications on the international scene, it is almost impossible to anticipate giving any immediate consideration to the suggestion of the Working Party relating to the establishment of a single budget. It is, however, an ideal and, as the Director pointed out in his Annual Report, he was convinced that in the future there must be some changes made in the present system, since the existing requirements with regard to the way in which persons working in the Organization are paid cause so much unnecessary complication and multiplication of work that at some time in the future the Governments will unquestionably insist on some such solution as has been proposed in the course of this discussion. Dr. Soper felt such a move to be impossible at the present moment.

Mr. RODRIGUEZ (Argentina) said that the single budget would solve many difficulties as regards accounting, but of course no decision could be adopted before the opinions of the agencies that contribute funds for public health activities in the Hemisphere were known. Moreover, these agencies, when contributing funds, often specify the programs to which the money is to be assigned.

Dr. PIERRE-NOEL (Haiti) pointed out that the Report of the Working Party had been approved by the Executive Committee and it was therefore a document of that Committee. Referring to the statements of the Representative of Argentina, he said it was obvious that the Directing Council cannot approve resolutions that involve other organizations. He therefore insisted that the Working Party appointed at the Third Plenary Session study this matter thoroughly in order to suggest means of facilitating public health operations.

Dr. BISSOT (Panama) said that the point under discussion was simply a recommendation that the Bureau experts study the possibility of working out a single budget.



Mr. SANCHEZ BAEZ (Dominican Republic) thought that the topic had been sufficiently discussed, and that actually the proposed resolution in Document CD7/7 does not refer to the Report of the Working Party, but merely relates to the approval of the Financial Report of the Director and the Report of the External Auditor.

Dr. MAY (Uruguay) said that the report being discussed is clear and precise and that the statements of Dr. Soper and Mr. Hinderer had clarified any possible doubts on the question. He believed that the investment of funds in United States bonds was an unsound financial practice because the value of the bonds might decline.

Dr. CASTRO (Brazil) said it was his understanding that the draft resolution prepared by the Working Party on unity of action in public health activities in the Hemisphere already covered this point.

Dr. SEGURA (Argentina) read the draft resolution in question (Document CD7/36).

Dr. ORELLANA (Venezuela) believed this draft resolution to be important, and suggested that the text be distributed to the Representatives so that they could study it carefully before it was discussed.

The CHAIRMAN said that the draft resolution gives the objectives in a general way and clearly states the reason why it was presented.

Mr. RODRIGUEZ (Argentina) pointed out that the draft resolution coordinates the various opinions expressed in the Council, and therefore he proposed that it be put to a vote.

Mr. SANCHEZ BAEZ (Dominican Republic) thought that, on the contrary, the document should be distributed and considered at a later session; and he then moved that the proposed resolution in Document CD7/7, which was the matter under discussion, be approved.

Mr. PERALTA (Argentina) believed that the comments of the External Auditor were perhaps justified in theory, but he felt that the funds of the Bureau had been well administered and the Financial Report of the Director and the Report of the External Auditor were clear and precise.

Mr. ANGUIANO (Guatemala) was of the opinion that the proposed resolution in Document CD7/7 had nothing to do with the Report of the Working Party (Document CE19/25), and therefore approval of the proposed resolution should be put to a vote, as moved by the Representative of the Dominican Republic.

The CHAIRMAN put the proposed resolution to a vote.

DECISION TAKEN

The proposed resolution in Document CD7/7, approving the Financial Report of the Director and the Report of the External Auditor, for 1952, was unanimously approved. 15/

The session was adjourned at 12:30 p.m.

PRECIS MINUTES OF THE SIXTH PLENARY SESSION  
Washington, D. C.  
Wednesday, 14 October 1953, at 10:02 a.m.

Chairman: Dr. Alberto BISSOT, Jr. Panama  
Vice-Chairman: Mr. Andrés RODRIGUEZ Argentina  
Secretary: Dr. Miguel E. BUSTAMANTE Pan American  
Sanitary Bureau

SUMMARY

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The CHAIRMAN welcomed Dr. H. S. Gear, Assistant Director-General of the WHO, who was attending the meeting as representative of that Organization, and Dr. Carlos Ramirez Boettner, Representative of Paraguay, and expressed the hope that representatives of the other Member Countries who have not as yet participated may be able to take part in the work of this meeting of the Directing Council.

The Chairman also announced that in the course of the session, the Directing Council would be visited by Mr. John M. Cabot, Assistant Secretary of State for Inter-American Affairs, and Mr. Dudley W. Figgis, President of the Institute of Inter-American Affairs.

PROPOSED RESOLUTION ON UNIFICATION OF ACTION IN PUBLIC HEALTH PROGRAMS IN THE REGION OF THE AMERICAS, PRESENTED BY THE WORKING PARTY (Document CD7/36)

The CHAIRMAN presented for consideration the Proposed Resolution (Document CD7/36) submitted by the Working Party appointed at the Third Plenary Session and composed of the Representatives of Argentina, Brazil, and the United States.

The SECRETARY read the document.

Dr. ORELLANA (Venezuela) said that he was in agreement with the spirit and the objective of the proposed resolution that had just been read, with the exception of the second paragraph of the preamble, which reads:

"The cooperation of the Bureau, which is mainly technical, with agencies engaged in many different activities, creates certain internal difficulties for it, as was pointed out by the Director of the Pan American Sanitary Bureau in his Annual Report to the VII Meeting of the Directing Council (Washington, October 1953)."

He felt that this paragraph established a marked difference between the Bureau, as a preeminently technical body, and the non-technical agencies, and this fact might give rise to distrust on the part of the latter. He therefore proposed that the said paragraph be deleted.

Dr. SEGURA (Argentina) differed with the Representative of Venezuela, inasmuch as the Council was repeating the feeling

of concern over relations with international agencies that had been expressed by the Director of the PASB, and added that the paragraph quoted had been included for the purpose of giving more authority to the Director in his negotiations with other international organizations, with a view to solving the technical difficulties encountered by the Bureau in carrying out public health programs. He proposed therefore that the text submitted by the Working Party be retained.

Dr. URZUA (Chile) suggested that the expression "mainly technical" be deleted, and this, he believed, would meet the objection of the Representative of Venezuela.

Dr. ORELLANA (Venezuela) was willing to accept the proposal of the Representative of Chile, so long as the wording of the paragraph would eliminate the marked distinction made between the Bureau, as a mainly technical organization, and the agencies engaged in many different activities.

Dr. SWELLENGREBEL (Netherlands) suggested that, in the preamble to the proposed resolution, the pages of the Director's Report referring to the technical difficulties encountered by the Bureau in cooperating with the non-technical organizations, be cited.

Mr. SANCHEZ BAEZ (Dominican Republic) proposed that the paragraph in question be changed to read: "The cooperation of the Bureau with other international agencies creates...", otherwise keeping the text as it was drafted.

Dr. CASTRO (Brazil) objected to deleting the phrase "mainly technical", as suggested by the Representative of Chile, because this would limit the resolution to the statement that the cooperation of the Bureau with agencies engaged in many different activities creates certain internal difficulties for it. This would be incorrect, since the difficulties arise owing to the preeminently technical nature of the Bureau in the public health field; the cooperating agencies could also be technical, although in different fields. As the deletion of the paragraph would destroy the value of the proposed resolution, he advocated that it be kept.

Dr. SANCHEZ VIGIL (Nicaragua), Dr. SEGURA (Argentina), Mr. ANGUIANO (Guatemala), and Dr. PIERRE-NOEL (Haiti) agreed with the Representative of Brazil.

Dr. ORELLANA (Venezuela) insisted that the entire paragraph be deleted, as he understood that it was negative while the positive aspect of the resolution was sufficiently clear in the other three paragraphs of the preamble.

The CHAIRMAN called for a vote on the proposal of the Representative of Venezuela to delete the second paragraph of Document CD7/36.

DECISION TAKEN

By a majority vote the proposal of the Representative of Venezuela was rejected, and the proposed resolution on Unification of Action in Public Health Programs in the Region of the Americas, presented by the Working Party (Document CD7/36), was approved. 16/

TOPIC 16: REPORTS OF THE PERMANENT SUBCOMMITTEE ON BUILDINGS AND INSTALLATIONS (Documents CD7/23 and Addendum I, CE19/11, CE20/6)

The SECRETARY read Document CD7/23 and Addendum I, containing the resolutions adopted on this topic by the Executive Committee at its 19th and 20th Meetings, and announced that Mr. Hinderer would provide supplementary explanations on this question.

Mr. HINDERER (Chief, Division of Administration, PASB) said that the formation on this subject is quite clear in the documents. However, he called the attention of the Directing Council to the fact that, of the amounts that had been allotted previously for construction work, the amount of approximately \$17,000 has not been spent, although it is really needed by the Bureau for the maintenance and repair of the buildings for the next two years and, on the assumption that this amount would be available for this purpose, no amounts were included in the 1954 and 1955 budgets for repairs to buildings. If by any chance the aforesaid amount should not be available, it would be necessary to include a similar or nearly similar amount in the 1955 Budget to be submitted to the next meeting of the Executive Committee in the spring, to take care of repairs to the properties.

Dr. SEGURA (Argentina) felt that all the measures adopted by the Permanent Subcommittee on Buildings and Installations were appropriate, and requested the Chairman of the Subcommittee for his opinion as to the best use of the available balance.

16/ Ibid., Resolution XVI.

Dr. BRADY (United States), in his capacity of Chairman of the Subcommittee on Buildings and Installations, stated that the reports clearly show how the funds had been spent, and he hoped that each Member of the Directing Council would have an opportunity to visit the Bureau and see the improvements that had been made. With regard to the \$17,000, the Permanent Subcommittee had requested that the Members of the Directing Council make suggestions as to its utilization. He added that there was no implication that the \$17,000 were necessarily to be reserved to the Building Committee. However, since the start of the meetings, the suggestion had been made that the buildings need painting, at an estimated cost of \$11,000, and there are other repairs to be made in the next two years. As Mr. Hinderer had mentioned, there was no provision in the budget for that purpose, because it was felt that some funds of the aforesaid balance would be available. The Subcommittee had had no opportunity to meet during the meeting of the Directing Council, but it is hoped that a meeting will be held before the Council adjourns, and the Subcommittee will be able to present more precise estimates on the manner the \$17,000 will be used, provided the Council agrees that this amount should remain for the purposes of installations and upkeep of the buildings.

Mr. SANCHEZ BAEZ (Dominican Republic) was in agreement that the balance should be used for the upkeep and repair of the Bureau buildings. At the same time he inquired of the Secretary whether he had received a communication from the Foreign Ministry of the Dominican Republic, designating Mr. Vicioso Soto, Minister Counsellor of the Embassy in Washington, as its representative on the Permanent Subcommittee on Buildings and Installations and the Permanent Committee on Revision of the Constitution.

The SECRETARY replied that the Director of the Bureau had not yet received the communication to which the Representative of the Dominican Republic referred.

Mr. RODRIGUEZ (Argentina) also suggested that the balance of \$17,000 be used for the upkeep of and repairs to the buildings.

The CHAIRMAN called for a vote on this proposal and on the reports presented by the Permanent Subcommittee on Buildings and Installations (Documents CD7/23 and Addendum I, CE19/11, and CE20/6).

DECISION TAKEN

It was unanimously agreed: (1) to express the appreciation of the Directing Council to the Permanent Subcommittee on Buildings and Installations; (2) to approve the steps taken by the Permanent Subcommittee up to the present time; (3) to approve the recommendation made by the Subcommittee, which has the support of the Executive Committee, that the construction work previously proposed for the fourth floor of the building at 1501 New Hampshire Avenue, N.W., not be undertaken at this time; and (4) that the net balance amounting to approximately \$17,000 available from the approved credit of \$135,180, be placed at the disposal of the Subcommittee for the upkeep of and repairs to the headquarters buildings. 17/

TOPIC 18: DRAFT REGULATIONS ON THE PROMOTION OF PERSONNEL FROM WITHIN THE PAN AMERICAN SANITARY BUREAU  
(Documents CD7/8 and CE19/9)

The SECRETARY read Document CD7/8 containing the resolution on this topic adopted at the 19th Meeting of the Executive Committee. He also read Document CE19/9.

Mr. RODRIGUEZ (Argentina) moved that the proposed resolution appearing in Document CD7/8 be approved.

Dr. URZUA (Chile) requested an explanation on the manner in which vacancies occurring in the staff of the PASB are filled, especially those of heads of services, such as for example, that of the Chief of the Finance Section. He said he would like to know whether in such cases competitive examinations are given the staff members of the Bureau, whether persons outside the Bureau can take the competitive examination, or whether the Director appoints a person whom he considers the best qualified to fill the vacancy, without any competitive examination. He felt that this question was very important, because all employees aspire to be promoted and in order that the staff will do efficient work, it is necessary that they feel satisfied with conditions, and not that they have been overlooked or unjustly treated. In this connection he explained the Chilean government procedure.

The discussions were suspended for a few minutes to receive Mr. John M. Cabot, Assistant Secretary of State for Inter-American Affairs, and Mr. Dudley W. Figgis, President of the Institute of Inter-American Affairs, who had entered the Conference Room accompanied by the Chairman of the Council, Dr. Urzua, the Vice-Chairmen, Dr. Bissot and Dr. Segura, and Dr. Soper, Director of the PASB.



ADDRESSES BY MR. JOHN CABOT, ASSISTANT SECRETARY OF STATE  
FOR INTER-AMERICAN AFFAIRS, AND MR. DUDLEY W. FIGGIS,  
PRESIDENT OF THE INSTITUTE OF INTER-AMERICAN AFFAIRS

Mr. John M. CABOT expressed his appreciation for the opportunity given him to attend one of the regular sessions, and said that the Department of State was happy to have this important technical meeting again take place in Washington and to make its Conference Suite available for this purpose. The Government of the United States takes special pride in the location in this country of the headquarters of this Inter-American Organization, which also serves as Regional Committee of the WHO. The Pan American Sanitary Bureau, founded in 1902, has a long record of accomplishments to its credit and the Bureau is to be congratulated on its present successful efforts. These advances, attributable to the international program of the Bureau, together with the increasing amounts devoted to public health in the national budgets of each country, are tangible evidence of the practical results for which the participants are working. He pointed out that in his work, he is constantly reminded of the essential role of health programs in establishing the social basis of international understanding and tolerance -- a powerful influence in preserving the peace of the world.

In speaking of these advances, he said he was fully aware that the Pan American Sanitary Organization has two basic contributions to make: it is, first, an important means of promoting public health throughout the Hemisphere, and, at the same time, a significant element in the maintenance of friendly inter-American relations. Neither aspect of the Organization can be lost to sight in the discussion of the Council and in the work of the Organization as a whole. The major tasks of coordinating and stimulating the public health efforts of so many separate administrations can continue to prosper only on the basis of sound organizational relationships. On the other hand, an organizational structure alone -- a political entity -- will neither kill any mosquitoes nor immunize any children. In this connection, Mr. Cabot pointed out he was informed that the meetings of the Council had given considerable attention in the past to the question of the extent to which the areas of this Hemisphere not pertaining to an American Republic should participate in the Organization. In the resolution of this question, the United States has favored an equilibrium, a proper balance, between the two aspects of the Organization that he had just mentioned. He said it was believed that such a balance had been achieved by the arrangements decided upon two years ago, which admit all of the areas of the Hemisphere whose cooperation

in the programs of the Bureau is indispensable to participation in the technical work of the Organization. In the view of his Government -and the speaker wished to emphasize this- that decision was essential to the progressive development of health and in no wise disturbed the composition of the Organization as one of the principal inter-American technical organizations. His purpose in referring to this subject, he added, is to assure that the Delegation of the United States, headed by the Surgeon General, Dr. Scheele, is giving constant attention to all aspects of this question and that the United States will exert its best efforts towards a satisfactory solution in the interest of all the peoples of the American Region. Mr. Cabot concluded by wishing the Council the best success in its important work.

Mr. FIGGIS, President of the Institute of Inter-American Affairs, said he was delighted to be present and to greet the Members of the Council, and added that although he had been in Washington only one month, he had heard of the excellent work the Organization is doing and promised to give it his utmost cooperation.

The CHAIRMAN, on behalf of the Members of the Council, thanked Mr. Cabot and Mr. Figgis for their visit and for their praise for the Organization and their interest in the public health problems of the Americas. He wished them the greatest success in their work to ensure the maintenance of a level of cooperation, understanding, and friendship among all the countries of the Americas, which are a single family, composed of many sister nations.

Mr. Cabot and Mr. Figgis then left the Conference Room.

TOPIC 18: DRAFT REGULATIONS ON THE PROMOTION OF PERSONNEL  
FROM WITHIN THE PAN AMERICAN SANITARY BUREAU  
(Documents CD7/8 and CE19/9) (Conclusion)

Dr. SOPER (Director, PASB) pointed out that Article 18-B of the Constitution provides that the PASB shall have an Assistant Director and a Secretary General appointed by the Director with the approval of the Executive Committee. The Director shall also appoint all other personnel of the Pan American Sanitary Bureau, and all appointments shall be in accordance with the Rules and Regulations adopted by the Council. These Rules and Regulations shall specify the conditions governing the selection of personnel competent to carry out the duties entrusted to the

Pan American Sanitary Bureau. Whenever possible, the widest geographic distribution shall be followed in regard to the recruiting of the personnel. He added that, as was stated in his Annual Report, the proper staffing of the Bureau is a slow process and one which, because of the nature of the Bureau's relationship to governments, should never be complete. In the development of an international multilingual staff recruited from Member States, the Director has to choose between experienced public health workers, already in the employ of Member Governments, and relatively inexperienced, recently graduated young men, who may develop life careers in the field of international health. There are certain advantages and disadvantages in each group. It is difficult for the Bureau to give administrative field experience to young inexperienced workers since, in general, the function of the Bureau is essentially an advisory one and it is, at times, difficult to get acceptance of advice from young workers, no matter how apt such advice may be. He added that an international health organization, such as the Bureau, has no international populations for which it is responsible and hence the staffing of the Bureau should be carried out in the manner best calculated to improve national health services while maintaining stability in the Bureau. This leads to a staff composed of elements from both groups. A working organization of permanent employees of the Bureau who look forward to careers in international health is essential to long-range planning and efficient execution of regional policy but, on the other hand, there can be no doubt of the importance to Governments of having officers gain experience in the wider field of activity offered by the Bureau, nor of the value to the Bureau of having outstanding health workers from national services come into the Bureau from time to time. There is, of course, also an advantage to the Governments and to the Bureau, in their mutual relationships, in having individuals who have worked with the Bureau return to occupy important positions in their own countries. The Bureau cannot best develop through the creation of a closed staff with appointments to the positions of higher grades open only to those who may already be in the Bureau. Rather should the Bureau maintain the possibility of having outstanding health workers from Member States come to the Bureau for work at levels corresponding to their ability and capacity. Such individuals should contribute to the work of the Bureau and should, at the same time, broaden their vision and be better able to return to their own countries to collaborate with the Bureau in the improvement of the health program of the Continent. The Director felt that these considerations are very important in relation to the problem under discussion. The PASB is not exclusively an organization for the eradication

of the Abdes aegypti, nor is it a highly specialized organization that should develop with only the interest of administrative efficiency in mind. For example, he considered it very important that Dr. Antunes, who for some time worked at the Bureau, was the Director of the São Paulo School of Public Health and that the Director of the School in Chile also had worked for the Organization, and the same could be said for Dr. Urzúa. In considering personnel matters, the Director cannot look at them entirely from the standpoint of the personnel already on the staff. He again mentioned that for over three years the post of Chief of the Division of Education and Training had been vacant, not that it was not necessary to fill it, but rather because he did not wish to do so until he found a person who had the proper combination of experience in the field of public health, and in that of education and training. The post of Chief of the Division of Public Health was likewise left vacant for some time, and its functions were taken on by the then Assistant Director, Dr. Candau; recently, however, the post has been filled by Dr. Carlos Luis González, who was not a staff member of the Bureau. With reference to filling the post of head of one of the Branches, mentioned by the Representative of Chile, the Director explained the procedure recently followed in filling the vacancy in the post of Chief of the Fellowships Branch. The vacancy had been posted in the Organization, as well as in the WHO, and nine candidates applied, from different parts of the world. The Selection Committee narrowed the choice to two candidates, one a member of the staff, the other from the outside. As the paper background of the latter did not permit a decision, he was invited to come to Washington, where he was interviewed by Dr. Wegman; after weighing the pros and cons, he withdrew his application, and so Dr. Lourie from within the service was appointed. Dr. Soper then requested that Mr. Hinderer explain the remainder of the points brought up by the Representative of Chile.

Mr. HINDERER (Chief, Division of Administration, PASB), referring to the question raised by the Representative of Chile concerning the way in which the position of Chief of the Finance Office would be filled, stated that the procedure to be followed in that case would be to advertise the vacancy in the Organization throughout the Americas and likewise through the WHO, the United Nations, and all channels available. When making the selection, all candidates within the Bureau are given first consideration and until all of them have been eliminated, no outside candidates are considered. The Selection Committee

would, in that case, be composed of the Assistant Director, the appropriate Division Chief, one person from the Finance Office, and a fourth person selected by the previous three. This Committee would proceed to select the candidate whose appointment would be recommended to the Director, upon whom depends the final decision in all cases.

Dr. SOPER (Director, PASB) stated that the correct interpretation of the Regulations, if he was not mistaken, is that the final decision rests with the Director.

Dr. ZOZAYA (Mexico) congratulated the Director on his clear exposition. The Regulations are one thing and practice is another. Many times there is a turnover because staff members feel dissatisfied and consider themselves victims of injustice. He thought it very desirable for the Director to appoint the persons who are to occupy the important positions in the Bureau, but he was concerned about the lower positions. In this connection he pointed out that in Document CE19/9 it says that "the system of promotion from within currently in practice within the PASB is generally the plan followed in all of the International Organizations." He recalled the interest he has always shown personally in these questions, ever since the regulations were amended in Ciudad Trujillo, and asked whether there is any fundamental difference between the regulations of the PASB and those of the WHO.

Dr. SOPER (Director, PASB) said that in the statement quoted by the Representative of Mexico the word "generally" was used because the Regulations of the WHO are not exactly the same as those of other international organizations. The Regulations of the WHO are based on those of the United Nations. Since the meeting at Ciudad Trujillo the changes in the Regulations of the WHO have been copied almost literally, following the orientation set by the Subcommittee created at that time.

Dr. URZUA (Chile) inferred from the statements of the Director that a combination procedure, composed of competition and free appointment, was followed in the PASB. That, in his opinion, was how it should be. But he suggested that in order to avoid any dissatisfaction among the personnel it would be advisable to apply the procedure that is followed in the National Health Service of Chile, where two members designated by the Committee on Personnel are appointed as observers on the Selection Committee. The important thing is to have the personnel feel satisfied at all times, especially the administrative personnel.

Mr. ANGUIANO (Guatemala) proposed that the personnel of the Zone Offices should be Latin American. The language difference is an important factor in the relations of PASB officials

with the Governments. In this way the difficulties that might exist at present would be overcome and furthermore the technical experts of the PASB would have a better understanding of the health problems of the different countries.

The CHAIRMAN submitted the proposed resolution appearing in Document CD7/8 to a vote. The Representative of Guatemala abstained.

#### DECISION TAKEN

The proposed resolution in Document CD7/8 was unanimously approved, the Council thereby concurring with the Executive Committee that it is not necessary to prepare regulations on the promotion of personnel from within the Pan American Sanitary Bureau, in view of the existing provisions of the Staff Rules, which accomplish this purpose. 18/

#### TOPIC 30: CAMPAIGN AGAINST SMALLPOX (Document CD7/22)

The SECRETARY read Document CD7/22 on this topic, and added that the Director had designated Dr. Carlos Luis González, Chief of the Division of Public Health, to furnish the Council with additional explanations on the campaign against smallpox in the Americas.

Dr. GONZALEZ (Chief, Division of Public Health, PASB) stated that the problem of smallpox in the Americas had for years been a subject of interest to the directing bodies of the Organization and the PASB. At the Havana meeting the Directing Council established a special fund of \$75,000.00, which was to be used to start a supplementary program against smallpox in 1953. In compliance with that decision, the Bureau has been working on certain aspects, which are given in detail in section 3 of the Annex to Document CD7/22. The Bureau considers that a program for the campaign against smallpox in the Americas should be based first of all on the improvement of the system of reporting and, secondly, on the encouragement of local production of sufficient quantities of active and stable vaccine, and to this end local production of dry vaccine has been encouraged. Thirdly, it must be based on help and advice to laboratories and to field personnel, and, finally, on the training of the personnel necessary for carrying out the program in the countries. In the same annex an account is given of the 1953 activities. He called attention to the fact that an expert on the production of dry vaccine had visited various countries of the Americas and would continue to visit them in the future. Furthermore, the Bureau can give advice to the Governments, since the communicable disease branch of the Division of Public Health has qualified personnel for that purpose. The plans for the future consist of

starting the smallpox eradication program in Argentina, Brazil, and Cuba, utilizing dry vaccine produced in each of those countries. The production of vaccine will also be promoted in other countries that present requests.

Dr. URZUA (Chile) was in agreement with the Report presented by the Bureau and with the work of intensifying the production of dry vaccine. He pointed out a distinction between the campaigns against sporadic epidemics and long-range campaigns, such as the one that has been carried out in Mexico. He considered that the campaigns against smallpox should not remain isolated, but be carried out at the same time as other public health activities, for example, those of environmental sanitation; and he therefore suggested that those campaigns be included in more generalized health programs.

Dr. ZOZAYA (Mexico) stated that at the Lima Meeting a request was made to include funds for a campaign against smallpox in the Budget of the Bureau. He considered that while the work of intensifying the production of dry vaccine is advantageous and practicable, the eradication of smallpox from a country is a very difficult problem. Mexico took up this question with the Bureau and many difficulties were encountered. He considered, therefore, that it was more advantageous to help the laboratories produce a good dry vaccine in order to avoid the consequences of the loss of efficacy of the vaccine on account of transportation difficulties, and the bad handling that it sometimes receives. He recalled that they had been concerned with this question of dry vaccine for 27 years. The problem during the first period was the very great number of bacteria and the National Institute of Health never accepted the vaccines proposed. He considered, therefore, that the expression "eradication of smallpox", which is mentioned in the Report, was somewhat confusing, and asked in what form the PASB was going to give its aid to the eradication programs in Argentina, Brazil, and Cuba, which are mentioned in the Report.

Dr. GONZALEZ (Chief, Division of Public Health, PASB) stated that as a matter of fact the Directing Council had already expressed its interest in the smallpox eradication program at the Lima meeting, but had not succeeded in expressing it concretely in budgetary figures. The difficulties in the way of a smallpox eradication campaign are undeniable, as was brought out by the Representative of Mexico, who has devoted so many years to this problem, but it is necessary to recognize that the fundamental step in a campaign of that type is the availability of a good vaccine, if it is desired to establish a long-range program against smallpox with a view to eradication. With respect to the fact that the word "eradication" appears in the Report, it is an ideal that can be attained within a longer or shorter length of time, but when it is desired to make long-range plans, it is necessary to define the

objective from the beginning. Dry vaccine, such as can be produced at present, will make it possible to overcome great difficulties in tropical countries and in those where there are transportation difficulties. In conclusion, he recalled that at the Pan American Sanitary Conference in Ciudad Trujillo in 1950 a resolution entitled "Eradication of Smallpox" was approved. At the meeting of the Directing Council last year a resolution on the campaign against smallpox in the Americas was likewise adopted. Consequently the Bureau should have as a final objective the eradication of smallpox, thereby following the policy indications of the directing bodies of the Organization.

Dr. CASTRO (Brazil) spoke in favor of the Smallpox Eradication Program. Great progress has been made recently with respect to methods, and each country will seek to apply them in the best possible manner.

Dr. SANCHEZ VIGIL (Nicaragua) explained that in his country in 1929 and 1930, 450,000 persons were vaccinated in six months and vaccination has been continued. Not a single case of smallpox has occurred for twenty years. The important thing is to have a sufficiently potent dry lymph in order to make dilutions in the field. He pointed out that at present the vaccine of virus 17D is used against yellow fever, at the same time as vaccination by scarification against smallpox is being carried out, which means great savings, since it is not necessary to make a second trip. He recalled that on his previous trip to the United States he discussed with Dr. Soper the possibility of mixing the vaccines against smallpox and jungle yellow fever.

Dr. BRADY (United States) stated that in the document under discussion mention is made that the World Health Organization had requested the opinion of this Regional Committee concerning the smallpox eradication program and it was suggested in the same document that this opinion be preferably expressed in the form of a resolution. He considered that the report presented by the Bureau was very well conceived and that what was suggested in Section 3 answered the request of the WHO, but he believed that some reference should be made to the suggestion of the Representative of Chile to the effect that campaigns against smallpox are better carried out as part of a broader health program, since it is not desirable from the economic point of view to carry out only the former. Secondly, the programs are primarily the countries' programs, with the assistance and encouragement of the international organization and this appears to be the intent of the program presented by the Bureau.

In the document to be submitted to the WHO, it may also be mentioned that supplies have already been given to laboratories.



He likewise recalled that the Council established a fund of \$75,000.00 for this program and there has been no explanation of how it was spent. But on the whole, progress has been made, which gives hope for the future. In the Report of the Director there is a map showing rather substantial areas of the hemisphere apparently already free of smallpox. With respect to the United States, which shows a rather dark area, the number of cases reported is actually less than twenty. It is now known exactly whether these are smallpox cases, although it is believed that for the most part they are chicken-pox, because they are occurring in isolated cases, not connected with outbreaks of smallpox epidemics. He concluded by pointing out that the delegation of the United States supports the smallpox eradication program.

Dr. LAVOINE (France) agreed that assistance should be given for the production of dry smallpox vaccine, which is very important, especially in the tropics. But the Report gives the impression that the eradication of smallpox is limited to the problem of the production and preservation of the vaccine. In France it is considered that what is needed is to vaccinate and to revaccinate almost the entire population on a compulsory basis, whether or not there is an epidemic. Thus the French law of February 15, 1902, which has been applied in Martinique, Guadeloupe, and French Guiana since 1929, makes it compulsory to vaccinate babies before they are one year old, children at the age of 11, and again at the age of 21. Furthermore, international agreements make it compulsory for every traveler to have a vaccination certificate less than three years old. He expressed his conformity with the remarks of the Representative of Chile, to the effect that vaccination against smallpox is an occasion for carrying out other vaccination programs at the same time. He stated that thus in the French territories there have been introduced, on a compulsory basis, and successively, vaccination against diphtheria, tetanus, and typhoid, and recently, BCG vaccination.

Dr. ORELLANA (Venezuela) agreed with the statements of the Representative of the United States. He explained that in his country the smallpox incidence had dropped from 5,000 cases in 1947 to scarcely more than 100 cases in 1952, thanks to the collective campaigns carried out state by state. It was first of all a matter of taking care of the urban centers, where it is easier to make use of the time and personnel available. Since it was a matter of collective campaigns, it was not possible to include other health services in them.

Dr. URZUA (Chile) proposed that a resolution be adopted to the effect that the Directing Council approve the plan carried out thus far by the PASB for the control of smallpox, and recommend its intensification so as to eradicate this disease from the Americas and that, in addition, the PASB should urge that

these campaigns, as far as possible, form part of permanent and general public health plans or that they serve as the initial objective in the attainment of that end, according to the conditions in each country.

Dr. BELLO SARRIA (Ecuador) supported the proposal of the Representative of Chile.

Mr. SANCHEZ BAEZ (Dominican Republic) asked whether the proposal of Chile was independent of the recommendations that are to be made to the WHO.

Dr. URZUA (Chile) explained that his proposal referred exclusively to the Americas.

Dr. SOPER (Director, PASB) stated that the Bureau considered the production of dry vaccine to be the basis of every program. It has no interest in the carrying out of temporary programs, since when a vaccination campaign is carried out merely to combat an epidemic, the next year an epidemic again occurs and it is necessary to repeat the campaign. The Bureau considers that perhaps any type of vaccine may serve for a general campaign, but the success of a campaign depends in part on the other existing general services. A vaccine is needed which can resist, to a certain point, the bad handling that it inevitably receives. The Bureau does not propose to request funds on a large scale in order to assist countries, but does wish to promote relations among the American countries in such a way that regulations may be established in all of them to bring about the vaccination of perhaps 15% or 20% of the population each year, with a continuing budget. He expressed his full agreement with the viewpoint of the Representative of Chile.

Dr. CASTRO (Brazil) proposed that a Working Party be appointed to submit a proposed resolution at a future plenary session. This Working Party could be composed of the Representatives of Chile, the Dominican Republic, the United States, and Venezuela.

Dr. SEGURA (Argentina) supported the proposal of the Representative of Brazil.

Mr. ANGUIANO (Guatemala) proposed that the Representative of Mexico be added to the Working Party.

The CHAIRMAN proposed that the Working Party be composed of the Representatives of the United States, Chile, Venezuela,

the Dominican Republic, and Mexico and that it study both the proposed resolution presented by the Representative of Chile and the suggestions that are to be made to the WHO.

It was so agreed.\*

The session was adjourned at 12:40 p.m.

\*Resolution presented and approved at the Ninth Plenary Session (Resolution XXVII).

PRECIS MINUTES OF THE SEVENTH PLENARY SESSION  
Washington, D. C.  
Thursday, 15 October 1953, at 9:45 a.m.

Chairman: Dr. Hernán URZUA Chile  
Vice Chairmen: Mr. Andrés RODRIGUEZ Argentina  
Dr. Alberto BISSOT, Jr. Panama  
Secretary: Dr. Miguel E. BUSTAMANTE Pan American  
Sanitary Bureau

SUMMARY

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The CHAIRMAN announced that the Technical Discussions had been concluded the previous day and the General Committee had decided that a plenary session would be held that afternoon, so that the remaining topics of the agenda could be taken up on Friday and the Final Report signed on Monday.

TOPIC 15: REPORT OF THE PERMANENT COMMITTEE ON REVISION OF THE CONSTITUTION OF THE PAN AMERICAN SANITARY ORGANIZATION (Documents CD7/27, CPRC/32 and Annexes I and II)

The SECRETARY read Document CD7/27, containing the resolution on this topic approved at the 20th Meeting of the Executive Committee, and offered explanations on the reports presented by the Permanent Committee on Revision of the Constitution, which was composed of Mr. Calderwood (United States), Chairman, Mr. Victor M. Vergara (Chile), and Dr. Mario Bergés Chupani (Dominican Republic).

Mr. SANCHEZ BAEZ (Dominican Republic) recalled that at its VI Meeting held last year at Havana, the Directing Council approved Resolution X, which resolved: (1) to postpone the revision of the Constitution until the opinions of the majority of the Governments and the interested agencies were known; (2) to refer to the Governments the existing documents; and (3) to transmit the additional documents on the subject to the Permanent Committee, so that it might prepare a new draft revision or reaffirm the present revised text. The first and third provisions have been complied with, but with regard to the second point, ten Governments have not yet presented their views on the subject. The Committee, therefore, has been unable to comply with the last part of the above-mentioned resolution -- the preparation of a new draft revision -- because it is absolutely impossible to approve the draft revision that was presented at Havana, as the opinions expressed by certain bodies, because of their irrefutable legal basis, make it impossible to do so. As a result, only the part of the draft proposal presented by the Committee remains to be discussed, if it is to be discussed at all. The speaker felt that such a discussion would be unproductive, since the entire draft proposal is not yet known, and all the articles of a Constitution should form a coherent whole, so that no provisions would be contradictory. For that reason he proposed that the Council take note of the report presented by the Permanent Committee, which had carried out its functions ably and with enthusiasm, and postpone final

action until the meeting of the XIV Pan American Sanitary Conference, to which, according to its Report, the Permanent Committee will present a complete text of a newly revised draft. Moreover, the Representatives whose Governments have not yet replied would accomplish little by expressing their opinions on the subject, since they have no assurance that their respective Governments will support them, in view of the fact that this is a matter whose juridical aspects fall within the jurisdiction of the Ministries of Foreign Affairs rather than the Ministries of Public Health.

Mr. RODRIGUEZ (Argentina) agreed with the statement by the Representative of the Dominican Republic, recalling that at the 20th Meeting of the Executive Committee the Observer for Cuba had favored postponing the discussion on this topic and referring it directly to the Pan American Sanitary Conference for consideration. On that occasion the Observer for Argentina had urged that discussions on the Report of the Permanent Committee begin and that the matter be postponed no longer, for reasons that he gave at that time. However, all aspects of the matter were studied more thoroughly and it was considered that the final solution of the problem lies within the jurisdiction of the Conference, to which any revision of the Constitution must be submitted. The Delegation of Argentina therefore felt that, in matters like the one under discussion, it is unquestionably advantageous for the supreme governing authority of the Organization to act with complete freedom, and there is no need for previous opinions from other bodies of the organization. Moreover, it is logical that all international agencies, no matter how technical, should have close ties with political institutions, inasmuch as these agencies represent the Member Governments and not national technical institutions. The Delegation of Argentina, therefore, proposed that all existing documents on the subject and any documents received in the future, as well as reports of the Permanent Committee, be referred to the next Pan American Sanitary Conference for study and consideration. In this way, the speaker concluded, opinions will not be expressed on a matter on which the supreme governing authority must make the final decision.

Dr. CASTRO (Brazil), Dr. SANCHEZ VIGIL (Nicaragua), and Mr. ANGUIANO (Guatemala) supported the view of the Representative of Argentina.

The CHAIRMAN submitted to the Council for consideration a draft resolution, summarizing the opinions expressed during the discussion.

Dr. BISSOT (Panama) and Mr. ANGUIANO (Guatemala) supported the proposal of the Chairman.

Dr. ORELLANA (Venezuela) suggested that the Directing Council discuss this topic, taking advantage of the presence of Representatives of the Member Governments of the Organization since it had juridical authority to consider the proposed amendments to the Constitution mentioned in the Report of the Permanent Committee. While some amendments would in all probability arouse controversy, others might be approved by all the Members present. Moreover, the speaker stated that this Meeting might well be used as an occasion for the exchange of ideas, without prejudice to the fact that the Pan American Sanitary Conference will be the body to take final action. In this he was in accord with the sound proposal of the Representative of the Dominican Republic.

Dr. SEGURA (Argentina) pointed out that Representatives of six or seven countries were not present at this Meeting of the Directing Council and the opinions of only part of the countries would not be very valuable in formulating an over-all opinion. To discuss the problem of the revision of the Constitution now would definitely be to minimize it. He repeated the proposal of the Argentine Delegation that the next Pan American Sanitary Conference be at liberty to study and reach a definitive conclusion on the matter.

Dr. PIERRE-NOEL (Haiti) supported the proposal of the Representative of the Dominican Republic, not only for the reasons given, but also because the Directing Council had instructed the Permanent Committee to prepare a complete report on the Revision of the Constitution, a report that the Committee had not yet been able to prepare. He supported the proposal of the Chair.

Mr. CALDERWOOD (United States), as Chairman of the Permanent Committee, asked the Chairman for a clarification. He wanted to know whether, in the text of his resolution he meant to incorporate the idea that was expressed by the Representative of Argentina, namely, that the Permanent Committee would complete its review of the text of the Constitution and, in the light of the observations made by the Governments, would submit a full report to the Conference.

The CHAIRMAN replied that his proposal did incorporate the Argentine Delegation's suggestion.

Dr. SWELLENGREBEL (Netherlands) stated that, although his Delegation had no right to take part in the discussion, he wished to know whether the proposed amendments to the Constitution would be submitted to the Governments of the United Kingdom, France, and the Netherlands.

The CHAIRMAN saw no reason why the proposed revisions submitted by the Permanent Committee should not be transmitted to the above-mentioned Governments.

Dr. ORELIANA (Venezuela) requested that the Chairman put his previous proposal to a vote, namely that, without prejudice to the referral of the topic to the Conference for consideration, the proposed revisions already prepared by the Permanent Committee be studied unofficially at this session.

Since no one seconded the motion, the CHAIRMAN announced that, in accordance with the Rules of Procedure, there would be no vote on the proposal of the Representative of Venezuela.

The Chairman then put to a vote the draft resolution on this topic that he had proposed, which had been seconded by the Representatives of Panama, Guatemala, and Haiti.

#### DECISION TAKEN

The Council unanimously resolved to take note of the status of the work done by the Permanent Committee; to transmit to the Member Governments the report of the Permanent Committee and the opinions received to date; to recommend that the Director urge those Member Governments that had not yet expressed their comments regarding the Revision of the Constitution to do so as soon as possible; and to transmit to the XIV Pan American Sanitary Conference the Final Report of the Permanent Committee on Revision of the Constitution, for consideration and final action. 19/

TOPIC 17:      INTERIM REPORT OF THE COMMITTEE ON  
ECONOMIES AND DECENTRALIZATION (Documents  
CD7/5, CE19/13 and Annexes I, II, and III)

At the suggestion of the Chairman, the SECRETARY read the most important points of the Interim Report (Document CE19/13) submitted by the Committee on Economies and Decentralization, composed of Dr. Zozaya (Mexico), Chairman, Dr. Brady (United States), and Dr. Jiménez (Chile).



Dr. ZOZAYA (Mexico), as Chairman of the Committee on Economies and Decentralization, said that, as stated in the Report, the Committee decided first, to make a study of the organization, methods, and procedures of administration at the Headquarters of the Bureau, and second, to visit the Zone Offices in order to study their functions and authority both in program and administrative areas. The Committee held two meetings, and as regards the first point concluded that it would be more advisable to entrust the study of the organization of the Headquarters to a technical agency having no connection with any Member Government of the Organization. The Public Administration Service of Chicago, which specializes in this type of study, was considered in this connection. As for the study of the functions of the Zone Offices, it had been agreed in principle that the three members of the Committee would visit all of them about the middle of next February, after having transmitted to Zone Chiefs a questionnaire covering the data that the Committee needed in order to prepare its report to the Conference next year. He recalled that at the Havana Meeting the Director was authorized to meet the expenses of the Committee. The Report contains a budget of \$9,000.00 to defray the cost of travel of Committee Members and Adviser and travel and other expenses of Consultants, but when this budget was prepared the fact that the study of the organization of the Headquarters would be made by a private company was not considered. The fee has been estimated at \$3,500.00, which amount would have to be added to the budget already prepared by the Committee and submitted to the Directing Council for consideration.

Dr. SEGURA (Argentina) stated that the Report implied that the Committee was submitting a general impression of the activities of the Bureau, without proposing any concrete measure. Now the Committee proposes to visit the Zone Offices. The Delegation of Argentina considered that these visits, which will be brief, not to say fleeting, could not appraise with any exactness the effectiveness of the work of the Zone Offices. The Governments themselves are the ones that can best judge the importance and efficiency of their operation, as well as the results that might be expected of them. Dr. Segura considered that continuance of the activities of this Committee would lead to no practical results and would, rather, lead to fruitless expenditure. There have been so many statements from the Governments recommending economy and a spirit of moderation and restraint in administrative expenses, that he was sure the Director of the PASB and the Chiefs of the Zone Offices were doing everything possible in that direction. The Administration of the

Bureau should make the greatest effort to comply with the suggestions of the Member Governments. The speaker then referred to certain specific points in the Report of the Committee. He did not approve of the latter's suggestion that the Legal Office be abolished and that they merely consult an Adviser when legal advice is needed. In his opinion, an international organization like the Bureau should have continuity in its legal activities, since there is a tendency to create, within the framework of existing law, a system of international law dealing with public health, and the Bureau should count, not on sporadic advice, but on a permanent legal service for replying to the inquiries of the Member Governments in this connection. With reference to the Budget and Finance Branch, the Committee said that it was unable to determine whether less personnel could handle the work of managing finances in the Bureau. The Directing Council has already dealt with this question, and it was suggested that a member of the Committee might be delegated to determine, with the assistance of an expert, whether the PASB had too large or too small a staff to do the work well. As for the Zone Offices, the Committee pointed out that the present system has various shortcomings, in the sense that the services they perform will be disproportionately greater in the country where the Zone headquarters are located. The speaker considered that this fear was unjustified, because the Zone Offices act with complete independence. He cited the case of the Buenos Aires Zone Office, where they often have difficulty in obtaining all the assistance needed when certain problems arise; hence the headquarters country is the one in the zone receiving the least benefit. He supposed that the same thing probably occurred in other countries where Zone Offices are located. He then recalled that Dr. Brady, Representative of the United States, had previously offered the collaboration of technical experts of the Department of State for making a study of the organization and functioning of the Bureau Headquarters, which offer could be accepted at this time. In conclusion he suggested that the Committee on Economies and Decentralization end its activities and consider its work done; and that the members should be thanked for their efforts, and the Director of the Bureau be informed of the desire that administrative expenses be reduced to a minimum compatible with the maximum technical aid that the Member Governments expect from the Bureau.

The CHAIRMAN, as the Representative of Chile, pointed out that as soon as the Committee was established, it became obvious that the work entrusted to it was very difficult of performance by a group of three persons who were not permanently assigned to the Bureau. The problem of economies and decentralization was a very complex one. The speaker recalled that he

had attended the last meeting of the Committee, where the difficulties involved in the work entrusted to it became apparent. He added that from his own experience, those who are at the head of a service know perfectly well the complexities of administrative problems. Administration is a science and an art, which must be permanently adjusted to circumstances as they arise. He alluded to the administrative progress of the Bureau, which had passed through three stages -- the first, preeminently of centralization; the second, of decentralization; and third, the present stage, of balance and adjustment between the functions of the Headquarters in Washington and those of the Zone Offices. A definitive stage will never be reached, but there is no doubt that notable progress has been made. Although unaware of the opinions of the Representatives of the United States and Mexico, the other Members of the Committee, he supported the proposal of the Representative of Argentina, because he considered that, in spite of all its good will, the Committee would not be in a position to submit any specific proposals to the next Pan American Sanitary Conference.

Dr. ZOZAYA (Mexico) felt that the criticisms voiced by the Representative of Argentina were unjust. To date, the activities of the Committee had not cost the Bureau a cent, since its members had met when they could, which was why they had been unable to study and examine the problem thoroughly. Moreover, in the resolution creating the Committee, approved at the Havana Meeting, its functions were not specified, but rather it had been given full freedom of action. Where specific standards are lacking it is easy to criticize. The Committee had tried, with the best of good will, to carry out its mission. When the Committee held its first meeting with the Director of the Bureau, it had nothing more to go on than the resolution approved at Havana. Dr. Zozaya then referred to the criticism voiced by the Representative of Argentina with respect to the elimination of the Legal Office. The functions of a Legal Office of the PASB could not, in his opinion, be compared with those of a Ministry. The Committee had studied in detail the cost of such service, in relation to the work accomplished, reaching the conclusion that it was preferable to contract for the services of a Legal Adviser when they are needed. With reference to the visit to Zone Offices, now it is being said that it would be too brief, but the question arises, what would have been said if the Committee had decided to issue an opinion on their operation without first having visited them. He concluded by saying that it was up to the Directing Council to decide whether the Committee was to continue its activities or not; if so, he considered that its competence should be specifically defined.

Dr. BRADY (United States) recalled that the Committee was established by the Directing Council and therefore it was to be expected that it would be an arm of the Council itself, but the resolution of Havana appointed three Governments to the Committee. Consequently the Committee found itself in a difficult position. It had not been determined whether in their deliberations the members were representing the Directing Council or their respective Governments. By the terms of the Havana resolution it was necessary for the Committee members to feel that they were representing three Governments. That also led to an awkward position, which is reflected in the preface to the Report, in which it is stated that although the Members of the Committee were Representatives of their respective Governments, they had not sought their concurrence in the statements contained in the Report, which were to be considered provisional. As Dr. Zozaya had said, its terms of reference were extremely broad; in effect, the Committee was urged to formulate recommendations with respect to economy and decentralization. Such recommendations might involve not only every part of the operation of the Pan American Sanitary Organization, but also its relations with the WHO, UNICEF, TA/UN, etc., such terms of reference were too broad to be settled upon three persons who presumably represented three Governments. The speaker thought it was perhaps true that the Committee would not promote economies, considering first the cost of sustaining the Committee itself. It was pointed out in the Report that there had been a reduction of Headquarters administrative staff and that it was hoped to reduce it even more next year. If the Committee investigated this question and recommended such a reduction, it might be said that it had effected an economy. But we all know that this is not necessarily true, since it is something the administration would have done anyhow. At the time this Committee was formed, one Representative said that what was needed was a study of the administrative structure of the PASB, not because the Representatives did not understand the administrative overhead, but because the respective Governments did not understand it, and it was felt that with this study the Governments would be more understanding of the difficulties in administering the Pan American Sanitary Organization. The Council knows that the WHO was making studies in the Regional Office in Washington and that Dr. Soper and his staff had assigned personnel to make studies on how economies could be effected. Dr. Brady hoped that the Committee would be abolished since the Representatives on the Directing Council now had the necessary information to defend before their Governments the administrative overhead of the Bureau in Washington. This had been a recurring problem at all meetings for the last several years. However, if the Directing Council did not feel satisfied on that point, Dr. Brady recommended that it empower the Committee to

employ an outside agency to make an unbiased study and report to the Committee, which would transmit it to the Directing Council and then go out of existence. As regards the assistance from the United States in carrying out the study in question, he pointed out that when the offer was made, it had been hoped that specialized personnel could be loaned for that purpose. But with the recent economies in the United States Government and the reduction of force, it had been impossible to find experts who could be spared to make that study, nor would it be possible in the future.

The CHAIRMAN proposed a draft resolution to the effect that the Council take note of the Report submitted by the Committee on Economies and Decentralization created by the VI Meeting of the Directing Council, and agree to terminate its functions, in view of the complexity of its activities and the difficulty of preparing a final report before the XIV Pan American Sanitary Conference; and also to instruct the Director of the Pan American Sanitary Bureau to submit to the XIV Pan American Sanitary Conference a complete report on the economies effected in the administration of the Bureau and the results of the technical and administrative decentralization.

The session was recessed at 11:00 a.m. and resumed at 11:20 a.m.

Dr. CASTRO (Brazil) pointed out that the criticisms expressed during the discussion had not been directed at the work of the Committee, which had done everything possible, but at the system that had been established. He thought that the Directing Council had been unrealistic in delegating to a Committee the duty of achieving economies in the operation of the Bureau, because this system placed too much responsibility on the Committee, and furthermore, it was impossible to expect any great results, owing to the way the Havana resolution had been worded. He declared that, on the other hand, economies had already been effected in the administrative overhead of the Bureau, as could be clearly seen in the budgets for 1954 and 1955, which show a reduction of 4 or 5 percent in administrative overhead and an increase in the proportion of the funds allotted to field programs. The reduction in administrative overhead could be greater if the field programs were expanded. He supported the proposal of the Chairman.

Mr. ANGUIANO (Guatemala) acknowledged that these problems of economies and decentralization were very complex and arose in all organizations, official or unofficial. The Governments themselves establish special committees to study ways of reducing

administrative overhead. Their opinions, however, could carry weight only in theory. The PASB as an international agency cannot afford to have too high an administrative overhead, but neither can it limit its overhead too drastically, because such expenses must be in proportion to the field programs and other activities of the Bureau.

Dr. SEGURA (Argentina) explained that his criticism had not referred to the results obtained nor had he wished to engage in personalities; he had only tried to bring out the fact that the method followed had not been suitable, since it created for the members of the Committee a very complex problem almost impossible of solution. The Argentine Delegation had not been present when the vote was taken in Havana on the resolution creating the Committee, but if it had been, it would have voted against it. He doubted that retention of the procedure adopted would give any better results in the future and, consequently, he urged that the Committee's functions be terminated.

Dr. PIERRE-NOEL (Haiti) also acknowledged that the difficulty arose from the procedure adopted and added that the Committee had done a good job, on which it should be congratulated. Moreover, the Director has already adopted administrative measures for economizing at Headquarters, and analysis of the program and budget shows that progress has been made in the work of decentralization. He therefore supported the proposal to abolish the Committee, with the understanding that this measure is due to the difficulties encountered in performing the task entrusted to it.

The CHAIRMAN said that, judging from the statements made during the discussion, the general consensus was that the Committee had done all it could under the circumstances. He called for a vote as to whether or not the Committee was to continue its activities.

#### DECISION TAKEN

It was unanimously agreed that the functions of the Committee on Economies and Decentralization be terminated and that a Working Group, composed of the Chairman and the Representatives of Brazil and Haiti, draft the appropriate resolution.

TOPIC 31: RIGHTS AND OBLIGATIONS OF THE ASSOCIATE MEMBERS OF THE WORLD HEALTH ORGANIZATION (Document CD7/20 and Annexes I and II)

The SECRETARY read Document CD7/20 on this topic.

The CHAIRMAN pointed out that there were no associate members in the Regional Committee of the WHO for the Americas, but that there might be such members in the future, for which reason he thought it advisable to consider the matter.

Dr. SEGURA (Argentina) remarked that the question concerning the rights and obligations of associate members in this Regional Committee is closely connected with the revision of the Constitution of the Pan American Sanitary Organization and since there was no problem concerning associate members in this Regional Committee, he proposed that the reply to the inquiry of the Director-General of the WHO, which appears in the aforesaid document, state that the Regional Committee for the Americas should continue to be exempt from any measure planned by the World Health Assembly with respect to the rights and obligations of associate members.

Mr. SANCHEZ BAEZ (Dominican Republic) seconded this proposal and asked that a working party be established, with the Representative of Argentina as a member.

#### DECISION TAKEN

The proposal of the Representative of Argentina was unanimously approved, and the preparation of the draft resolution was entrusted to a working party composed of the Chairman and the Representatives of the Dominican Republic and Argentina.

#### TOPIC 32: ACQUISITION OF INSECTICIDES FOR PUBLIC HEALTH PROGRAMS (Document CD7/14 and Addenda I and II)

The SECRETARY explained that this topic had been included in the program, in accordance with the Rules of Procedure, at the request of the Government of Chile. He read Document CD7/14, Addendum I, containing a proposed resolution presented by the Representative of Chile.

Dr. ORELLANA (Venezuela) agreed with the spirit of the proposed resolution, stating that Venezuela might have difficulties in importing insecticides, but he favored the elimination of paragraph 3 of the preamble, which reads, "The need to continue to promote the use of insecticides on an increasingly wide scale, because of their proven efficacy in the prevention of numerous diseases that seriously affect certain countries of the Americas, with obvious repercussions of economic and social condition." He considered this paragraph unnecessary.

Dr. SOPER (Director, PASB) offered the information that at present DDT can be purchased in and exported from the producer countries without difficulty. A large quantity of DDT has been produced in the United States and, owing to the drought, consumption has been considerably reduced. Therefore, the 100 percent Technical DDT, if bought in large quantities, can be obtained at 21 and 23 cents a pound, and the 75 percent DDT wettable powder costs from 22 to 25 cents. The manufacturers maintain that these prices approximate the production cost. Future prices cannot be foreseen, but Dr. Soper felt that this was the proper time to purchase the DDT required for 1954.

Dr. ZOZAYA (Mexico) agreed with the Representative of Venezuela that the statement in paragraph 3 of the resolution should not be made.

Dr. RAMIREZ BOETTNER (Paraguay), taking part in the discussions of the Council for the first time, expressed the appreciation of the Government of Paraguay for the work the Pan American Sanitary Bureau is doing in his country; he described it as highly effective and productive of great benefits for the people. In his opinion paragraph 3 of the resolution should be retained, because the Directing Council is performing a proper and useful function in making such a statement.

Dr. ORELLANA (Venezuela) said that his remarks referred to paragraph 3 of the preamble, not to paragraph 3 of the operative part of the proposed resolution, as some Representatives apparently understood.

Mr. SANCHEZ BAEZ (Dominican Republic) believed that the paragraph in question should be retained.

#### DECISION TAKEN

By a majority vote, the proposed resolution in Document CD7/14, Addendum I, on the acquisition of insecticides for public health programs, was approved. 20/

The SECRETARY announced that an invitation had been received from Dr. Sebrell, Director of the National Institutes of Health, for the Members of the Directing Council to visit the Institutes in Bethesda, Maryland, and it was agreed that the visit would take place on Monday, 19 October, at 10:00 a.m.

The session was adjourned at 12:00 noon.



PRECIS MINUTES OF THE EIGHTH PLENARY SESSION  
Washington, D. C.  
Thursday, 15 October 1953, at 2:55 p.m.

Chairman: Dr. Alberto BISSOT, Jr. Panama  
(Later) Dr. Hernán URZUA Chile  
Vice-Chairman: Mr. Andrés RODRIGUEZ Argentina  
Secretary: Dr. Miguel E. BUSTAMANTE Pan American  
Sanitary Bureau

SUMMARY

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TOPIC 31: RIGHTS AND OBLIGATIONS OF ASSOCIATE  
MEMBERS OF THE WORLD HEALTH ORGANIZATION  
(Document CD7/20 and Annexes I and II)  
(Conclusion)

The CHAIRMAN proposed that, before taking up the topics assigned in the Order of the Day, consideration be given to the proposed resolution on Topic 31 drafted that morning by the Working Party.

Dr. SEGURA (Argentina) read the resolution in which note is taken of the status of the work done by the Permanent Committee on Revision of the Constitution of the Pan American Sanitary Organization; the Report and the opinions received are transmitted to the Member Governments; and it is recommended to the Director of the Pan American Sanitary Bureau that he urge the Governments to send their comments as soon as possible, and that the Final Report of the Committee be transmitted to the XIV Pan American Sanitary Conference for study and decision.

Dr. CASTRO (Brazil) moved that the resolution be approved without modification. Drs. URZUA (Chile), BELLO SARRIA (Ecuador), RAMIREZ BOETTNER (Paraguay), and SANCHEZ VIGIL (Nicaragua) seconded the motion.

DECISION TAKEN

The draft resolution submitted by the Working Party was unanimously approved; it provides that the Director-General of the World Health Organization be informed that the Directing Council does not wish measures to be adopted that would change the present situation of the Regional Committee of the Americas with regard to the inquiry made. 21/

TOPIC 33: AIR TRANSPORTATION AND SHIPPING PRIORITIES  
FOR MATERIAL USED FOR THE EXECUTION OF PUBLIC  
HEALTH PROGRAMS (Document CD7/15 and Addenda  
I and II)

At the request of the Chair, the SECRETARY explained the background of this topic and read the proposed resolution appearing in Document CD7/15, Annex I, the operative part of which was as follows:

1. To recommend that the Director of the Pan American Sanitary Bureau request the cooperation of the International Civil Aviation Organization and the International Air Transport Association to the end that in justified cases they grant shipping priorities for materials and equipment to be used for the execution of public health programs or campaigns.
2. To request the Director of the Pan American Sanitary Bureau to undertake negotiations with the airlines, with a view to obtaining a special rate for the transportation of such material and equipment intended for official use.

Dr. ORELLANA (Venezuela) requested that the meaning of the term "tarifado" ("rate") be explained.

Dr. URZUA (Chile) replied that by "tarifado" a special price is understood.

Dr. ORELLANA (Venezuela) asked whether it was possible to obtain that price.

Mr. HINDERER (Chief, Division of Administration, PASB) answered that the Bureau has very good relations with the various airlines on the matter of rates, deliveries, etc. He did not know how the airlines would feel about it if pressure were brought against them by an international organization or by the International Air Transport Association. He emphasized that the services of the airlines flying out of the United States at this time could not be better. He informed the Directing Council, by way of example, of the following type of service: over the past two years the Bureau sent over 30 shipments of radioactive material to Chile, especially of colloidal gold, which has an active life of less than 50 hours, and none of these shipments had ever miscarried, the service having been excellent.

Dr. RAMIREZ BOETTNER (Paraguay) stated that, even though there was no assurance of receiving an affirmative reply, it would not be too much to request such service. He then suggested that the word "tarifado" be changed to "tarifa".

Mr. SANCHEZ BAEZ (Dominican Republic) requested that the proposed resolution be approved, taking into account the remarks of Dr. Ramirez Boettner.

DECISION TAKEN

The resolution appearing in Document CD7/15 was approved and it was left to the Drafting Committee to use the appropriate word to replace the word "tarifado". 22/

The CHAIRMAN invited the Representative of the United States to make his statement relating to the WHO program on non-proprietary names of drugs.

Dr. VAN ZILE HYDE (United States) requested that the next topic be taken up, for two reasons: first, to give time for some material then on the way to arrive, and second, to permit Dr. H. S. Gear, Assistant Director-General of the World Health Organization, to be present, since the WHO program relating to this question is under his direction.

TOPIC 28: SELECTION OF TOPICS FOR TECHNICAL DISCUSSIONS DURING THE XIV PAN AMERICAN SANITARY CONFERENCE, VI MEETING OF THE REGIONAL COMMITTEE OF THE WORLD HEALTH ORGANIZATION (Document CD7/25)

The SECRETARY gave a brief summary of the background of Document CD7/25, which had been submitted by the Director of the Pan American Sanitary Bureau for consideration. At the request of the Chairman, he read the proposed resolution appearing in the document.

Dr. SEGURA (Argentina) said that there was a discrepancy between the title and the content of the resolution, since the title mentions topics for technical discussions and the resolution refers to four-year reports to be submitted to the Governments.

The SECRETARY stated that the apparent discrepancy is explained by the desire to prevent a multiplicity of topics at the Conference and the need to adapt the topics to the technical discussions that are to be held in accordance with the recommendation of the WHO. The two purposes are covered in a single proposal, that is, that the technical discussions be based on the reports to the Governments.

Dr. SEGURA (Argentina) inquired whether for the time being the Governments would not have to present specific topics to the Pan American Sanitary Conference, since a committee charged with selecting the topics for discussion was proposed.

Dr. ESTRUCH (Dominican Republic) felt that the proposed resolution appearing in Document CD7/25 was satisfactory and proposed that it be adopted.

Dr. URZUA (Chile) inquired as to when the countries could present technical topics that are not included on the program.

Dr. SOPER (Director, PASB) stated that in order to take advantage of the time available without sacrificing the reading of the extensive reports presented by the countries on the development of their public health activities, the Pan American Sanitary Bureau had deemed it advisable to suggest the appointment of a committee to read and analyze the reports, so that the discussions might be of general interest. Furthermore, it might happen that when the countries presented their reports, they might call attention to the points in which they are interested, thereby avoiding the selection of a specific topic. He added that the tradition of presenting reports every four years should be followed, and it was proposed to use them to prepare documents that would be of consultative value in the future and that would be helpful to the public health activities of the different countries.

The CHAIRMAN requested the Secretary to read the Articles of the Constitution of the Pan American Sanitary Organization that refer to meetings. The SECRETARY read Articles 4, 5, and 7 of Chapter II and gave a brief explanation on the presentation of topics by the countries.

Dr. URZUA (Chile) asked that the proposed resolution be approved.

#### DECISION TAKEN

The proposed resolution appearing in Document CD7/25 was unanimously approved. 23/

#### STATEMENT BY THE REPRESENTATIVE OF THE UNITED STATES ON THE WHO PROGRAM ON NON-PROPRIETARY NAMES OF DRUGS

Dr. VAN ZILE HYDE (United States) referred to a subject which he felt was of interest and of some importance to the Delegates. He stated that, after looking at the chart which had been previously circulated, he felt sure it was clear why he wanted to wait for it. He added that the matter dealt with on the chart is administered by the World Health Organization under Dr. Gear, who is the Assistant Director-General in charge of that area of activity.

Dr. van Zile Hyde stated that the main point underlined is the effort on the part of the World Health Organization to carry out a program of international scope which helps to protect the names of important drugs -- truly international names -- the very ones that all of us use scientifically and clinically, and which are not names that are commercially identified or on which proprietary rights have been acquired.

He said that these are generic, world-wide, non-proprietary names. He added that the WHO has been carrying out this program for some time. This past year some difficulties arose because, although the procedures were quite sound and proper, there apparently was not sufficient knowledge of the program and of the procedures and all those interested in the matter were not fully prepared to act.

He drew attention to the chart, which had been drawn up on the basis of the WHO documents, particularly a document approved by the Executive Board of the WHO last May following the Assembly. He added that the procedures are not as complicated as they appear at first glance, and he requested Dr. Gear to feel perfectly free to correct him if he made errors in his interpretation.

He said that anyone interested in establishing the name of a drug and creating an international name that would remain truly international -- the scholar, the manufacturer, or anyone else who had an interest in doing this -- may propose a name to the Director-General of the WHO, giving the reasons why he thinks that the particular name should be protected as the non-proprietary name of the drug. After analyzing the reasons, the Director-General would then proceed to step number 3 on the chart, that is, referring the proposal to a Subcommittee of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations. The question can then be referred to the members of that panel, composed of experts in regard to the drug under consideration, and they could act by mail and would not need to meet as a Subcommittee. After this group has determined that the name should be given international status, it refers the matter back to the Director-General with that recommendation, and the Director-General then takes action. The name and circumstances are published in the Chronicle of the WHO, with which all the participants are familiar, and it thus becomes an official recommendation of the intent to recommend that name as an international non-proprietary name. At the same time, as can be seen in part 4 of the Chart, the WHO is obliged to notify all its Member States, as well as the National Pharmaceutical Commissions wherever they exist, and to notify all other bodies designated by the Member States. He explained that the right side of the chart shows what will take place in the United States on the basis of

these notifications. He added that the Member States, the Department of State, the Department of Health, Education and Welfare, and the editors of some of the leading journals in the field, would be notified through the Public Health Service, the Food and Drug Administration, and the Commissioner of Patents.

Dr. van Zile Hyde added that the Pharmacopoeia Commission will be notified and that other bodies in the United States such as the American Drug Manufacturers Association, the American Pharmaceutical Manufacturers Association, etc., have asked the World Health Organization to notify them. Thus everyone concerned would be duly notified thereof. He added that after publication in the Chronicle there is a six-month period during which anyone interested may notify the Director-General of any objection he may have. According to the document, there may be comments or formal objections from any interested person.

Dr. van Zile Hyde then stated that if no objections are received, the proposed name is selected as a recommended international non-proprietary name for the drug, and it is then published in the Chronicle, and the same obligatory notification is carried out. This is the final action when no objections are received. In case there are objections, the Director-General of the WHO attempts to negotiate the matter, and, if an objection is valid, to determine whether it is of sufficient importance in substance to stand; if the objection is withdrawn and the name is selected, the notifications are then made.

If the objection is not withdrawn after several separate discussions, the Subcommittee proceeds to reconsider the name on the basis of the objection and the decision adopted by the Assembly and the Board, which states that if a formal objection made by a person with legitimate interest is not withdrawn, the name is not selected, the new proposal is considered, and the entire procedure is repeated. He added that on the basis of experience, it is not anticipated that there will be many formal objections or at least formal objections that are not withdrawn.

He then stated that it is important to be aware of this program and its significance, because the health officials from the various countries have the responsibility of protecting this program from the action of those who would wish to take these names and patent them. He added that from the time of notification in the Chronicle until the decision is finally made, the name should be protected, and that it is the responsibility of all to see to it that the name is kept in the open for scientific use and not made a commercial name, and that it is not used for private profit but for public use and benefit.

Dr. SEGURA (Argentina) described the study made by Dr. Hyde as being most thorough and useful and stated that it represented an important advance in international codification. He added that the burden that will fall on national administrations in complying with such recommendations is fully justified in view of the importance of the measures described. He felt confident that the Departments of Pharmacies and Pharmaceutical Products of the Ministry of Public Health of Argentina would give the matter the attention it deserves.

TOPIC 27: ELECTION OF TWO MEMBER COUNTRIES TO FILL THE VACANCIES ON THE EXECUTIVE COMMITTEE CREATED BY THE TERMINATION OF THE PERIODS OF OFFICE OF CHILE AND THE DOMINICAN REPUBLIC  
(Document CD7/13)

The SECRETARY read Document CD7/13 and Article 13-A of the Constitution, referring to the designation of the Members of the Executive Committee.

The CHAIRMAN announced that the participants would proceed with the election of the Member Countries to fill the vacancies on the Executive Committee, and asked the Secretary to check the number of countries present.

The SECRETARY reported that those present were the Representatives of Argentina, Brazil, Chile, Dominican Republic, Ecuador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, United States, and Venezuela. There was a total of thirteen countries represented. He added that the Metropolitan Countries would not vote in this election.

Dr. SWELLENGREBEL (Netherlands) recalled that in former years, or in any case since Ciudad Trujillo, the Representatives of the Metropolitan Governments have taken part in the voting. Also, at the last meeting at Havana, the Metropolitan Governments participated. He wished to know why they were being excluded from the voting that was to take place at this meeting of the Council.

The SECRETARY thanked the Representative of the Netherlands for his observations and proceeded to read Article 7-A of the Rules of Procedure of the Directing Council of the Pan American Sanitary Organization.

Mr. ANGUIANO (Guatemala) pointed out that the answer to the question posed by the Representative of the Netherlands appears in Article 11 of the Rules of Procedure of the Council, which provides that the Representatives of territories are entitled to participate in and vote on all matters except those enumerated in Article 7-A. He expressed the opinion that at this



particular time the matter under consideration pertained to the Pan American Sanitary Organization in its character as an Inter-American Specialized Organization and the Representatives of territories were therefore not entitled to vote.

Dr. VAN ZILE HYDE (United States) stated that it was his impression that previously the interpretation had been that since the Executive Committee deals with matters affecting health throughout the Hemisphere, in which all are interested, and since its main purpose is to consider technical matters and health programs, it had been considered that this is one of the matters not excluded by Article 7-A. He said that in the past the group of countries had not been excluded, but had been expected to participate in the selection. He would like to know what the precedent was in this matter.

Dr. SOPER (Director, PASB) explained that the VII Resolution adopted by the Directing Council at its V Meeting, held in Washington in 1951, authorizes the Executive Committee of the Directing Council also to act as the Working Party on behalf of the Regional Committee for the Americas in reviewing all questions relating to administration, budget, and finance.

Dr. SWELLENGREBEL (Netherlands) recalled that even after the changes were introduced in the Rules of Procedure of the Council pursuant to Resolution I of the VI Meeting of the Directing Council, the Metropolitan Governments participated in the voting for the new Members of the Executive Committee at Havana. He wished to know what changes had occurred since then that would justify the adoption of a new point of view.

The CHAIRMAN said that the Minutes of the Fourth Plenary Session of the VI Meeting of the Directing Council, held in Havana on 22 September 1952, contain a statement by the Representative of Guatemala on the same problem. On that occasion it was decided that the Metropolitan Governments were entitled to vote.

The SECRETARY indicated that if the Representatives of the territories took part in the voting, the number of voters would be 16.

Mr. ANGUIANO (Guatemala) believed that an error had been made at Havana which should not be repeated. He said that the Directing Council should state its opinion one way or another and proposed that the matter of whether or not the Representatives of the territories are entitled to vote be discussed.

Dr. SEGURA (Argentina) thought that this is one of the vulnerable points of the Organization and that the rights granted at previous meetings of the Directing Council suffer from certain constitutional defects that must be reviewed by the Conference. As long as the text of the Constitution is not definitive, the legal effect of the decisions of former Council meetings gives authorization for continuing to proceed in the same way. He said that the proposal of the Representative of Guatemala would make compulsory a detailed examination of the Constitution, a topic that had been postponed until the next meeting of the Conference. The points relating to this situation are contained in the documents that were distributed by the Argentine Delegation at the April 1952 meeting of the Executive Committee.

Mr. ANGUIANO (Guatemala) supported the reservations made by the Representative of Argentina to the effect that the Directing Council had granted to the Representatives of the territories rights to which they were not really entitled.

The CHAIRMAN asked the Representative of Guatemala if he would withdraw his proposal.

Mr. ANGUIANO (Guatemala) stated that he would not withdraw his motion, but added that if it were not seconded, the motion would be considered rejected.

Dr. VAN ZILE HYDE (United States) stated that he was not in agreement with the reservations made by the Representative of Argentina. He was of the opinion that the matter should be examined on a more fundamental basis. He suggested that the precedents established in previous meetings should be followed.

Mr. SANCHEZ BAEZ (Dominican Republic) observed that the resolution of the Directing Council granting the right to vote to the Netherlands, France, and the United Kingdom, now obliged the Council to proceed in the same manner. He cited Article 25 of the Constitution of the Pan American Sanitary Organization and added that the decisions adopted by previous Council meetings could be considered implicit amendments of the Constitution and, therefore, the Council should abide by them.

The CHAIRMAN asked if the proposal of the Representative of Guatemala was seconded by any of the Members present. He then announced that, as the motion was not seconded, the secret ballot would proceed with the participation of the Metropolitan Countries. He appointed the Representatives of Haiti and Venezuela as tellers.

Dr. VAN ZILE HYDE (United States) asked if nominations could be made before the election.

The CHAIRMAN stated that at the Havana Meeting nominations were accepted and that it was his opinion that the same procedure could be followed.

Dr. VAN ZILE HYDE (United States) stated that he had always been impressed by the interest and the important contribution to the deliberations made by the delegations sent by Argentina to the meetings of the Executive Committee and he would therefore like to nominate Argentina for membership on the Executive Committee.

Mr. ANGUIANO (Guatemala) seconded the nomination.

Dr. RAMIREZ BOETTNER (Paraguay) supported the motion made by Dr. Van Zile Hyde. He then nominated the United States for the other vacancy, emphasizing the broad spirit of Americanism shown by the United States delegations and their constant support of the Pan American Sanitary Bureau.

Dr. BELLO SARRIA (Ecuador), Mr. SANCHEZ BAEZ (Dominican Republic), Dr. URZUA (Chile), Dr. SANCHEZ VIGIL (Nicaragua), and Dr. ORELLANA (Venezuela) supported the proposals made by the Representatives of the United States and Paraguay.

The CHAIRMAN wished to explain that votes could also be cast for any country that had not been nominated.

#### DECISION TAKEN

A secret vote was taken and the tellers announced the following results:

Number of ballots cast:	16
Number of void ballots:	0
Number of valid ballots:	16
Abstentions:	0
Number of countries present:	16
Majority necessary:	9
Number of votes obtained for Argentina and the United States:	14
Number of votes obtained for the United States and Paraguay:	1
Number of votes obtained for Argentina alone:	1

Having obtained the necessary majority vote of the Members present and voting, Argentina and the United States were elected to fill the vacancies on the Executive Committee. 24/

The CHAIRMAN announced the result of the voting and congratulated the Representatives of Argentina and the United States.

Mr. RODRIGUEZ (Argentina) stated, that on behalf of his Government, he wished to express his deepest appreciation to the other countries of the Americas for the honor that had been bestowed on his Delegation and pledged American solidarity in all public health problems. He added that he would take an active part in all matters that promote social justice and strengthen friendship among peoples.

Dr. VAN ZILE HYDE (United States) joined the Representative of Argentina in expressing his appreciation for the vote of confidence given to his Government and, like the Representative of Argentina, he offered his assurances that he would participate actively and with the greatest interest in the deliberations of the Executive Committee.

TOPIC 29: PLACE AND DATE OF THE XIV PAN AMERICAN  
SANITARY CONFERENCE (Document CD7/17)

The SECRETARY read Document CD7/17.

Dr. URZUA (Chile) stated that, at the special request of his Government, he had the honor to announce that the President of the Republic of Chile had expressed to him his personal desire that the XIV Pan American Sanitary Conference be held in Santiago. Consequently, he offered the Capital of his country as the site of the next meeting of the Conference.

Mr. RODRIGUEZ (Argentina) said that it was an honor for the Directing Council to accept the invitation of the Representative of Chile to hold the next Conference at Santiago and stated that he supported the proposal with pleasure.

Dr. CASTRO (Brazil), Dr. BELLO SARRIA (Ecuador), Dr. HYDE (United States), Dr. ESTRUCH (Dominican Republic), Mr. ANGUIANO (Guatemala), and the CHAIRMAN, in his capacity as Representative of Panama, stated that they supported the proposal of the Representative of Chile with pleasure and that they expressed their warm thanks for the offer of the Government of Chile.

The CHAIRMAN stated that they would proceed to cast secret ballots and to that effect appointed the Representatives of the Dominican Republic and Guatemala as tellers.

DECISION TAKEN

Number of ballots cast:	16
Number of void ballots:	0
Number of valid ballots:	15 and 1 blank ballot
Abstentions:	0
Number of countries present:	16
Number of votes obtained:	15
Majority necessary:	9

Having obtained the necessary majority vote of the Members present and voting, the city of Santiago, Chile, was designated as the site of the XIV Pan American Sanitary Conference.

Dr. URZUA (Chile) expressed sincere appreciation, on behalf of his Government and in his own name, for the distinction granted to the Republic of Chile. He stated that at the time of the last visit made to his country by the Director of the Bureau, he told him of the pleasure with which the Government of Chile would regard the holding of the next Conference in Santiago. He wished to point out one fact of great importance. Less than a year ago a law was enacted whereby the National Health Service was created to include all medical services, curative and preventive, and the social services of Chile. In view of the possible importance of this new system to other countries, he thought it would be of interest to the Representatives of the other countries of the Americas to have an opportunity to observe the initial steps of this experiment. The idea appealed to Dr. Soper and Dr. Urzúa informed him that the Representative of Chile would make the proposal at the next meeting of the Council. He believed that, apart from this experiment, public health in Chile has undergone a series of transformations which would be interesting from the standpoint of preventive medicine alone. Therefore, he considered that inasmuch as forty-two years have elapsed since a Sanitary Conference was held in Chile, it would be fitting for the delegates to have an opportunity to observe the progress achieved by Chile in the field of health activities. He again expressed his thanks for the honor conferred upon his Government. He suggested that the XIV Pan American Sanitary Conference should begin on or about 5 October, 1954.

Dr. SOPER (Director, PASB) stated that, as the Representative of Chile had pointed out, he considered it desirable for the Representatives to have the opportunity to observe at first hand what was being done in Chile in the field of public health. With respect to the date of the XIV Conference, it seemed appropriate to him to postpone the choice of the definite date until later, because the nature of the WHO program is such that objections have been made about this date. After the documents have been prepared, an attempt will again be made to obtain the WHO's agreement to the month of October instead of September.

#### DECISION TAKEN

It was unanimously decided to request the Government of Chile and the Director of the Pan American Sanitary Bureau to fix by common agreement the exact date for the XIV Pan American Sanitary Conference of 1954. 25/

The SECRETARY stated that in view of the fact that the Council had completed the discussion of all topics on its Agenda, the 21st Meeting of the Executive Committee, with its new members, Argentina and the United States, would take place the following morning. He reminded the Representatives that the visit to the National Institutes of Health at Bethesda was scheduled for Monday, the 19th, and that the signing of the Final Report of the VII Meeting of the Directing Council would take place in the afternoon of the same day.

Dr. SOPER (Director, PASB) expressed pleasure at the rapidity with which the work of the Directing Council had been completed. He regretted that in the past few days he had not been able to be at the service of the Representatives at all times, adding that now both he and the technical staff of the Bureau would be at their entire disposal for any consultation.

Dr. RAMIREZ BOETTNER (Paraguay) stated that, since he had to be away from Washington on the day set for the signing of the Final Report, he wished to add his signature to the Report on Wednesday, the 21st.

Dr. VAN ZILE HYDE (United States) expressed his pleasure at the fact that the Representatives were to spend a few more days in Washington, during which they would not be completely occupied with the work of the Meeting. Speaking on behalf of the Surgeon General, Dr. Scheele, he said that the U.S. Public Health Service was at the disposal of the delegates for any

service they might desire. He added that Dr. Williams, of the Foreign Operations Administration, had said he would be delighted to see any of the Representatives who wished to discuss any matter relating to that Administration or to the Institute of Inter-American Affairs.

The session was recessed at 4:30 p.m. and resumed at 5:10 under the chairmanship of Dr. Urzúa (Chile).

TOPIC 17: INTERIM REPORT OF THE COMMITTEE ON ECONOMIES AND DECENTRALIZATION (Documents CD7/5, CE19/13 and Annexes I, II, and III) (Conclusion)  
DRAFT RESOLUTION OF THE WORKING PARTY

The CHAIRMAN stated that the draft resolution submitted by the Working Party on Economies and Decentralization was to be considered.

The SECRETARY read the resolution.

Dr. ZOZAYA (Mexico) considered the operative part of the draft resolution to be adequate, but objected to the preamble as not being in line with the real facts. He said that the primary responsibility lay with the Directing Council itself. He added that what had happened was that the Directing Council had changed its mind about this matter.

Mr. ANGUIANO (Guatemala) agreed with the remarks of the Representative of Mexico. He said that at the morning session the previous points of view of the Directing Council had been re-examined, and it was agreed to terminate the functions of the Committee because the policy in question had been changed. He thought the resolution should state that the policy had been revised and a different point of view adopted.

Mr. RODRIGUEZ (Argentina) seconded the statements of Dr. Zozaya.

The CHAIRMAN asked the Representatives of Mexico and Guatemala to submit a new text for the operative part.

Dr. ZOZAYA (Mexico) asked to be excused from this task, since he was an interested party. He said that the need for adopting such a resolution was an example of inconsistency in the general policies of the Directing Council.

Dr. CASTRO (Brazil) pointed out that the Working Party that prepared the draft resolution had attempted to interpret the views expressed by the Members of the Council, which he understood to have been unanimously in favor of terminating the functions of the Committee on Economies and Decentralization. He expressed his support of the draft resolution in its original wording.

Dr. ZOZAYA (Mexico) felt that the Committee could not be reproached for the manner in which it had proceeded. He insisted that the Council alone was at fault for having given the Committee a task impossible to accomplish in such a short time.

Mr. ANGUIANO (Guatemala) thought that the Directing Council should be magnanimous enough to acknowledge its own mistake.

Dr. PIERRE-NOEL (Haiti) said that, in his opinion, the text of the draft resolution contained no criticism of the Committee. The Directing Council realizes the need for making changes in the policy to be followed and, at the same time, recognizes the unforeseen difficulties encountered by the Committee on Economies and Decentralization.

Dr. RAMIREZ BOETTNER (Paraguay) proposed that the two paragraphs of the preamble be revised, the first to read: "The difficulties encountered by the Committee...", and the second: "The limited time available for accomplishing that task..."

Dr. CASTRO (Brazil) reported that the Working Party which drew up the draft resolution had been particularly careful to use the conditional tense, because they considered that the feeling of the Directing Council was better expressed in that way.

Dr. VAN ZILE HYDE (United States) submitted a proposal reading 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 disestablish 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.

Mr. ANGUIANO (Guatemala), Dr. ZOZAYA (Mexico), Dr. CASTRO (Brazil), and Dr. RAMIREZ BOETTNER (Paraguay), seconded the proposal of the Representative of the United States.

Mr. RODRIGUEZ (Argentina) also supported the proposal and moved that it be turned over to the Drafting Committee.

DECISION TAKEN

The resolution proposed by the Representative of the United States was unanimously approved. 26/

Dr. SOPER (Director, PASB) announced, for the benefit of those Representatives who do not intend to visit the National Institutes of Health, that on Monday a photograph of the participants would be taken in front of the main building of the Pan American Sanitary Bureau. Photographs would also be taken during the signing of the Final Report.

The CHAIRMAN announced that at the closing session the Representative of Brazil would present a summary of the Technical Discussions on Nutrition Programs in Public Health Services.

The session was adjourned at 5:35 p.m.

26/ Ibid., Resolution XXVI (definitive text approved at the Ninth Plenary Session).

PRECIS MINUTES OF THE NINTH PLENARY SESSION  
Washington, D. C.  
Monday, 19 October 1953, at 3:20 p.m.

<u>Chairman:</u>	Dr. Hernán URZUA	Chile
<u>Vice-Chairmen:</u>	Mr. Andrés RODRIGUEZ	Argentina
	Dr. Alberto BISSOT, Jr.	Panama
<u>Secretary:</u>	Dr. Miguel E. BUSTAMANTE	Pan American Sanitary Bureau

SUMMARY

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COMMUNICATIONS FROM EL SALVADOR AND COLOMBIA

The CHAIRMAN announced that communications had been received from El Salvador and Colombia, which would be read to the Council.

The SECRETARY first read the communication received from Mr. Carlos A. Siri, Alternate Representative of El Salvador on the Council of the Organization of American States, announcing that the Government of his country had appointed Dr. Juan Allwood Paredes, Director General of Public Health of El Salvador, as its Representative to the meetings of the Directing Council and the Executive Committee, but that for reasons beyond his control, Dr. Allwood Paredes had not been able to attend the meetings. For ten consecutive days, El Salvador had suffered the consequences of torrential rains, which had caused loss of life and great material damage in various regions of the country. The Government of El Salvador was thus faced with urgent public health problems requiring the presence of the Director General of Public Health in the affected areas, and it was feared that the damage might reach even greater proportions. For this reason, it was requested that the Council excuse the absence of the Representative of El Salvador.

The CHAIRMAN announced that a message of sympathy from the Directing Council would be sent to the Government of El Salvador.

The SECRETARY also read a cablegram sent by Dr. Bernardo Henao Mejía, Minister of Public Health of Colombia, announcing that Dr. Uribe Londoño had been appointed Representative of Colombia to attend the VII Meeting of the Directing Council but that, owing to certain difficulties, Dr. Uribe had been unable to make the trip. Dr. Henao Mejía wished the Council the greatest success in its work.

The Secretary then commented on the documents that had been prepared and distributed during the Meeting. He requested the Representatives to transmit to the Bureau, before 1 November, any corrections they wish made in the provisional précis minutes so that they may be included in the definitive text.

REPORT OF THE MODERATOR OF THE TECHNICAL DISCUSSIONS

The CHAIRMAN stated that Dr. Almir de Castro, who had so ably conducted the technical discussions on the nutrition programs in the public health services last week, had had to leave for Geneva and had requested that, in his absence, the

Chairman present to the Directing Council a summary of the work accomplished. He said it was necessary to stress, first, the over-all importance of the problems studied; secondly, the interest they have aroused throughout the Americas; and lastly, the importance of the technical discussions at the VII Meeting of the Directing Council in Washington. He did not think it necessary to dwell on the first point, as all the Members present, both those heading general public health services and those collaborating with them, had no doubt as to the important and far-reaching results to be gained by properly incorporating nutrition programs in public health services. As Dr. Sebrell, Director of the National Institutes of Health of the United States had stated, the importance of the role of nutrition in public health programs is evident, as was demonstrated in the studies of the Consultative Board of Experts of the Institute of Nutrition of Central America and Panama (INCAP).

The progress made in the field of nutrition during recent years is of the utmost significance, as has been shown by the surveys of the National Nutrition Institute of México, the work of the National Institute for Popular Nutrition of Venezuela, the studies made by the University of Puerto Rico, and those of the Committee on Food Habits of the National Research Council of the United States. But it must not be forgotten that hunger has been and continues to be one of the scourges of humanity. This human problem is always found at the root of wars and social insecurity; these, however, are general aspects of the problem that do not lie within our sphere of action. They are being carefully studied by FAO in the domain of economic adjustment and agricultural improvement. Our field of work is more modest, but none the less important. It is our function to examine the nutrition problem, which ranges from vitamin, mineral, and protein deficiencies, to obesity. In effect, a group of diseases such as pellagra, beriberi, protein edema, macrocytic anemias, goiter, kwashiorkor, phrynoderma, and ocular lesions stem from inadequate diets characterized by low caloric levels, or lack of essential nutrients (Vitamin A, riboflavin, calcium, and high-quality protein).

The technical discussions did not touch the chemical aspects of nutrition, owing to the fact that the Directing Council in requesting the Executive Committee to select the topic, set two limitations: 1) that the subject chosen be such as would come directly within the scope of action of public health administrators; and 2) that it be sufficiently restrictive in character so that the discussions would be capable of producing immediate and practical results. However, endemic goiter and kwashiorkor in

children, in their relation to nutrition problems, were studied at the first session of the technical discussions.

That the endemic goiter problem is associated with mental debility, deafness, poor physical development, and disfiguring enlargement of the thyroid gland, is a well-known fact. It is necessary to promote the prevention of goiter through the use of iodized salt, although certain factors should be kept in mind, such as the loss of iodine content due to the climate, and the variations in iodine content of salt produced in different regions. It should also be kept in mind that the rate of iodization of one part of iodine per 10,000 parts of salt, as suggested by the Second Latin American Nutrition Conference at Rio de Janeiro in 1950, is different from that recommended by the WHO Study Group on Endemic Goiter, but that the studies made in Central America and Venezuela indicate that the salt in their respective endemic areas contains more residual iodine than that recommended for iodized salt in Europe.

Clinical conditions closely resembling the kwashiorkor of Africa and frequently identical with it, are reported in the majority of the Latin American countries. Kwashiorkor is a worldwide problem, and it is well known that this condition readily responds to the administration of milk. However, this fact presents another type of problem, namely, to have sufficient milk available and to provide sufficient economic means to enable the affected population to purchase milk. The fact has been brought out that the problem of kwashiorkor, which in Spanish-speaking countries should be called "policarencia infantil", can be solved only through successful health, education, and agricultural-production programs.

After studying the different aspects of endemic goiter and kwashiorkor in children, the technical discussion group then took up the methods for studying nutrition problems in a given country. Two main points were brought out in these discussions. First, the need to establish an effective nutrition program, not according to general criteria but rather in accordance with data obtained from dietary surveys. It is to be noted that the FAO has prepared a manual on dietary surveys, which is available in both English and Spanish. The second point was that it is necessary to have available a sufficient number of trained field workers. This aspect of the over-all problem is one that concerns everyone: the training of professional, technical, and auxiliary public health personnel. At this point, the Chairman reiterated the view he had expressed when the Budget of the Pan American Sanitary

Bureau was being discussed, to the effect that the collaboration given to schools of medicine, of public health, and of nursing, and to programs for the training of personnel, in all aspects of public health, is a policy that is applauded by all and that everyone hopes will be continued and strengthened, so that all the countries of the Americas will have the personnel they require.

It is necessary to advance farther in the relatively new field of clinical nutrition and to interpret with caution the results of nutrition surveys, which should be evaluated in combination with laboratory data and epidemiological information. In addition, use can be made of hematological studies, examinations for intestinal parasites, and determination of blood-serum vitamin levels and urinary excretion of B-complex vitamins, all of which are of great value in health programs.

Food analysis is another activity that should be developed. In Venezuela, food analysis has revealed certain fruits remarkably high in their Vitamin-C content, which are recommended for both home consumption and supplementary feeding programs. In Mexico and in Central America, several agricultural institutions have made a selection of varieties of corn and beans for nutritive value. In Guatemala the "TGY" variety of corn is superior to other varieties in the quantity and quality of its protein, its content of active carotenoids and its total yield per acre. The Inter-American Institute of Agricultural Sciences of Costa Rica and the National Agro-Livestock Institute of Guatemala, together with INCAP, have made most interesting studies of this subject, especially in regard to a variety of squash with a high content of active carotenoids, and to the Rami plant, which is equal or superior in value to alfalfa and grows extremely well under tropical conditions.

In the case of nutrition, it is necessary to take into account not only the habits of the population but also the geographic, economic, and social obstacles to dietary improvement. But to overcome these obstacles, there remain enormous untapped resources in Latin America, since not more than five percent of the territorial expanse has been cultivated and only two thirds of that is under crops in any one year. It is evident that these facts present problems that are not within our sphere of action, as they concern the general policies of the various governments. But the usefulness of these dietary surveys should be well understood. The money invested in them will help solve the problems created by malnutrition, the real source of deficiency diseases.

Undoubtedly, the administration of nutrients in a medicinal form is the most direct method of correcting serious deficiency states, but it is better to prevent them by improving staple foods with vitamins, minerals, or other nutritional elements. A practical example of this procedure was the case of pellagra in the United States where, from 1920 to 1938, it was the most serious deficiency disease. There was a time when at least 200,000 persons were afflicted. In 1928, there were over 7,000 pellagra deaths, or 6 per 100,000 inhabitants. As the result of an effective nutrition program, the mortality rate had dropped to 0.1 per 100,000 by 1951, in which year only 208 pellagra deaths were reported in the entire country. The fact that niacin-enriched foods were placed on the market played an important role in reducing the incidence of pellagra.

The subject of nutrition in public health programs was then taken up at the technical discussions, the following three points being studied: nutrition education, dietary supplementation, and training programs. Nutrition education should be adapted to the economic and agricultural conditions in each country and, as examples of this approach, it is interesting to cite the school clubs and gardens organized in Brazil, and the combined agricultural and public health programs carried out in Chile in collaboration with the Rockefeller Foundation. It was stressed that not only should nutrition education be entrusted to specialized personnel but that such work should also be a part of the regular functions of public health physicians and nurses, health educators, sanitary inspectors, and other personnel of the health department who come into contact with the general public.

With respect to dietary supplementation, it is interesting to recall, as did the Representative of FAO during the technical discussions, the results of the conference on school feeding held in San José, Costa Rica, in August of this year. On that occasion the need was again emphasized to meet the special food requirements of pre-school-age children, pregnant women, and nursing mothers, and the advisability of establishing feeding programs to introduce new foods and food habits, and to develop them in collaboration with agricultural projects.

It was the unanimous opinion of the participants in the technical discussions that supplementary feeding programs represent an important and necessary part of the national public health activities. Since it is difficult to continue indefinitely

feeding programs based on imported foods, such as milk, it is essential to expand the production of animal products and to utilize the vegetable sources of protein to better advantage.

Finally, in the discussion of training programs, stress was laid on the need for personnel for survey work, for laboratory work, and for nutrition-education activities. Latin America needs more dietitians, bromatologists, and physicians with nutritional training, as well as auxiliary personnel. With the study of this last point, the technical discussions were brought to a close.

The Chairman concluded by saying that he felt certain that all the participants in the discussions had enriched their experience through the exchange of ideas with their colleagues from the other countries of the Americas.

READING, APPROVAL, AND SIGNING OF THE FINAL REPORT  
(Document CD7/47)

The CHAIRMAN submitted the Final Report of the VII Meeting of the Directing Council (Document CD7/47) for consideration.

The SECRETARY explained that all the resolutions appearing in the said document, with the exception of the last two, had been approved at previous plenary sessions of the Council. He then read the first pages of the Final Report and Resolutions I, II, III, IV, V, and VI.

Dr. ZOZAYA (Mexico) said that, with regard to the operative part of Resolution VI (Amendments to the Staff Rules of PASB), he did not think it sufficient for the Council to limit itself to taking note of the Articles of the Staff Rules amended by the Director and confirmed by the Executive Committee. He believed that it would have been more appropriate to state that the Council had approved or accepted these amendments.

Mr. HINDERER (Chief, Division of Administration, PASB) stated that, under the terms of the Staff Regulations, the Director is authorized to introduce amendments to the Staff Rules, subject to confirmation by the Executive Committee; these are then reported to the Directing Council for its information. However, the final decision lies with the Executive Committee.



Dr. ZOZAYA (Mexico) accepted the explanations made by Mr. Hinderer.

The SECRETARY then read Resolutions VII, VIII, IX, X, XI, XII, XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV, XXV, and XXVI.

There were no comments on any of these resolutions.

When Resolution XXVII, relating to the antismallpox campaign, was read, Dr. ZOZAYA (Mexico) referred to the first paragraph of the operative part in which it was pointed out "That since 1950 the Pan American Sanitary Organization has considered as one of its basic programs the execution of campaigns for the eradication of smallpox throughout the Americas". He stated that the Organization had been interested in and had adopted decisions on this problem long before 1950 and that, consequently, it should be so stated in the resolution.

Dr. SOPER (Director, PASB) said that 1950 was mentioned because it was in that year, in Ciudad Trujillo, that the Pan American Sanitary Conference, in a resolution presented by the Representative of Costa Rica, approved a regional campaign for the eradication of smallpox as part of the program of the PASB. As was pointed out by the Representative of Mexico, the control or the possibility of preventing the transmission of smallpox from one country to another has been a part of the activities of the Bureau since its foundation, but only since 1950 has the Bureau been specifically authorized to collaborate with the countries, in the programs within each country, for the solution of this problem on a regional basis.

Dr. ZOZAYA (Mexico) stated that the matter of allotments for a smallpox campaign in the Western Hemisphere had been taken up at the Lima meeting of the Council.

Dr. SOPER (Director, PASB) said it was true that the interest and participation of the PASB in the study of dry vaccine and the inclusion of certain activities against smallpox in the program date back to before 1950, but it can be said that it was in 1950 that the Organization made an official statement on a program for the eradication of smallpox in the Americas, similar to that for Aedes aegypti eradication. The PASB had been interested in the eradication of Aedes aegypti for many years, but it was not until 1947, by virtue of a resolution adopted at the meeting of the Directing Council in Buenos Aires,

that full authorization was given the Bureau to participate in the program for the eradication of Aedes aegypti. The Bureau was given similar authorization in 1950 for the program against smallpox, for which reason that year is cited in the resolution.

#### DECISION TAKEN

Resolution XXVII was unanimously approved.

The SECRETARY then read Resolution XXVIII (Votes of Thanks).

Dr. SWELLENGBEL (Netherlands) proposed that special mention be made of the members of the Secretariat, for their diligence in the preparation and distribution of the documents, and of the interpreters, for the valuable help they had given and, especially for their assistance to those Representatives who are not well versed in the difficulties of the Spanish language.

The CHAIRMAN stated that when examining this resolution, the General Committee also thought of acknowledging the work of the members of the Secretariat and of the interpreters, but at the suggestion of the Director of the PASB, a text was adopted expressing appreciation to the personnel of the Bureau as a whole.

Dr. SOPER (Director, PASB) said he believed that no particular group of employees should be singled out in a vote of thanks. The fact that the interpreters at the meetings and a part of the Bureau's staff had worked in contact with the Representatives, did not mean that the success of the Council meeting had depended more upon this group of employees than upon any of the others. He had suggested to the General Committee that the expression of appreciation be extended to the entire staff of the Bureau, because the preparation of the documents and all the work performed during the meeting of the Council, represented not only the efforts of the group present during the meetings, but those of all the employees of the Bureau, many of whom had worked for weeks and months in preparing the necessary documents. He thanked the Representative of the Netherlands for the interest he had shown, but believed that mention should be made of the staff of the Bureau as a whole, as all had worked with the same amount of interest.

DECISION TAKEN

Resolution XXVIII was unanimously approved.

The CHAIRMAN announced that, as all the resolutions had been approved, the Members of the Directing Council would be called, in alphabetical order by name of country, to sign the Final Report of the VII Meeting, as would the Director of the Pan American Sanitary Bureau and the Secretary General of the Bureau, Secretary of the Directing Council.

The SECRETARY called, in alphabetical order in Spanish, the Representatives of Argentina, Chile, Ecuador, United States, France, Guatemala, Haiti, Mexico, Netherlands, Panama, Paraguay, United Kingdom, Dominican Republic, and Venezuela, who signed the Final Report. He then invited the Director to sign, and finally added his own signature to the document.

The CHAIRMAN said that, with the signing of the Final Report, the VII Meeting of the Directing Council had come to a close. He expressed his appreciation to the Representatives for their collaboration, adding that it was gratifying to note the pleasant atmosphere in which the work of the Council had been conducted, the unanimous enthusiasm shown by the participants in their work, and particularly the cordial feelings that prevailed among them. He expressed the hope that the coming meeting of the XIV Pan American Sanitary Conference at Santiago, Chile, would be as successful as this one had been, saying that he trusted the visit to that country would be a memorable one for all the participants.

The meeting was adjourned at 4:25 p.m.

SESSIONS OF THE  
GENERAL COMMITTEE

GENERAL COMMITTEE  
PRECIS MINUTES OF THE FIRST SESSION  
Washington, D. C.  
Friday, 9 October 1953, at 12 Noon

Members Present:

Dr. Hernán URZUA, Chairman of the Council	Chile
Mr. Andrés RODRIGUEZ, Vice-Chairman of the Council	Argentina
Dr. Gerardo SEGURA (Adviser)	
Dr. Alberto BISSOT, Jr., Vice-Chairman of the Council	Panama
Dr. Almir de CASTRO, Representative	Brazil
Dr. Frederick J. BRADY, Representative	United States
Dr. Fred L. SOPER ( <u>ex officio</u> )	Pan American Sanitary Bureau
Dr. M. G. CANDAU, Director-General	World Health Organization
Dr. Miguel E. BUSTAMANTE, Secretary	Pan American Sanitary Bureau

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The meeting was presided over by Dr. Urzúa, Chairman of the Directing Council. At his request, the SECRETARY informed the Committee of the method of work and functions falling within its province, in conformity with Article 25 of the Rules of Procedure of the Directing Council. He pointed out that in this session the Committee was to determine the topics to be discussed in the Friday afternoon and the Monday morning sessions. He reminded the members that the afternoon sessions on 13, 14 and 15 October were reserved for Technical Discussions on nutrition programs in public health services.

After a short deliberation, the CHAIRMAN declared that it had been agreed that Topics 12, 13, 19, 20, 21, 22, and 24 should be discussed in the afternoon session on the 9th, and Topics 9, 10, 11, and 23 should be dealt with in the morning session on the 12th.

With respect to the request made in plenary session by the Representative of Uruguay, that Topics 27 and 29 be discussed in Tuesday morning's session, it was agreed to postpone definitive decision until the next session of the General Committee.

It was likewise agreed that any topics that cannot be discussed in the Friday session should be distributed among the subsequent sessions.

Dr. SOPER (Director, PASB) explained with reference to Topic 22 (Resolution concerning Medical Care, Adopted by the Fifth Conference of American States Members of the International Labor Organization), that this is a document presented without any recommendation, for information only, a fact that should be taken into consideration when it is discussed in plenary session. He added that when this matter was taken up by the Executive Committee, there had been some misinterpretation, and as it might give rise to different reactions in different countries, he considered it necessary to make this explanation.

Dr. BRADY (United States) suggested that the Secretary prepare a list of the topics, grouping them by subject, that is, listing separately all topics having to do with finances, administration, technical matters, etc.

It was so agreed.

Mr. RODRIGUEZ (Argentina) suggested that the Chairman recommend that the plenary sessions start punctually, in order to expedite the work.

Dr. BISSOT (Panama) inquired, in this connection, how many representatives constitute a quorum.

The SECRETARY read Article 8 of the Rules of Procedure of the Directing Council, which specifies that a majority of the representatives of members participating in the meeting shall constitute a quorum.

The CHAIRMAN pointed out that the representatives of territories not responsible for their own international relations participated in the voting at the first plenary session and asked that it be made clear whether they have a right to participate in all voting.

The SECRETARY read Articles 11 and 7-A of the Rules of Procedure of the Council, from which it followed that the said territories do not have a right to vote when the Directing Council concerns itself with 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.

Dr. SEGURA (Argentina) stated that the Delegation of Argentina considers Article 7-A unconstitutional, but did not insist on this point since it was a matter of a decision taken by the Organization and in effect until the Constitution is revised.

Dr. SOPER (Director, PASB) explained that the Representatives of France and the Netherlands may vote on the Budget, in the name of their territories in the Western Hemisphere, but not the Representative of the United Kingdom, whose country has not paid the quota on behalf of its territories in this Hemisphere.

In this connection the SECRETARY read Article 11-A of the Rules, which provides that the privilege of voting in the plenary sessions on the Pan American Sanitary Organization budget matters may be exercised by the representatives of territories, but that this privilege shall be contingent on an equitable contribution to the Budget of the Pan American Sanitary Bureau on behalf of such territories.

Finally, it was agreed that the next session of the General Committee should be held on Monday, 12 October, at 12 noon.

The session was adjourned at 12:30 p.m.

GENERAL COMMITTEE  
PRECIS MINUTES OF THE SECOND SESSION  
Washington, D. C.  
Monday, 12 October 1953, at 12:11 p.m.

Members Present:

Dr. Hernán URZUA, Chairman of the Council	Chile
Mr. Andrés RODRIGUEZ, Vice-Chairman of the Council	Argentina
Dr. Gerardo SEGURA (Adviser)	
Mr. Oscar PERALTA (Adviser)	
Dr. Alberto BISSOT, Jr., Vice-Chairman of the Council	Panama
Dr. Almir de CASTRO, Representative	Brazil
Dr. Frederick J. BRADY, Representative	United States
Dr. Fred L. SOPER ( <u>ex officio</u> )	Pan American Sanitary Bureau
Dr. Miguel E. BUSTAMANTE, Secretary	Pan American Sanitary Bureau

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GENERAL COMMITTEE  
PRECIS MINUTES OF THE THIRD SESSION  
Washington, D. C.  
Wednesday, 14 October 1953, at 12:50 p.m.

Members Present:

Dr. Hernán URZUA, Chairman of the Council	Chile
Mr. Andrés RODRIGUEZ, Vice-Chairman of the Council	Argentina
Dr. Gerardo SEGURA (Adviser)	
Mr. Oscar PERALTA (Adviser)	
Dr. Alberto BISSOT, Jr., Vice-Chairman of the Council	Panama
Dr. Almir de CASTRO, Representative	Brazil
Dr. Frederick J. BRADY, Representative	United States
Mr. Harold B. CALDERWOOD (Alternate)	
Dr. Fred L. SOPER ( <u>ex officio</u> )	Pan American Sanitary Bureau
Dr. Miguel E. BUSTAMANTE, Secretary	Pan American Sanitary Bureau

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The CHAIRMAN proposed that Topics 15 and 17, which refer to the Revision of the Constitution of the PASO and to the Interim Report of the Committee on Economies and Decentralization, be studied at the Seventh Plenary Session, leaving Topics 31, 32, and 33, which were pending at the last plenary session. It was understood that the last three topics would be added after the first two topics proposed.

Mr. CALDERWOOD (United States) said he had previously expressed the wish that he could be present at the session at which Topic 15 would be discussed, but regretted that he would have to leave tomorrow on an official trip. He requested that any decision the Committee makes should take into consideration the opinion of the majority of its members and not his own interest. Moreover, the Director and the Secretary General of the Bureau had been present at all the meetings of the Permanent Committee on Revision of the Constitution and could furnish whatever information the Directing Council desired.

The SECRETARY then reported that he had sent a cablegram to Dr. Wegman, requesting that he inform Dr. Hurtado that Topic 15 would probably be discussed at the session to be held on Thursday.

Dr. SOPER (Director, PASB) stated that the wishes of the representatives should be met, whenever possible, and that in this case the presence of Dr. Hurtado would be most opportune. But since the Directing Council had been working so rapidly, the meeting might end before the date set for its closing. However, he added, the duration of the meeting depended on the Council itself.

Dr. SEGURA (Argentina) remarked that the Representative of Cuba had requested that Topic 15 be discussed on the 17th, i.e., the following Saturday, a date on which normally no session would be held. It would therefore be necessary to postpone the discussion of this topic until the 19th, a delay that the Delegation of Argentina considered too long. He would therefore propose that should the Technical Discussions be concluded today, the Directing Council hold two plenary sessions tomorrow and include Topic 15 on the agenda of the morning session.

Dr. CASTRO (Brazil) stated that the Technical Discussions might not be concluded this afternoon.

The SECRETARY then announced that the draft texts of the fifteen resolutions approved by the Directing Council had

been prepared and the Secretariat had just distributed them. He felt it would be advisable for the General Committee to meet when possible, in order to study these drafts.

The CHAIRMAN then proposed that Topics 15, 17, 31, 32, and 33 be included on the agenda for the Seventh Plenary Session and convoked a meeting of the General Committee for 8:30 a.m. on Thursday.

It was so agreed.

Dr. SOPER (Director, PASB) pointed out that if the General Committee were punctual for its meeting, the plenary session could start at the customary hour.

The session was adjourned at 1:20 p.m.

GENERAL COMMITTEE  
PRECIS MINUTES OF THE FOURTH SESSION  
Washington, D. C.  
Thursday, 15 October 1953, at 8:30 a.m.

Members Present:

Dr. Hernán URZUA, Chairman of the Council	Chile
Mr. Andrés RODRIGUEZ, Vice-Chairman of the Council	Argentina
Dr. Gerardo SEGURA (Adviser)	
Mr. Oscar PERALTA (Adviser)	
Dr. Alberto BISSOT, Jr., Vice-Chairman of the Council	Panama
Dr. Frederick J. BRADY, Representative	United States
Dr. Fred L. SOPER ( <u>ex officio</u> )	Pan American Sanitary Bureau
Mr. Harry A. HINDERER	
Dr. Miguel E. BUSTAMANTE, Secretary	Pan American Sanitary Bureau

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The CHAIRMAN briefly reviewed the topics that had not yet been discussed, including Topics 31, 32, and 33, which appeared on the Order of the Day of yesterday.

He also pointed out that at this morning's session Topics 31, 32, and 33 would have to be taken up, as well as three small reports.

The Chairman added that, to enable the Council to finish the discussion of topics on Friday, either in the morning or the afternoon, it would be advisable to include on today's agenda Topic 27, on the election of Member Countries to fill the vacancies on the Executive Committee, and Topic 29, on the date and site of the XIV Pan American Sanitary Conference. He stressed the urgency of working at greater speed so as to be able to finish on Friday and sign the Final Report on Monday.

The Chairman then announced that the texts of the 15 resolutions, which had been distributed to the Members of the Committee, would be studied.

The SECRETARY read Resolutions I, II, III, IV, V, VI, VII and VIII.

The resolutions were approved.

The SECRETARY then read Resolution IX, on the Proposed Program and Budget of the Pan American Sanitary Bureau for 1954.

Dr. BRADY (United States) proposed that the English text state: "Total Assessments".

Dr. SOPER (Director, PASB) explained that this is the document on which the United States bases its quota payment to the Organization, and it is therefore necessary to draft it carefully.

Resolution IX was approved with the addition proposed by the Representative of the United States.

The SECRETARY read Resolution X, on the Summary of the Proposed Program and Budget of the PASB, and the Proposed Program and Budget of the Region of the Americas, WHO, for 1955.

Mr. RODRIGUEZ (Argentina) stated that the words "preliminary draft" were more appropriate than "plan for" and would be quite properly used in the resolution.

Dr. SOPER (Director, PASB) pointed out that this is a preliminary draft, which the Bureau can modify.

Resolution X was approved.

The SECRETARY then read Resolutions XI, XII, XIII, XIV, and XV.

These resolutions were approved without modification.

The SECRETARY announced that the texts of the next three resolutions had been prepared and distributed to the Members of the Committee. He then read Resolution XVI, on unification of action in public health programs in the Region of the Americas.

Dr. BRADY (United States) felt that the wording of paragraph 2 on page 2 of the resolution might give rise to difficulties with the WHO.

The CHAIRMAN considered that this would present no problem if it were kept in mind that the Pan American Sanitary Organization is also a regional organization of the WHO.

Dr. SOPER (Director, PASB) felt that it would be worth while to clarify the matter by adding the following at the end of paragraph 2: "which also acts as a regional organization of the World Health Organization".

Resolution XVI was approved with the addition suggested by the Director of the Bureau.

The SECRETARY read Resolution XVII (Reports of the Permanent Subcommittee on Buildings and Installations).

Dr. SEGURA (Argentina) suggested that the words "previously proposed", contained in point 3 of the resolution, be deleted.

Resolution XVII was approved with the deletion proposed by the Representative of Argentina.

The SECRETARY then read Resolution XVIII.

The resolution was approved.

The CHAIRMAN proposed that the Committee meet again at 12:00 noon.

It was so agreed.

Dr. SOPER (Director, PASB) declared that there was a possibility that the Council might finish its work on Friday and, in that event, the Final Report could be signed on the afternoon of Monday, the 19th, and the morning utilized to visit the National Institutes of Health.

The session was adjourned at 9:10 a.m.

GENERAL COMMITTEE  
PRECIS MINUTES OF THE FIFTH SESSION  
Washington, D. C.  
Thursday, 15 October 1953, at 12:12 p. m.

Members Present:

Dr. Hernán URZUA, Chairman of the Council	Chile
Mr. Andrés RODRIGUEZ, Vice-Chairman of the Council	Argentina
Dr. Gerardo SEGURA (Adviser) Mr. Oscar PERALTA (Adviser)	
Dr. Alberto BISSOT, Jr., Vice-Chairman of the Council	Panama
Dr. Almir de CASTRO, Representative	Brazil
Dr. Frederick J. BRADY, Representative	United States
Dr. Fred L. SOPER ( <u>ex officio</u> )	Pan American Sanitary Bureau
Mr. Harry A. HINDERER	
Dr. Miguel E. BUSTAMANTE, Secretary	Pan American Sanitary Bureau

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The CHAIRMAN proposed that Topics 33, 27, 28, and 29 be discussed at the afternoon session.

Dr. SOPER (Director, PASB) mentioned the desire expressed by the Delegation of the United States to present, at the next session of the Council, a statement on the problem of the international regulation of non-proprietary names of drugs on the market. He pointed out the importance of this subject, which is related to the Pan American pharmacopoeia, and therefore requested that a new item be added to the Order of the Day, so as to enable the Representative of the United States to present a statement on this problem.

The CHAIRMAN saw no objection to adding this item at the end of the Order of the Day.

Dr. SOPER (Director, PASB) felt that since this was a report, which did not call for discussion or require a resolution, it would be preferable to add the item after Topic 33.

Dr. BISSOT (Panama) believed that Topic 28 should be discussed before, rather than after, Topic 27.

The CHAIRMAN announced that the Order of the Day for the next plenary session would be as follows: 1) Topic 33; 2) Statement of the Representative of the United States on the WHO program regarding non-proprietary drugs; 3) Topic 28; 4) Topic 27; and 5) Topic 29.

The SECRETARY read the text of the draft resolution on the campaign against smallpox, submitted by the Working Party composed of the Representatives of Chile, Mexico, and the United States.

Dr. BRADY (United States) said he did not deem the last paragraph of the resolution appropriate, and that a general declaration should be made before entering into the succeeding statements.

Dr. SOPER (Director, PASB) stressed the importance of the problem from an international point of view. He stated that there are border agreements, as for example the one between Bolivia, Chile, and Peru, and that between Argentina, Brazil, Paraguay, and Uruguay. Annual meetings are held by virtue of these agreements, to which the Pan American Sanitary

Organization is not a party. He had attended meetings of both these groups this year, as well as that held in 1948 by the second group of States mentioned. The problems discussed at the meetings included smallpox, malaria, venereal diseases, typhoid, and insect control.

He felt that such meetings were very worth while. Chile, for example, takes an interest in the antismallpox campaign conducted in Brazil, owing to the fact that the effects of the disease might be extended to its territory by way of Argentina. It is true that provisions have been drawn up by the international agencies, and that smallpox vaccination certificates are required in certain instances, but such regulations do not always suffice to control the disease.

The Director believed it advisable that an international organization -- in this case the WHO -- work out a solution to the problem on a world-wide scale. He said that at the beginning of the operative part of the resolution under discussion, a declaration should be added on the subject of the activities of the Pan American Sanitary Organization, before entering into technical details.

Dr. SEGURA (Argentina) stated that it is the practice of his country to draw up protocols with bordering countries, and that such arrangements had given effective results, as for example at the meeting at Montevideo last July to which the Director of the Bureau had referred.

It was agreed to incorporate these observations in the draft resolution, and to reconsider the new text at the next session of the General Committee.

The session was adjourned at 12:40 p.m.

GENERAL COMMITTEE  
PRECIS MINUTES OF THE SIXTH SESSION  
Washington, D. C.  
Friday, 16 October 1953, at 9:10 a.m.

Members Present:

Dr. Hernán URZUA, Chairman of the Council	Chile
Mr. Andrés RODRIGUEZ, Vice-Chairman of the Council	Argentina
Dr. Gerardo SEGURA (Adviser)	
Mr. Oscar PERALTA (Adviser)	
Dr. Alberto BISSOT, Jr., Vice-Chairman of the Council	Panama
Dr. Almir de CASTRO, Representative	Brazil
Dr. Frederick J. BRADY, Representative	United States
Dr. Fred L. SOPER ( <u>ex officio</u> )	Pan American Sanitary Bureau
Mr. Harry A. HINDERER	
Dr. Miguel E. BUSTAMANTE, Secretary	Pan American Sanitary Bureau

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The CHAIRMAN opened the session and asked the Secretary to read the Final Report and Resolutions XIX to XXVII, which had not yet been reviewed by the Committee.

The SECRETARY read the draft of the Final Report of the VII Meeting of the Directing Council.

Dr. BRADY (United States) wished to know why the name of the Representative of Cuba did not appear in the List of Participants and requested that Mr. Calderwood and not Dr. Scheele be listed as a member of the Committee on Credentials.

The SECRETARY stated that the Representative of Cuba had attended as Observer at the 20th Meeting of the Executive Committee only, and that the correction requested by Dr. Brady would be made.

The Committee approved the text of that part of the Final Report which precedes the resolutions.

The CHAIRMAN then submitted for approval the text of Resolution XIX, on the revision of the Constitution of the Pan American Sanitary Organization.

Dr. SEGURA (Argentina) inquired whether the word "solely", which appears in the second paragraph of the preamble, is correct.

Dr. SOPER (Director, PASB) explained that pursuant to Resolution XXIII, adopted at the IV Meeting of the Directing Council in Ciudad Trujillo, it was recognized that the Directing Council could revise the Constitution.

Mr. RODRIGUEZ (Argentina) asked whether any modifications adopted by the Directing Council would later be submitted for ratification by the Conference, in which case the expression "solely within the province" would be correct.

Dr. SOPER (Director, PASB) further explained that the present Constitution is the one approved at Buenos Aires in 1947, which in turn was based on the one prepared in Caracas, and that Article 25 provides that the Conference or the Directing Council may approve and put into effect amendments to the Constitution. Moreover, Resolution XXVII of the XIII Pan American Sanitary Conference approved and confirmed the decisions and resolutions of the Directing Council.

Dr. BRADY (United States) proposed that the last part of the second paragraph of the preamble, starting with "the solution of which..." be deleted.

Dr. SEGURA (Argentina) proposed that paragraphs 3 and 4 be combined, and that in the Spanish text the word "posible" be deleted from paragraph 3 of the operative part. (This change did not affect the English text.)

Resolution XIX was approved with the changes proposed by the Representatives of the United States and Argentina.

The SECRETARY then read Resolution XX, which was also approved.

The SECRETARY read Resolution XXI, on the rights and obligations of Associate Members of the World Health Organization.

Dr. SOPER (Director, PASB) said that this resolution would be clearer if the last part of the second paragraph of the preamble, which reads: "to whom to grant rights and obligations", were deleted, and proposed that the English text of the operative part read: "with regard to the Regional Committee of the Americas".

Resolution XXI was approved with the changes proposed in the English and Spanish texts.

The SECRETARY read Resolution XXII, on air transportation and shipping priorities for material used in the execution of public health programs.

Mr. PERALTA (Argentina) proposed that in paragraph 2 of the operative part, the words "un tarifado" be changed to "una tarifa", which are grammatically more correct. (This change did not affect the English text.)

Resolution XXII was approved with the suggested change.

The SECRETARY then read Resolution XXIII, on Technical Discussions at the XIV Pan American Sanitary Conference.

Dr. SOPER (Director, PASB) explained that, in accordance with Article 13-A of the Constitution, the Executive Committee is composed of seven Member Governments, in contrast to the Executive Board of the WHO, which is composed of individuals.

Dr. SEJURA (Argentina) stated that he did not think it advisable for the 21st Meeting of the Executive Committee to be the one to appoint the Special Committee mentioned in the resolution.

Mr. HINDERER (Chief, Division of Administration, PASB) pointed out that it was necessary to allow sufficient time for copying and reproducing the documents.

Dr. SOPER (Director, PASB) said that the plan is to establish a seminar-type discussion, so as to avoid overlong discussions of a strictly general nature in plenary session, as has happened heretofore. He added that some method has to be devised to study the four-year reports and the discussion procedure to be followed. The Bureau, of course, would have to prepare the material, but either the Executive Committee, or a Special Committee chosen from its members, would have to devote some time to the study of this problem.

Dr. SEGURA (Argentina) repeated that nothing would be gained by appointing a committee that would have to wait until the April Meeting of the Executive Committee to commence its work.

Dr. CASTRO (Brazil) proposed that any reference to either the 21st or 22nd Meeting of the Executive Committee be omitted, that it simply be stated that the Executive Committee is authorized to study the matter, that instead of the 15 April date, 1 April be set, and finally, that a standard procedure be set up for the presentation of reports by the countries, in order to permit a comparative study.

The CHAIRMAN proposed that the date 1 April be inserted in paragraph 1 of the operative part and that paragraph 2 be changed to read: "to authorize the Executive Committee to study the four-year reports of the Governments..."

Resolution XXIII was approved with the changes proposed by the Chairman.

The SECRETARY then read Resolution XXIV.

This was also approved.

The SECRETARY read Resolution XXV, on the place and dates of the XIV Pan American Sanitary Conference, and the CHAIRMAN proposed that instead of the personal reference appearing in the second paragraph of the preamble and in the third paragraph of the operative part, the words "Government of the Republic of Chile" should appear.

It was so agreed.

The SECRETARY read Resolution XXVI, on the Committee on Economies and Decentralization.

Dr. SEGURA (Argentina) requested that the words "and the results obtained" be added in paragraph one of the operative part.

Mr. PERALTA (Argentina) felt that it would be better to state in the second paragraph, "to terminate the functions of", instead of "disestablish".

Dr. CASTRO (Brazil) felt it would be better to say "dissolve", although that seemed to him to be too strong.

Mr. RODRIGUEZ (Argentina) stated that the word "dissolve" had a serious administrative meaning, which should be avoided in this case.

Dr. SOPER (Director, PASB) said that he could speak for the Committee, since he knows its members, and say that they would be quite satisfied with the word "disestablish".

Mr. RODRIGUEZ (Argentina) felt that it was not necessary to try to find an exact equivalent for the English word, so long as it had the same meaning.

Dr. SOPER (Director, PASB) pointed out that the English text had been approved in plenary session.

Dr. SEGURA (Argentina) pointed out the difficulties arising in the translation of bilateral agreements, and that it frequently took as long to study the wording as to decide upon the substance of the agreement. It is necessary to find a word that says the same thing; that is, harmony in expression has to be reached, so that whatever is said in one language is said in the other.

Dr. SOPER (Director, PASB) asked the Representative of the United States if he would agree to the following phrase: "to declare terminated the functions of", which is exactly equivalent to "da por terminadas las funciones..." of the Spanish text.

Dr. BRADY (United States) agreed.

Resolution XXVI was approved, incorporating into paragraph one of the operative part, "and the results obtained", and starting paragraph 2 as follows: "To declare terminated the functions of...".

The SECRETARY read Resolution XXVII, on the campaign against smallpox.

Dr. CASTRO (Brazil) felt that a general statement on the activities of the Bureau with regard to this problem was lacking.

Dr. SOPER (Director, PASB) recalled that since 1950 the Bureau has considered the establishment of a smallpox-eradication program one of its basic programs. He added that he agreed with the Representative of Brazil, that the last part of the preamble should say "world-wide campaign". He further stated that there is no question about the national importance of eradication; however, it is not a question of that, but rather of stating whether it is believed advisable that the WHO promote world-wide campaigns against smallpox.

Dr. SEGURA (Argentina) proposed to add as paragraph one of the operative part, "That since 1950 the Pan American Sanitary Organization has considered as one of its basic programs the execution of campaigns for the eradication of smallpox throughout the Americas".

Resolution XXVII was approved with the addition proposed by the Representative of Argentina.

The CHAIRMAN then proposed that a vote of thanks be considered.

Dr. SOPER (Director, PASB) took the liberty of suggesting that reference to social activities be omitted. At both the Havana and Ciudad Trujillo meetings the Bureau endeavored to reduce the social obligations of the Governments to a minimum, and intended to follow the same policy at Santiago, Chile. Mention of such protocol activities might give rise to comments when the minutes of meetings are read ten years hence.

Dr. BISSOT (Panama) requested that a vote of thanks to the Bureau staff be considered.



Dr. SOPER (Director, PASB) agreed with this and took the opportunity to point out that all the personnel contribute to the conference work, not merely that part of the staff which the Representatives see, since a large part of the work takes place outside the conference room.

Dr. SEGURA (Argentina) proposed that the pattern set in previous meetings be followed.

The CHAIRMAN then proposed a vote of thanks to the State Department of the United States, the Surgeon General of the U.S. Public Health Service, the Director of the National Institutes of Health, and the staff of the Bureau.

The proposal of the Chairman was approved.

The session was adjourned at 10:40 a.m.

CD7/49 (Eng.)  
ANNEX I

ANNEX I

LIST OF DOCUMENTS OF THE MEETING

LIST OF DOCUMENTS OF THE MEETING

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CD7/3	Annual Report of the Director of the Pan American Sanitary Bureau	9
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<u>Document Symbol and Number</u>		<u>Topic Number</u>
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CD7/33	Provisional Précis Minutes of the First Session of the General Committee
CD7/34	Provisional Précis Minutes of the Third Plenary Session
CD7/35	Provisional Précis Minutes of the Second Session of the General Committee
CD7/36	Draft Resolution Submitted by the Working Party Appointed at the Third Plenary Session and Composed of the Representatives of Argentina, Brazil, and the United States
CD7/37	Provisional Précis Minutes of the Fourth Plenary Session
CD7/38	Remarks of the Honorable John M. Cabot, Assistant Secretary of State for Inter-American Affairs, at the Sixth Plenary Session of the VII Meeting of the Directing Council of the Pan American Sanitary Organiza- tion, held on 14 October 1953
CD7/39	Provisional Précis Minutes of the Fifth Plenary Session
CD7/40	Provisional Précis Minutes of the Third Session of the General Committee
CD7/41	Provisional Précis Minutes of the Sixth Plenary Session
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**WASHINGTON, D. C.**

# Nutrition in the Americas

"Nutrition Programs in Public Health Services" was the subject of the technical discussions at the seventh meeting of the Directing Council of the Pan American Sanitary Organization and the fifth meeting of the Regional Committee for the Americas of the World Health Organization, held October 9-22, 1953, in Washington, D. C. The discussions, based on replies from the governments of the Americas to questionnaires sent out in advance of the meeting, centered around the prevalence of endemic goiter and kwashiorkor, methods for studying nutrition problems, and nutrition in relation to public health programs.

Presented here are Dr. William H. Sebrell's introductory statement at the meeting, selected portions from a paper on endemic goiter by Dr. Nevin S. Scrimshaw, and excerpts from a summary of the replies to the questionnaires. A complete report of the meeting, including a comprehensive summary of the replies to the questionnaires, is scheduled for publication in the March 1954 issue of the *Boletín de la Oficina Sanitaria Panamericana*.

Participants in the meeting included representatives from 18 governments of countries and territories of the Americas, and observers were on hand from a number of intergovernmental and nongovernmental organizations.

## Developing Modern Nutrition Programs

By WILLIAM H. SEBRELL, Jr., M.D.

It is most gratifying to a nutritionist to have seen the continuing development of nutrition programs in Latin America during the past several years. It would be easy to speak solely of public health gains—of successes—in the

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nutrition field. Examples are plentiful, for this is a time when the intensive application of knowledge acquired over many years is producing dramatic results. Later, I shall mention practical measures that have raised the nutritional status of whole populations. My remarks, for the most part, will reflect the anticipation of a new era in public health, which is the promise of modern nutrition programs.

This favorable picture, however, must not obscure the fact that malnutrition is still prevalent throughout the world. Intensified efforts to combat it in many regions are imperative. In most of the countries in the Western Hemisphere, including the United States, malnutrition is still present (1-4). Effects due to vitamin, mineral, and protein deficiency are reported from many areas. These include pel-

lagra, beriberi, protein edema, macrocytic anemias, and goiter. Kwashiorkor is a serious problem (5, 6), and in some regions, phrynoderma and ocular lesions prevail.

As an introduction to discussions of approaches public health services may make to the broad problems of nutrition, I will try to synthesize the experience of workers in many countries into procedures applicable to health departments in general.

### Appraising Nutritional Status

An initial step in any program should be an appraisal of the nutritional status of the population. This requires both a dietary and a clinical survey. The dietary survey should seek a comprehensive answer to the question: What do the people eat? Analyses of data on food consumption, as well as on the nutritive value of the foods, will provide information on the intake of specific nutrients. These estimates can then be weighed against a standard of recommended nutritional allowances.

To the casual observer, Latin America might seem an unlikely place to find nutrition problems. After all, its agricultural resources and potential are unexcelled. The extent and richness of its land, the length of its growing season, and the variety of its products could surely provide a superior diet to every one of its people. In reality, of course, this is an oversimplification. All the information so far collected indicates that diets in many regions of Latin America are inadequate (1, 3, 7, 8). Caloric levels are low in many areas. Diets are frequently deficient in essential nutrients, especially vitamin A, riboflavin, and calcium, and shortages of high-quality protein are common.

Exemplary dietary surveys have been conducted by the National Institute of Nutrition in Mexico (9). In Venezuela, studies by the National Institute for Popular Nutrition indicate the nature of the problem in that country (10). In Puerto Rico, a major nutrition problem has long been recognized. Recent studies by the University of Puerto Rico show that two-thirds to three-fourths of the families subsist on diets clearly inadequate in some or all essentials (11).

The program of the Institute of Nutrition of Central America and Panama, which assists in dietary and clinical nutritional appraisals, is an outstanding example of progress. Other activities of the institute include the preparation of educational materials and the study of possible measures for nutritional improvement. This excellent program is attracting worldwide attention.

In a recent report by the Food and Agriculture Organization, some interesting estimates are made concerning Latin America's untapped resources (1). Not more than 5 percent of the total territorial expanse has been cultivated, and only two-thirds of that is under crops in a single year. Of course, there are numerous obstacles to initiating the development of land and other resources, but many Latin American countries are making good progress.

The dietary survey, though valuable in itself, must be integrated with a clinical study of the nature and extent of malnutrition. This requires the services of physicians trained in the recognition of deficiency diseases. The value of the clinical study can be greatly enhanced by suitable laboratory tests.

### Determining Reasons for Malnutrition

Complete analysis of the problem should not only tell what deficiencies prevail, but should seek the reasons for them. Clinical problems of malnutrition are often less formidable than geographic, economic, and social obstacles to improving the diet. For various reasons some areas produce a narrow range of commercial rather than food crops, such as cotton, sugar, coffee, tobacco, fiber, or rubber. Importation of food may be necessary, though the diet is most likely to be inadequate where incomes are low and food prices high. The problem then is especially difficult. It is sometimes possible to raise livestock or other produce as well as the commercial crop, or cheap staple foods may be nutritionally improved.

Dietary patterns, however, are often very tenacious, and attempts to introduce new and strange foods, such as yeast or even dried milk, may fail without a proper program of education. Over the years, the problem of how to change dietary habits has been studied by such



competent groups as the Committee on Food Habits of the National Research Council (12). It is now known that dietary patterns, even though firmly rooted, undergo continual change and may be gradually modified, especially through the education of children.

### Planning Corrective Measures

Once the problem has been determined, corrective measures should be planned, with two principal objectives. The first, of course, is to control or eradicate serious clinical malnutrition. The second objective is rehabilitation and the prevention of further nutrition problems. The importance of the latter responsibility is frequently underestimated. So dramatic sometimes are the results of treatment, as in certain vitamin deficiencies, that the necessity of establishing an improved dietary pattern may be neglected.

The attainment of these objectives may entail such diverse techniques as education, legislation, food enrichment, demonstrations, and the training of personnel. In all phases of the program, long-range goals, such as the improvement of dietary habits, should be observed; but immediate results may also be necessary. A realistic public health program does not necessarily attack at once the basic factors of malnutrition. In the beginning, it is often expedient to concede to their rigidity and to work within their limitations.

The administration of nutrients in medicinal form is the most direct way to correct certain serious deficiency states. It is also the most temporary way, for in a broad sense it treats the symptoms and not the cause. In the United States, physicians are finding that the use of appetite depressants for the correction of obesity—now our major nutritional disorder—is subject to the same disadvantages. The deleterious dietary pattern remains to produce a relapse and sometimes to discourage further effort.

A well-established technique, which is quickly effective and perhaps the best adjunct to a long-range campaign, is the improvement of staple foods with vitamins, minerals, or other nutritional elements. Such improvement of foods in the United States has been described as low-

cost insurance against nutritional ills (14). Examples are the addition of thiamin, niacin, riboflavin, and iron to bread, wheat flour, and maize products as a measure against pellagra, beriberi, and iron-deficiency anemia. Other examples are the use of vitamin A in margarine, vitamin D in milk, and iodine in salt.

### Practical Value of Nutrition Programs

As proof of the practical value of a nutrition program, no stronger case could be cited than that of pellagra in the United States. In the 1920's and 1930's, this was the United States most serious deficiency disease (14). I can well remember when the number of persons afflicted was at least 200,000. In 1928, at the height of reported mortality, there were over 7,000 pellagra deaths, or 6 per 100,000 population. Nearly 98 percent of those occurred in southern States where most of the available land was used for nonfood crops, such as cotton and tobacco.

For the past 25 years, the death rate from pellagra in this country has shown a general downward trend. This is attributable not only to our national nutrition program, but also to better medical treatment, shifting of the population, extensive changes in agricultural practices, and gradual economic improvement in the south.

It is interesting to note the pellagra mortality at key points in the nutrition movement. Pellagra results from a diet low in two nutrients, either of which will prevent it: the vitamin niacin and the amino acid tryptophan. In 1914, Goldberger and his colleagues in the Public Health Service began the studies that soon proved the deficiency origin of the disease. In a short while, they demonstrated that many foods were protective (15). Control measures were instituted and gradually expanded. By 1937, the year niacin was isolated, pellagra mortality was about half that in 1928, or 2.5 per 100,000.

Cures with niacin were reported that year by several clinicians, and thereafter the decline was more rapid. In 1943, 2 years after niacin-enriched foods appeared on the market, the rate was 1 per 100,000. By 1951, according to provisional data obtained from the National Office

of Vital Statistics, it had dropped to 0.1, representing an unprecedented low of 208 reported deaths in the entire country. There are indications that even this figure is high, as a result of incorrect diagnoses.

In the United States, as in other countries, mortality data do not reflect the true health importance of the deficiency diseases, since very few affected persons die. It is the number of cases—the people limited in their capacity to work and enjoy life—with whom we are especially concerned. It was therefore gratifying to learn that not a single pellagrin was found among 10,000 recent admissions to the Hillman General Hospital in Birmingham, Ala., one of the country's most prominent centers for pellagra research, in a region where the disease was once rampant.

Another example of a promising nutrition program is the rice enrichment program in the Philippines (16). Over 11,000 persons were examined for beriberi before and after the introduction of rice improved with thiamin, niacin, and iron. The incidence of beriberi declined by approximately 90 percent in the study area. A recent report estimates the cost of enriching the rice to be only two- or three-tenths of a cent per pound (17). If enriched rice can be made available to all the people of the Philippines, it will undoubtedly control beriberi, which is one of their most serious health problems.

### Integration With Other Activities

The organization and development of a nutrition program requires integration with many other medical and social activities. For example, nutrition is an important element in tuberculosis control, school health services, industrial hygiene, dental care, and sanitation. A comprehensive program will include services to local units, education of health department personnel meeting nutrition problems, aid to educational groups, work with physicians, and operation of nutrition clinics.

The relation of nutrition to other health department activities is sharply illustrated by results of malaria control in North India (18). As the malaria is reduced, the land becomes useful and economic status rises. In one area,

grain and oil mills and other industrial enterprises increased from 11 to 29 over a 2-year period.

We should not overlook the powerful stimulus of improved nutrition to industrial and agricultural output. It is estimated, for example, that better nutrition among workers on certain sections of the new Pan-American Highway has tripled the rate of construction. Improved health through better nutrition and other means would facilitate the approach to adequate food production throughout the world.

For those who protest that their country cannot afford a nutrition program, it can be shown that no country can afford to be without one. The poorer economic classes are most liable to malnutrition, and hence the economic burden is heavily borne by society at large: the employer and the State. The costs may take the form of medical expense, public assistance, and lost manpower, profit, and revenue. On the other hand, the study and treatment of malnutrition may pay very positive dividends, not only to the individual in terms of diminished suffering, but to the employer and the nation as a whole.

### Redirection of Programs

I have pointed out that the ultimate objectives of a nutrition program are long-range ones. The value of periodic assessment is thus apparent, and we must persevere, particularly if progress seems slow. Over an extended period, one problem to be expected is an occasional change in program needs, often necessitating a degree of public reeducation. In the United States, the need is shifting from control of deficiencies to nutrition research in the chronic diseases, such as cancer, arthritis, diabetes, arteriosclerosis, dental caries, and mental and neurological disorders.

Control of infectious diseases and maternal and infant mortality—progress attributable in some measure to better nutrition—has resulted in a general aging of the population. With the increased life span, disability and mortality from diseases associated with age have mounted rapidly. The need for reeducation enters when a review of progress against the deficiency diseases erroneously suggests that nutrition science

has reached the point of diminishing returns.

On the contrary, the problem has shifted to one of learning how the various nutrients act within the body—their specific role in metabolism. The extension of nutrition research along these lines has been very fruitful. Many facts pertaining to the chronic diseases are emerging.

Let me mention some of the major health problems in the United States in which the mechanisms of nutrition are definitely implicated. One is obesity, characterized by failure of the appetite to maintain caloric balance—and I begin with this disorder because mortality data indicate that it predisposes to early death from a variety of other causes (19). Atherosclerosis, the major arterial disease, involves an excessive deposition of cholesterol, a fatlike substance not only produced in the body but found widely in foods. Diabetes, which afflicts an estimated 2 million Americans, is of course associated with the faulty utilization of carbohydrate. A successful public health program may be expected to throw such nutrition problems into prominence.

### Summary

The world today—no nation excepted—faces many needs relative to nutrition. In some areas, there is gross starvation, demanding such measures as emergency feeding, economic support and adjustment, and revision of agricultural practices.

Dangerous deficiencies of particular nutrients are also prevalent. Such deficiencies are common even in regions where calories are adequate. Thus, nutrition surveys are widely required, to indicate the specific treatment needed. Food improvement may be indicated. In every nutrition program, there is need for cooperative efforts among various branches of the health service, government departments, and other organizations.

A permanent program with a long-range view is essential if advances are to be sustained. Changing needs should be anticipated, and these will include the nutrition problems of chronic disease. From the beginning, education of the public, in an effort to establish correct dietary patterns, should be prominent.

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## Endemic Goiter In Latin America

By NEVIN S. SCRIMSHAW, M.D., Ph.D.

Both the first conference on nutrition problems in Latin America held in Montevideo in July 1948 and the second held in Rio de Janeiro in June 1950 recognized that endemic goiter is a serious public health problem in most of the countries of Latin America and made recommendations aimed at its prevention. In the 2 years since the Rio de Janeiro conference, considerable progress has been made by a number of Latin American countries in determining the extent of their endemic goiter problem. The report of the successful treatment of endemic goiter with potassium iodate in Central America (1) and the effectiveness of iodized salt distribution begun in certain districts of Colombia in 1949 (2) give new assurance as to the practicality of prophylactic measures.

Although the problem of endemic goiter in Latin America is more widely recognized than ever before, and present technical knowledge is sufficient to insure the elimination of goiter as a

public health problem, few specific additional measures have been taken toward this goal since the Rio de Janeiro conference. New legislation, the implementation of existing laws, and voluntary efforts have lagged behind scientific studies of the problem.

### Treatment and Prophylaxis

The second Latin American nutrition conference recommended that the governments for which endemic goiter is a health problem take the necessary steps to bring about the iodization of salt. In 1950 the distribution of iodized salt was begun in the northern zone of the Department of Caldas in Colombia. Examination of nearly 9,000 school children in this zone in 1952 revealed an average incidence of endemic goiter of 33 percent compared with 90 percent in the 1945 survey (2). This represents a decrease of 64 percent in the incidence of endemic goiter in the areas in which salt iodized to 1 part in 20,000 was distributed. Several other Latin American countries are known to have salt iodization programs in at least the planning stage.

The instability of potassium iodide, especially under tropical conditions, and the necessity for drying and packaging salt iodized with this compound have been major obstacles to the introduction of iodized salt in many parts of Latin America. The report from Central America of the effectiveness of potassium iodate in the treatment of endemic goiter may be of far-reaching importance in this regard (1). Eight hundred and eleven school children in El Salvador and 197 in Guatemala with an initial incidence of goiter of 34 and 57 percent, respectively, were treated with placebo, 6.5 mg. of potassium iodide, or 8.5 mg. of potassium iodate weekly. During administration periods of 15 and 20 weeks in El Salvador and 25 weeks in Guatemala, the incidence of goiter did not change significantly among the groups receiving placebo, whereas the reduction in endemic goiter among the groups treated with potassium iodide was 40, 33, and 62 percent, respectively, in the three trials, and among the groups treated with potassium iodate, the reduction was 44, 44, and 69 percent. At the end of the treatment

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period in Guatemala, the average protein bound iodine level in the blood serum was 2.68 in 24 children receiving placebos, 5.10 in 26 children receiving iodate, and 4.97 in 27 children receiving iodide.

## Discussion

Although the goitrogenic factors which result in the development of endemic goiter in one area or cultural group and not in another receiving the same amount of iodine are not understood, there is no reason to doubt that endemic goiter can always be prevented by providing the amount of iodine needed. Where soils are naturally deficient in iodine, the food plants and water supply will not furnish enough of this element to prevent goiter and it becomes necessary to supply it by artificial means. Such measures as the use of iodized candy or drops of an iodine-containing solution, while effective for limited groups, do not generally reach those segments of the population with the greatest physiological need, especially pregnant women and adolescent girls. For these reasons, the iodization of salt is almost universally recommended as the prophylactic method of choice.

Since tropical temperatures, excessive moisture, economic factors or local customs have made the iodization of salt with potassium iodide economically impractical or otherwise unacceptable for many areas of Latin America, the demonstration that the iodine of potassium iodate is effective in the treatment of human goiter is of considerable practical significance. Potassium iodate possesses desirable chemical and physical properties which give it potential importance for the iodization of crude salt and pilot plant preparation of such salt has already begun in Guatemala. On the basis of the available evidence (1, 3) as to its physiological effectiveness, the WHO Study Group on Endemic Goiter which met in London in December 1952 concluded that where it is not practical to prepare or market a salt which is dry and free from impurities, potassium iodate should be used if the iodization of salt is indicated.

In doing so, however, the WHO Study Group recommended that the rate of iodization be 1

part of iodine per 100,000 parts of salt, whereas the Rio de Janeiro conference had previously recommended a level of 1 part of iodine in 10,000 parts of salt. Argentina and Brazil have legislation specifying a ratio of 1:66,666; Mexico, 1.5:100,000; Colombia, 1:20,000; and the countries of Central America are planning to specify a ratio of 1:10,000. In the United States 1 part of potassium iodine in 10,000 parts of salt is employed, and for many years 1 part in 5,000 was used in salt that did not contain a stabilizer.

In view of the unknown extent to which goitrogenic factors are present in Latin American diets, as well as the lack of information concerning the amounts of salt consumed, and taking into consideration the lack of toxicity of the compounds employed for iodization, the Pan American Sanitary Bureau favors retaining 1 part of iodine in 10,000 parts of salt as the standard. This can be furnished either by iodate or iodide and should result in an intake of at least 100 to 300 micrograms of iodine daily. This is the level employed in the field studies in Guatemala and El Salvador and twice the level used in Colombia. A strong argument against the 1 in 100,000 standard is the observation that the salt commonly used in Central America already has a higher iodine concentration than 1:100,000 even in areas in which endemic goiter is very prevalent (4).

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# Reports from the Americas On Nutrition Programs

## Endemic Goiter

Surveys for endemic goiter have been carried out in 26 countries and territories in the Americas. Goiter was recognized to occur in every one of the countries and to constitute a serious public health problem in the majority. Chile and Uruguay considered goiter to be confined to sporadic cases or limited areas. The United States reported that with the widespread use of iodized salt and the increasingly diversified geographic origin of the food supply, areas with an incidence of goiter greater than 10 percent have not been found in recent years.

Mountainous and highland areas of the continent were those in which the highest incidence of endemic goiter occurred. Cretinism associated with endemic goiter was reported by 9 of the countries, and deaf-mutism from this cause was considered to occur in at least 6.

Legislation requiring the iodization of salt in at least some areas has been enacted in Canada, Mexico, Costa Rica, Colombia, Ecuador, and Brazil.

## Kwashiorkor

Syndromes closely resembling kwashiorkor have been recognized to occur in Latin America for many years. In the past, cases of this syndrome have not been distinguished from severe cases of malnutrition and undernutrition lacking the salient features of kwashiorkor.

On the basis of frequency of use and etiological implications, the name *policarencia infantil* is suggested for use in Spanish. In ac-

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A summary of the replies to questionnaires sent out in advance of the meeting is presented here. Replies were received from 37 countries and territories of the Americas, but not all were received in time to be included in the summary.

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cordance with published studies from Africa and other parts of the world, names such as infant pellagra or avitaminosis are misleading and should not be employed.

Of the countries on the continents of the Western Hemisphere, only Canada, the United States, and Uruguay did not report the occurrence of the kwashiorkor-type syndrome. Of the islands, only Haiti, Dominican Republic, Grenada, St. Kitts, and Antigua did report it. Venezuela and Chile mentioned a high incidence in hospitalized children, whereas most countries merely reported it as widely distributed.

In nearly all countries the importance of a high protein diet in treating this condition is recognized. Some specified dried skim milk; others, protein-reinforced milk (leche albuminosa), fresh milk, and "adequate milk diet."

Public health measures of recognized value in the prophylaxis of this condition included those dealing with the health, welfare, and specific nutritional aspects of programs for pregnant women, infants, and preschool children. For the treatment and rehabilitation of acute cases, hospital care was a necessary part of the public health program in all countries in which the syndrome was frequent or severe.

## Dietary Surveys

Considerable progress has been made in the planning and execution of dietary surveys, particularly since the last Latin American nutrition conference held in Rio de Janeiro in 1951. Some dietary survey information is now available for all but two of the countries on continental America, as well as for Bermuda, Puerto Rico, and St. Kitts, but only in the United States, Canada, and Puerto Rico are the surveys reasonably complete for representative population groups and geographic regions. In most of the countries the surveys are still limited at best to school children or to families in a few restricted areas.

Inadequate dietary intakes of vitamin A, calcium, and protein of good quality are reported to be widespread and serious in all of the countries of Central and South America, as well as for certain groups in the United States and Canada. A shortage of riboflavin and other

vitamins of the B complex also occurs frequently. Diets low in ascorbic acid are frequently encountered in Canada, the United States, and Puerto Rico, but the many indigenous fruits and vegetables rich in vitamin C are eaten in sufficient quantities in most of the other countries to supply adequate amounts of this vitamin.

As the Canadian reply to the questionnaire points out, dietary surveys do not in themselves reveal "nutritional deficiencies," but they do indicate certain food habits which, if continued over a period of time, may lead to deficiencies. They also provide evidence regarding food habits and prejudices invaluable in the planning of nutrition education programs. For these reasons there is a great need for additional dietary survey data for Latin America.

### Clinical Studies

Physical examinations giving special emphasis to signs and symptoms possibly related to nutritional deficiency have been carried out in all but two of the countries of continental America. Although school children have received the most attention, work with preschool children, pregnant women, families, and special adult groups has been completed.

An extraordinary variety of clinical signs relating to almost every known deficiency was reported. In part, the signs listed by the United States and Canada were distinct from those reported by the other countries. Swollen epiphyseal joints and bone changes suggestive of rickets, swollen red or purple gums, and overweight in adults are not important considerations for most of Latin America. On the other hand, signs commonly related to vitamin A deficiency—xerosis, follicular hyperkeratosis, powdery desquamation of the skin, dry crackled skin, and even xerophthalmia—were reported to occur widely. Vascularization, pigmentation, and thickening of the conjunctiva and circumlimbal corneal vascularization, angular stomatitis, cheilosis, atrophy or hypertrophy of the lingual papillae, and discolorations of the tongue were all mentioned frequently in the replies.

A few of the countries believe the frequent occurrences of gingivitis to be associated with

vitamin C deficiency, but the majority ascribe it to poor dental hygiene and consider it of local rather than systemic etiology. Although thiamine deficiency was mentioned as occurring, clear-cut signs of thiamine deficiency were not cited. The incidence of dental caries appeared to be high in most surveys, and growth retardation was almost a universal finding in surveys outside of Canada and the United States. For a given chronological age, small stature, reduced weight, and retarded bone age were reported. These were not apparent in children in two private schools in Guatemala City despite moderate to severe growth retardation encountered in children in public schools in the city and in rural areas. Except in Puerto Rico, few clinical studies have been carried out in the islands. These few indicated that nutritional edema, as well as many of the signs previously mentioned, occurs.

### Laboratory Studies

Systematic laboratory studies as part of clinical nutrition surveys appear to have been carried out only in Canada, the United States, Puerto Rico, Mexico, Colombia, Venezuela, Costa Rica, El Salvador, Honduras, and Guatemala. The studies of the Institute of Nutrition of Central America and Panama in the last four countries have included determinations of serum total protein, albumin, globulin, ascorbic acid, vitamin A, carotene, vitamin E, riboflavin, iron, and alkaline phosphatase, as well as liver function, and hematological, parasitological, and radiological studies on large numbers of school children and other population groups.

Mild to moderate anemias were reported common by all of the countries which have included hematological studies in their nutrition surveys. These were frequently of the macrocytic hypochromic type, although in known hookworm areas a microcytic or a mixed type of anemia was often found.

The laboratory studies have been of value, particularly in Latin America, in calling attention to certain specific problems, such as vitamin A and C deficiencies, anemia, and liver damage of possible nutritional origin, as well as in confirming the absence of vitamin C and B deficiencies in many areas. Parasitological

studies have been of value in calling attention to the added nutritional stress occasioned by heavy parasite infestations. The use of laboratory studies on a much wider scale as part of nutrition surveys in Latin America would seem to be indicated.

### Food Analysis

Food analysis facilities exist in Mexico, Central America, Colombia, Venezuela, Ecuador, Peru, Brazil, Chile, Argentina, and Cuba, as well as in Canada, the United States, and Puerto Rico. Food composition tables have been prepared for Canada, the United States, Puerto Rico, Mexico, Central America and Panama, Colombia, Ecuador, Venezuela, Peru, Argentina, and Surinam. Brazil and Chile reported tables in preparation. Uruguay and Bolivia indicated recent limited studies of food composition. Bolivia reported that equipment for the analysis of the vitamin content of foods had been ordered.

Food analysis facilities in Mexico, Central America and Panama, Venezuela, Brazil, and Ecuador, and probably in several of the other Latin America countries, have been used in cooperative programs with agricultural agencies for the study of the nutritive value of improved varieties of corn, beans, and other basic food plants, and of potential new forages for animals. Many samples of bread, cheese, flour, milk, and other products subject to great variation have been analyzed, and studies of the effect of cooking on the nutritive value of various foods have been conducted in a number of the countries. Although much progress has been made in recent years, it is apparent that a further development of food analysis facilities is required in many of the countries of Latin America and in the Caribbean Islands.

### Statistical Data

Statistical data relating to the distribution of population and the production, distribution, importation, exportation, and consumption of food are available in a greater or lesser degree for all of the countries and territories in the hemisphere. Frequently, however, data referring to production are incomplete or in error because the data on the production of food on small individual plots of land are not available.

In several of the countries, recent population census figures have not yet been tabulated.

In a few of the countries, elaborate analysis and reports of these data are made, but in the majority relatively little use is made of them in guiding the agricultural and nutritional programs along the lines of greatest national need. Where reports have been prepared, they have urged increased agricultural production and the need for less dependence on imported food. Some of the countries stated frankly in replying to the questionnaire that no use was made of statistical data.

A few of the countries did not answer the questions relating to the relative importance of an overall shortage of food and poor distribution of the existing food supply because of lack of data, but the majority replied that both problems were important for them.

Nearly every country emphasized the pre-eminent role of the national health departments in nutrition programs.

In many of the countries, agencies need to be designed or created to evaluate available data relating to food supply and consumption, or to carry out further nutrition studies as necessary, and to give technical counsel in regard to nutrition problems to the appropriate governmental and nongovernmental agencies.

### Nutrition Education

Nearly all the countries responding to the questionnaire had nutrition sections, nutrition institutes, or designated personnel responsible for initiating nutrition education material, but there was great variation in the amount of work carried out by them. It varied from occasional conferences on nutrition for special groups to the use of all modern means of communication for this purpose.

Despite references to various educational activities, it was evident that work in nutrition education was sporadic and poorly developed in all but 4 or 5 of the countries submitting replies. Feeding programs are frequently administered with no effort to take advantage of the possibilities for nutrition education which they offer. In most of the countries, only limited use is being made of the opportunities for incorporating nutrition material in health education and general education programs.



## Dietary Supplementation

All of the countries and territories of the Western Hemisphere have some kind of feeding program. Usually programs have been developed for school children and for women during pregnancy and lactation. Many of the countries also make provision for preschool children and infants. Most of the Latin American countries have received great stimulus in the development of these programs from the programs of the United Nations Children's Fund.

The types of supplementation reported varied from balanced breakfasts, snacks, and lunches to the simple administration or distribution of powdered milk or milk and reinforced margarine, cod liver oil, or vitamin A capsules. All the programs were built around milk distribution, but several of the countries have used vegetable products and meat soups in partial substitution. In Central America special attention has been given to the development of satisfactory menus for supplementary feeding without the use of animal protein. The distribution of food yeast in the Caribbean Islands was a development of interest.

These programs have almost universally received financial support from the national governments, although state and municipal funds frequently have been used. In most of the countries private charitable organizations have made substantial contributions and frequently have been responsible for the supplementary feeding of large numbers of children.

A permanent basis for the maintenance and extension of supplementary feeding programs exists in most of the countries of Latin America. The problems include continuation of the programs without the milk and other supplies previously furnished without cost by the United Nations Children's Fund, improved selection of recipients, incorporation of nutrition education material in feeding programs, the development of menus based entirely on foods of national origin, and the extension of programs to the less accessible parts of many countries.

## Training of Personnel

Schools for the training of hospital dietitians exist in Canada, the United States, Puerto Rico, Mexico, Venezuela, Brazil, Chile, Uruguay, and

Argentina. The course requirements were reported to vary from 2 to 4 years, and those for practical experience from 0 to 1 year. Usually 6 to 12 months of hospital experience after finishing the didactic work were required for the title of dietitian. The estimated number of dietitians in the Western Hemisphere indicated in the replies was as follows:

United States	10,000	Guatemala	7
Canada	900	Bolivia	6
Chile	212	Bermuda	6
Puerto Rico	200	Colombia	5
Mexico	80	British Guiana	5
Uruguay	45	Ecuador	4
Venezuela	40	Honduras	1
Panama	7	Grenada	1

Brazil reported approximately 400 trained nutrition workers of all types but did not specify the number of graduate dietitians. Argentina, Cuba, and Peru did not reply to the questionnaire. The remaining countries have no dietitians available for menu planning and supervision in their hospitals, other institutions, and feeding programs. It is obvious from these figures that several thousand more dietitians are urgently needed in Latin America to meet minimum hospital and public health requirements.

Outside of the United States and Canada, the number of persons trained annually is relatively small: approximately 30 in Brazil, 25 in Chile, 14 in Puerto Rico, 12 in Mexico, and 8 in Uruguay. New dietitians, thus, are not being trained in adequate numbers to meet the need.

The training in nutrition given to medical students is generally inadequate even in the United States and Canada. Usually no special course is given, and such nutrition training as the medical students receive is incorporated in courses in physiology, biochemistry, public health, and pediatrics.

Formal courses in nutrition are given to nursing students in all but three of the countries and territories reporting. This training sometimes includes separate courses in normal nutrition and therapeutic diets as well as laboratory or practical work in dietetics. In view of the great variety in the extent and type of instruction indicated, it would seem desirable to specify certain minimum standards for the training of nurses in nutrition.

# Field Training In Public Health

*An experimental program  
of the School of Public Health,  
University of North Carolina*

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THE GROWING RECOGNITION of the concept of the community as the patient of public health makes it increasingly evident that education in public health must involve, in much larger measure than heretofore, direct experience with this "patient" as an integral part of the academic school curriculum.

Public health techniques of epidemiological investigation, survey, and analysis can be likened to the diagnostic procedures and techniques developed by medical science for the individual patient over the past 50 years. The teaching of techniques and procedures can be best done, as has been acknowledged in most fields of professional education, by guided practice under close supervision—whether this be bedside teaching in medicine and nursing, chair-

side teaching in dentistry, or practice teaching in education. Maintaining the medical analogy, field training becomes the "clinical" education in public health, providing for the public health student through practice in the community the equivalent of bedside practice for the medical student. The community is the bedside for education in public health.

Fifty years ago formal medical education was carried on largely in classroom and laboratory, with occasional observation of a patient in the amphitheater or operating room. Today, much of education in public health is at about that stage of development, with only occasional opportunity to observe the "patient" firsthand, and even less opportunity to develop diagnostic and therapeutic skills through guided practice.

Clinical education as an integral part of formal medical education was not arrived at quickly nor easily. Many objections and obstacles were placed in the way of providing the student with bedside clinical experience before he was graduated. The cost alone of such education was an almost insuperable obstacle. The lack of clinical instructors who were real teachers and responsible to the medical schools also delayed the development. But it has been accomplished in medicine, largely as a result of the leadership in medical education provided by the Association of American Medical Schools.

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