

140 - (HEALTH DIVISION)

140 (Health Div.)

yellow

8 October 1945

140 (Health Division functions)
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TO: Mr. Richard R. Brown

FROM: W. A. Sawyer

SUBJECT: Functions of the Health Division at Headquarters and the Staff Needed

This is in reply to your request for a statement of the functions of the Health Division at Headquarters and a discussion of the staff required. This cannot be done satisfactorily without preliminary comment on the present health situation facing UNRRA and the effects of certain changes in its administration.

The supreme test of UNRRA will come in the approaching winter and spring. Cold, hunger, and infection are going to take a heavy toll in lives from Poland to China unless vigorous and scientific measures are taken in co-operation with the health authorities of the national governments. Our organization for health control is being weakened, responsibility for results is being diffused, and time is being lost. When the first big preventable disaster occurs, the blame will not be placed on the expanding organization above the technical divisions, but directly on the Health Division and on the Director of Health. The lack of an adequate health organization exerting scientific control under the direction of experienced health executives will not easily be explained away. Competent critics, experienced in international, national, and state health administration, will not be satisfied with the currently stated reasons for placing large numbers of lay executives over the ranking health experts and between them and the administrative heads at Headquarters, in Regional Offices, in Missions, and now even in Districts under Missions. They will not understand the need for the difficulties which the health officials of UNRRA have had in establishing and maintaining normal and effective relationships with each other in technical matters of health from Headquarters through ever expanding lines of communications to the Missions and their Districts.

With a view to correcting this situation as rapidly as possible, I make the following recommendations on over-all organization affecting the Health Division, before discussing specifically the functions and staff of the Division at Headquarters.

Recommendation:

That the system of placing the Directors of Health and Chief Medical Officers under "Bureaus of Services" or their equivalent throughout UNRRA be terminated and that such officers be directly under the administrative heads of their organizations as formerly. If such administrative heads require additional

assistants in handling matters related to the technical services, this personnel should assist the administrative heads and serve the technical divisions and in no sense should be over the health personnel and in a position to determine their activities. It should also be affirmed that technical matters may be discussed, communications freely exchanged, adequate reports exchanged, suggestions made, and policies laid down between the health executives at Headquarters, the European Regional Office, etc. Where competent health administrators have been taken away from the health organization to fill outside administrative posts, they should be returned as soon as possible. This recommendation, if approved, should make it possible to release for transfer some of the administrative personnel at the "Bureau of Services" level above the technical services throughout UNRRA.

UNITED NATIONS
RELIEF AND REHABILITATION ADMINISTRATION

1344 CONNECTICUT AVENUE
WASHINGTON 25, D. C.

8 October 1945

140 Functions - Health Division
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Headquarters Staff of the Health Division

The organization of the Health Division at Headquarters consists of the Office of the Director of Health and eight Branches as follows:

1. Office of the Director
2. Field Operations Branch
3. Epidemic Control Branch
4. Nursing Branch
5. Nutrition Branch
6. Employee Health Branch
7. Medical and Sanitation Supplies Branch
8. Sanitation Branch
9. Far Eastern Branch

As a formal statement of the functions of each of the above Branches has just been prepared and submitted to the Bureau of Services, I am attaching a copy and will limit this report to amplification and discussion. I shall not comment at this time on the necessary non-professional personnel, including office executives, statisticians, clerks, secretaries, et al.

1. and 2. The Office of the Director contains two medical executives, the Director of Health and his Deputy, who have over-all knowledge and control of the work of the Division. The Field Operations Branch is normally headed by another health executive similarly acquainted with what is going on. Since Dr. Bryan was moved up to the post of Deputy Director of Health when Dr. Crabtree left UNRRA, the post of Chief of the Field Operations Branch has been vacant, but recruitment of a competent medical man to fill it is actively under way. These three officers are the over-all controlling group of the Division. It is expected to have one of them in the field much of the time, the three taking turns in this responsibility as circumstances require. In the field they would make the inspections necessary if Headquarters is to know what is going on and to be useful in influencing health

activities and controlling health policy for the Director General. The volume of work done by this trip is large and has increased rather than decreased during the past year.

3. The Epidemic Control Branch is headed by a medical officer. His functions are essential, as he has the responsibility for administering the International Sanitary Conventions of 1944 and the various duties they impose on UNRRA. He is also Secretary of the Expert Commission on Quarantine. Under him is an Epidemiological Information Section which has two non-medical epidemiologists experienced in international disease statistics, who came from the staff of the League of Nations. One of them edits the Epidemiological Information Bulletin and the other has general charge of the systematic collection and tabulation of the statistics on which publication is based. This Branch is responsible for sending to members of the United Nations the disease reports officially cabled in by them. This Branch could not do without any of its top people or supporting personnel.

4. The Nursing Branch is headed by a nurse officer. When she goes into the field it is necessary to find someone to substitute temporarily for her. Much time is spent by this Branch in recruiting nurses. Experience has shown that field contacts with nursing personnel from Headquarters is necessary and that many nurses have been given inappropriate or inadequate work and have been lost to UNRRA through lack of such inspections.

5. The Nutrition Branch is at present vacant and the Deputy Director of Health is handling any technical matters in this field in addition to his other duties. There is no intention to fill this vacancy immediately, but the function is so important that it is being kept on the list for the time being, as it may prove necessary again to expand its functions or to relieve the Deputy Director of Health of the duties of this Branch.

6. The Employee Health Branch gives direct service to UNRRA and its personnel. It is headed by a Medical Officer who is assisted by a Nurse and also by additional temporary medical officers whenever there is a heavy wave of recruits to be examined. An Emergency First Aid Room is maintained for personnel. The regular personnel could not be decreased and may have to be increased.

7. The Medical and Sanitation Supplies Branch is headed by Dr. J. G. Johnstone, now being transferred from ERO. Its responsibilities are heavy as decisions as to the requirements for medical and sanitation supplies by a medical man specializing in this field are constantly needed.

8. The Sanitation Branch is headed by a Sanitary Engineer who has returned after field experience with UNRRA. He keeps in touch with the officers engaged in environmental sanitation in relation to safe water, malaria, etc. --in fact any activity carried on by the engineers. He also has much to do advising on Sanitation Supplies and recruiting Sanitary Engineers.

9. The Far Eastern Branch is increasingly active now that China and other Oriental countries have opened up. It has one medical officer, and he is indispensable.

To sum up, most of the Branches have but one professional officer. One Branch, that of Nutrition, is inactive and has no personnel at the moment, its diminished functions being temporarily carried on by the Deputy Director of Health. This is the only Branch in which all the personnel are not currently needed. There has been no let-up in the work in general and there is no early prospect of one. It would be ominous if there were, when the needs are reaching their maximum.

If the health work of UNRRA is to be effective and respected, it will have to be planned by the health executives of UNRRA with the corresponding officers of the governments of the United Nations. In addition, conferences involving more than one country may prove highly desirable.

The importance of UNRRA's health responsibility needs vocal recognition. In every office and mission the brakes should be taken off and the health experts be encouraged freely to confer and negotiate and plan before it is too late.

We have another year in which to demonstrate that UNRRA can perform in the health field. It must first overcome the tendency to regard the Health Division's function as subsidiary to Supply and to consider the Chiefs of Mission as competent to determine health programs. In spite of the setbacks and difficulties I feel that many of them may be overcome and that we still have a chance to do a valuable emergency service in Health and to save many thousands of lives.

Attachment

BUREAU OF SERVICES

HEALTH DIVISION

OFFICE OF THE DIRECTOR

RESPONSIBLE HEAD: Director of Health

FUNCTIONS:

1. Carries out overall supervision of the work of the Division.
2. Plans, develops and operates an adequate public health and medical program for the countries and areas designated for UNRRA operations with full responsibility for professional results.
3. Advises Director General with respect to policies involving public health and medical matters.
4. Formulates plans and programs to meet epidemic conditions and health problems in UNRRA areas, including estimates of quantities and order of priority of health and medical supplies needed to reestablish minimum adequate local health, medical and sanitation services.
5. Establishes working relations with appropriate medical and public health authorities both official (military and others) and voluntary of the United Nations. Coordinates this work with that of the Health Division and plans appropriate use of qualified personnel available from these organizations.
6. Collects, analyses and appraises all available data and information concerning disease prevalence and important health problems in UNRRA areas.
7. Recruits and trains an adequate staff of professional medical and ancillary personnel to carry out such functions and program.

In discharging these responsibilities, the Director is assisted by a Deputy.

BUREAU OF SERVICES

HEALTH DIVISION

EPIDEMIC CONTROL BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Performs the duties and responsibilities delegated to the Health Division under the provisions of the International Sanitary Convention, 1944 and the International Sanitary Convention for Aerial Navigation, 1944.
2. Maintains relations with the International Office of Public Health, the Pan-American Sanitary Bureau, and other international agencies dealing with epidemiological matters.
3. Collects and disseminates epidemiological information.
4. Publishes a semi-monthly bulletin containing epidemiological information.
5. Advises UNRRA field personnel on epidemiological subjects.
6. Acts as Secretary for the Expert Commission on Quarantine.
7. Maintains for use by Field Missions current references to publications and other materials dealing with the newer and most modern technical developments in medicine and related fields.

BUREAU OF SERVICES

HEALTH DIVISION

FIELD OPERATIONS BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Establishes standards, solicits and reviews applications and makes recommendations for appointments for all professional personnel, except Nursing and Sanitary Engineering. Plans and participates in the course of training for field personnel and deals with U.S. Public Health Service in regard to the seconding of personnel where applicants meet the requirements of the Health Division.
2. Exercises general supervision and coordination over the field work and maintains a general reporting system to inform properly all field personnel of the operations of the Headquarters Office.

BUREAU OF SERVICES

HEALTH DIVISION

NURSING BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Establishes standards of professional competence.
2. Solicits and reviews applications and makes recommendations for all appointments of nursing personnel made at Headquarters.
3. Plans training programs preparatory to field assignments. Provides technical supervision and coordination of nursing services in regional and field offices.
4. Advises the Director of Health on matters of policy relating to nursing.

BUREAU OF SERVICES

HEALTH DIVISION

MEDICAL AND SANITATION SUPPLIES BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Programmes total needs for medical and sanitation supplies in collaboration with the representatives of each country or area for which UNRRA has responsibility.
2. Prepared in collaboration with the Bureau of Supply lists of all items to be imported into an area, showing types and quantities of each, with final responsibility for approval of substitutes.
3. Establishes and maintains contact with the health authorities of recipient governments, with primary responsibility for negotiation with government health authorities concerning medical and sanitation supply requirements.

BUREAU OF SERVICES

HEALTH DIVISION

NUTRITION BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Recruits medical nutritionists and nutrition survey teams for work in the field.
2. Coordinates the work of the several nutrition groups which are or will be active in practically every country in which UNRRA will operate.
3. Acts as consultant to the Food Division on all questions of medical nutrition which are pertinent to the food policies of the Administration.

BUREAU OF SERVICES

HEALTH DIVISION

EMPLOYEE HEALTH BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Establishes physical standards for employment.
2. Determines the type and dosage of preventive inoculations to protect field personnel.
3. Advises the Insurance and Claims Section of the Bureau of Finance and Administration in regard to the adjudication of claims for compensation.
4. Acts as advisor to all Headquarters personnel in matters relating to personal health problems.
5. Supervises the Emergency and First Aid Room.

BUREAU OF SERVICES

HEALTH DIVISION

SANITATION BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Furnishes technical direction to the sanitation activities of the Administration, including both services and supplies.
2. Acts as liaison with other units of UNRRA, particularly Industrial Rehabilitation, on sanitation and sanitary engineering matters.
3. Establishes professional standards, solicits and reviews applications and makes recommendations for all appointments of sanitation personnel made at Headquarters.
4. Plans programs of training of personnel prior to field assignments.

BUREAU OF SERVICES

HEALTH DIVISION

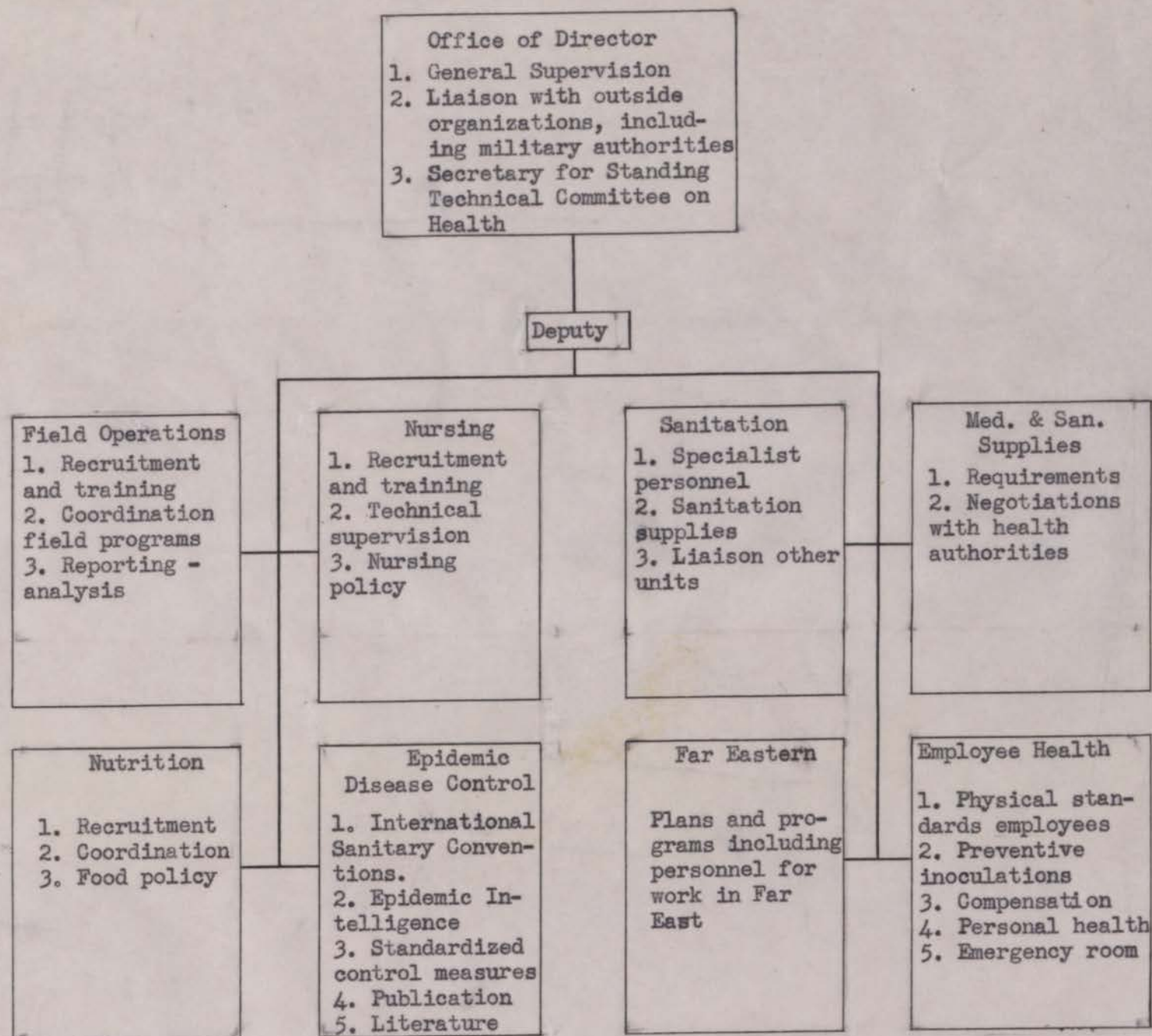
FAR EASTERN BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

1. Plans medical programs for the Far East, including medical supplies requirements.
2. Selects medical personnel for the Far East and supervises their operation in the field offices.
3. Serves as liaison with health representatives of member governments of the Far East located in the United States.
4. Acts as Secretary of the Technical Standing Committee on Health for the Far East.

FUNCTIONAL CHART OF HEALTH DIVISION



BUREAU OF SERVICES
(5200)

HEALTH DIVISION

RESPONSIBLE HEAD: Director, who reports to the Deputy Director General.

FUNCTION:

1. Directs the activities of the Division.

BRANCHES: Field Operations Section
Nursing Section
Sanitation Section
Medical and Sanitation Section
Nutrition Section
Employee Health Services Section
Epidemic Control Section

140- (Health Div.)

BUREAU OF SERVICES

HEALTH DIVISION

EMPLOYEE HEALTH SERVICES BRANCH

RESPONSIBLE HEAD: Branch Chief, who reports to the Division Director

FUNCTIONS:

AUTHORITY:

- | | |
|---|-------|
| 1. Supervises Emergency Room. | HDB 4 |
| 2. Establishes physical standards for employment. | HDB 4 |
| 3. Acts as adviser to Insurance and Claims Branch regarding adjudication of compensation claims. | HDB 4 |
| 4. Determines type and dosage of vaccine and toxoids necessary to protect field personnel. | HDB 4 |
| 5. Acts as adviser to all personnel regarding personal health problems. | HDB 4 |
| 6. Directs a physical fitness program at Training Center. | AO 49 |
| 7. Administers medical examination for persons prior to overseas service. | AO 49 |
| 8. Certifies to the need for the services for which UNRRA assumes responsibility for payment under the provisions of Administrative Order No. 72. | AO 72 |

BUREAU OF SERVICES

HEALTH DIVISION

SANITATION BRANCH:

RESPONSIBLE HEAD: Branch Chief who reports to the Division Director

FUNCTIONS:

AUTHORITY:

- | | |
|---|-------|
| 1. Furnishes technical direction for UNRRA sanitation activities. | HDB 3 |
| 2. Assists in recruiting and assigning sanitation personnel to the field and supervises such personnel while in Washington. | HDB 3 |
| 3. Procures and disseminates information on current developments concerning sanitation matters. | HDB 3 |
| 4. Advises and assists the Training Center on sanitation instruction. | HDB 3 |

X 140 Industrial Rehabilitation ✓

140 Medical Div

Ben Eckhaus

6 April 1945

Charles L. House

Agreement Between Medical Division and Industrial Rehabilitation

The provisions of this agreement seem to me to make proper distribution of responsibilities with regard to water supply and other sanitation supplies.

I believe that paragraph 5 should provide ^{for} any unforeseen arrangements made necessary by conditions in the field.

CLHOUSE/el

CSH.

30/V/45

amj

Form AD-1
(11 Sept 44)
(Revised)

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

CROSS REFERENCE SHEET

DATE: 3 April 1945
CROSS INDEX NO: 140 - Health Division

TO: Ben Eckhaus
FROM: V. J. Tereshtenko
FILED: 140 - Industrial Rehabilitation Division
SUMMARY: Comments on Agreement between the Industrial Rehabilitation Division, the Division of Medical Supplies and the Health Division.

ATTACHMENTS:

FORM AD-87
(25 FEB 1946)

UNRRA

CROSS REFERENCE SHEET

DATE

25 January 1945

CROSS INDEX

140 - (Health Division)

TO

Mr. G. S. Mooney
11 Portland Place
London W1, Eng.

FROM

G. H. de Paula Souza, Md.
Health Div.

SUMMARY

Attached notification of the transfer of the Health Research Unit of the
League of Nations to the Health Division of UNRRA

RECORD FILED

040 - League of Nations

TYPIST

kw

DATE

30 August 1946

X-Adm -
Bureau of Areas

Adm
Health Div

140 (Health Division)

Rm

15 January 1945

TO: Ben Eckhaus
FROM: Frank Weisl *FW*
SUBJECT: Responsibilities With Respect to Supplies for the
Carrying Out of the Health Program.

I have the following comments to make on the proposed Administrative Order covering the above subject:

Paragraph 1 - I would say that the purpose of the order rather than "to provide for the carrying out of these responsibilities..." is to clarify these responsibilities.

Paragraph 2a - To the first sentence should be added "and in consultation with the Bureau of Areas". A sentence should be inserted to indicate that "The Bureau of Areas shall coordinate the various technical programs and develop the over-all program for the country or area."

Paragraph 2b - The statement that the Health Division shall be responsible for establishing and maintaining contact with the health authorities of recipient governments during the period both of planning and of operation of UNRRA creates a double confusion, with respect to planning, it implies that every Division and Bureau of UNRRA is to have a responsibility for maintaining contact with the Governments. This responsibility should be centralized in the Bureau of Areas with respect to operations. This paragraph is totally inconsistent with Section 3 which follows and provides that during operations the enumerated responsibilities will be carried on under the direction of the Chief of Mission within the organizational framework of the Field Mission. Presumably during the period of operations, responsibility of the Chief of Mission would be delegated to the Health personnel on the Mission staff insofar as maintaining contact with health authorities was concerned. The provision that the Health Division maintain contact with the health authorities of the governments during the planning stage would only cause confusion at Headquarters; that it do so

15 January 1945

during the period of operation could only lead to confusion in the Mission.

If in the preliminary stage negotiations are carried out with recipient governments concerning the importation of medical and sanitation supplies, these negotiations shall be conducted jointly by the Bureau of Areas and the Bureau of Supply in consultation with the Health Division.

Paragraph 2c - With respect to justification of health program before the Combined Boards, the last sentence should be changed to read "and the Health Division shall be responsible for supplying justification based on information on health needs and programs developed by the Mission through consultation with the local health authorities or during the planning stage on information provided by the Bureau of Areas.

Paragraph 3 - As pointed out under 2b above, that paragraph is contradictory to the provisions made here. The last sentence might be made more clear by specifying "Such specialists will be in addition to the Mission staff."

Paragraph 4 - I have no comment to make on this paragraph since it has no clear meaning. *to me*

BD.
Douglass:bmm
15 Jan. 44

x Health
140 - (Regional Health Organization)
30 May 1944

TO: Mr. Menshikov
FROM: George Xanthaky
SUBJECT: Comments on Proposals for Regional Health Organization.

The draft materials leading up to the recommendation for the establishment of a series of independent or quasi-independent Regional Executive Health Commissions present a very cogent case for the extreme importance and urgency of health programs. However, in the conclusions and in the proposals for action, it seems to me that an extreme position is taken for the separation or isolation of health programs from the remainder of UNRRA's programs. The proposals raise policy implications of extreme importance to the future of UNRRA and particularly to the Bureau of Areas.

Medical health programs are of great importance, but it must be recognized that the health of any individual involves much more than medical care - adequate food and shelter, to mention only two other items, being equally important to the maintenance of life. One of UNRRA's aims thus far has been to prepare a balanced program to deal with the complete (albeit minimum) needs of individuals.

The grave danger inherent in the proposals for Regional Executive Health Commissions is that they place the health program in a preferred status and endanger a well balanced total program by placing the health function on an independent and uncorrelated basis, so that the patients, while receiving excellent medical care, might none-the-less die of starvation and exposure.

One problem which undoubtedly bothered the authors of the present proposals was that of continuity of program (since UNRRA was not, in March, scheduled to participate during the Military period). If UNRRA plays a role during the Military period, then this problem is solved.

For the rest it seems to me that the solution to the problem should be worked out within the UNRRA framework - one possibility might be through the technical subcommittee

30 May 1944

on health of the Committee on Europe or through regional subcommittees of the Health Subcommittee.

In summary, the following points should be given consideration before the proposal for Regional Executive Health Commissions is endorsed:

1. Should the health program be administered through independent or quasi-independent agencies not effectively coordinated with programs for welfare, displaced persons, etc.?
2. Should the policy of UNRRA be to make every effort to provide the needed machinery through UNRRA or should UNRRA be merely a top policy body with a very minimum participation in operations and ready to encourage the creation of new agencies when necessary to fill gaps?
3. If the UNRRA machinery is not sufficiently flexible to meet the needs for health programs, is it sufficiently flexible to meet the needs for welfare, displaced persons, etc.?
4. Is it feasible and if so, is it wise for UNRRA or any agency other than the Commander of an active military theater of operations to have authority "to take all health measures required in the region" including the power "to issue ordinances ... having force within the region"?

9X/
RB
Xanthaky/mm
30 May 1944

140 (Health)

24 May 1944

TO: All Chiefs of Divisions and Branches

FROM: L. Leonard

Attached is confidential information on the Regional Health organization being proposed by Dr. Crabtree and Sir Arthur Salter. This material will be discussed at a meeting this week, and you will be notified of the time.

COPY

Approved:
H.H. Lehman

March 10, 1944

TO: Director General

FROM: Arthur Salter

SUBJECT: Plan of Organization for Public Health Work in
Liberated Areas

- (1). I think this is a most interesting proposal, and should like to discuss it with you (with Dr. Crabtree) before you leave.
- (2). I have, as you know, always felt that, among other tasks of UNRRA, Health and Displaced Persons were of outstanding importance, were different in their character (e.g. they do not fall into "areas"), require immediate collaboration with military, and were both inadequately and unsuitably dealt with in our general UNRRA organization. This may offer a real solution.
- (3). If you agree in the principle, I think we should consult the Health Committees here and in London; and should at once consult military (through Mr. McCloy), so that formal arrangements can be expedited when we reach that stage.
- (4). I think that, in that case, we should proceed to work out a plan on a similar basis for Displaced Persons.
- (5). The system proposed would of course affect, to an important extent, the responsibilities of Health Committees, the Bureau of Areas (here and in London), and the Mission staffs.
- (6). I think we can, for the present, postpone the question of the application of a similar principle to Far East.
- (7). We shall have to have separate negotiations with Russia and with C.C. of Staff as regards their respective areas. But even if only the latter agreed the system could be applied in their areas.
- (8). We should have to take up the problem of Germany (where health in relation to displaced persons is particularly important), but that too can wait for the moment.
- (9). The memo. will want modification in detail, (which I will postpone till after we have had our talk) before being used as basis of discussions with Health Committees and Military.
- (10). I agree with proposed cable to League (with minor modifications), on the understanding that while League of Nations would contribute to our intelligence, we should retain our own system separately, and not commit ourselves to putting into League of Nation's system information we receive currently from the military.

A. S.

COPY

March 8, 1944

MEMORANDUM RE:

Plan of Organization for Public Health Work in
Liberated Areas

The proposal here presented in respect to the organization of the health work in liberated areas arises out of consideration of the following premises:

1) The provision of reasonable health and sanitary safeguards from the moment of military occupation throughout the period of relief and rehabilitation is the very first necessity for the attainment and maintenance of social order.

2) The public health work, particularly in relation to the control of epidemic diseases and the care of displaced persons, will be continuous throughout the relief and rehabilitation period, and the measures which may be designed to meet these special problems will not permit of "phasing" into different periods of relative urgency such as military, second and third phases.

3) There are certain epidemic diseases (dysentery, cholera, smallpox) where the danger of spread and difficulties of control will be greatest during the military phase; others, such as typhus fever and malaria, may well be most serious during the second phase by reason of the increased freedom of movement of populations which will be permitted in contrast with the restrictions which may be imposed during the military phase; still others, notably tuberculosis, where the cumulative effects of enemy occupation and the war will not be fully felt until well after the second phase. There are still other health problems, especially those concerned with displaced persons, which continue in greater or less proportion, depending upon the time required to repatriate these millions of people, or at least bring their movements to within reasonable limits of stability.

4) There is no single situation, next to enemy military superiority, which carries more serious potentialities in relation to either military progress or the restoration and maintenance of civil order, than epidemic disease completely out of hand.

5) The public health problems which will be found to be of greatest urgency are essentially regional in character, the health and disease patterns being determined by such regional factors as geography, climate, race, social customs, economic development and political organization.

6) When the health problems of Europe are considered regionally, they fall into geographic areas that are almost precisely limited by the several military theatres of operations, viz, (a) Greece, Yugoslavia, Albania, and Bulgaria; (b) France, Belgium, Holland and Denmark; (c) Norway and Finland; and (d) Poland, Occupied Russia and Czechoslovakia.

7) The basic philosophy of all public health activity in liberated areas must be geared to the principle that the work shall become, as quickly as possible, the exclusive responsibility of the respective national health administrations.

In light of the above listed considerations, the question of organization for public health work in liberated areas assumes extraordinary importance, and the form of the organization should be such as to satisfy the following requirements:

a) The organization must have access to all information, from whatever source, having to do with the movement and behavior of epidemic disease. The information which will be most valuable obviously must be recent, and authoritative, and therefore that which will be, in the first instance, obtained through military channels.

b) Because of the necessity for prompt action to meet emergency situations, the organization must be flexible, and with ample authority to act, not only in its own behalf but also in bringing about the necessary coordination of all agencies and interests concerned.

c) The organization must have continuity of policy in order that the program can be sustained and that the machinery be kept geared to meet new emergencies as they arise throughout the relief and rehabilitation period.

d) To obtain continuity of policy, the organization, during both the planning and operations phases, must be comprised of responsible representatives of both the liberating military authorities and the national health administrations.

It is therefore proposed: (1) That the health work for liberated areas be organized on a regional basis; (2) as a device for obtaining common action by the military, the national health services and UNRRA, that the regions correspond to those comprising the several military theaters of operations; (3) that in each military theatre, a regional health organization be created, charged with the responsibility for the planning and execution of the public health work to be carried on throughout the period of relief and rehabilitation operations, and comprised of the following:

a) Chief Medical Officer, representing the military command, to be in charge during the military phase.

b) Medical officer, representing UNRRA.

c) Medical officers designated by each country involved, as responsible representatives of their national health services. Every effort should be made to obtain individuals most likely to be retained as national health directors during the liberation period.

d) Medical officers, representing the military forces of the countries involved, wherever the countries themselves actually participate in the campaign through their own military organizations.

The above arrangement would call for four major regional organizations for Europe:

1) Under the Soviet High Command:

Eastern Region: Soviet Republics, Poland, Czechoslovakia, with epidemic control extending to Roumania and Hungary.

2) Under the Combined Chiefs:

Western Region: France, Belgium with Luxemburg, Holland. Norway for present.

3)

Scandinavian Region: Norway. Later Finland and Denmark.

4) Under British(?) Command:

Southern Region: Yugoslavia, Albania, Greece. Later Bulgaria.

The above arrangement will permit of complete and effective mobilization of all available health resources; will allow for the development of realistic programs of requirements in proper respect to the assessment of these resources; will permit the drawing up of common plans of action; and what is most important, will assure a continuity of policy and an uninterrupted program of action under the jurisdiction of personnel who will have participated in the work throughout its evolution.

If this proposal is approved in principle by the Director General, it is recommended that negotiations be started promptly with the Combined Chiefs of Staff, so that questions as to the most practical arrangements can be fully explored.

Another matter which arises in connection with the health work of UNRRA, and which is related only incidentally to the above proposal, has to do with the utilization of the facilities of the Health Organization of the League of Nations. The League has an experience in international health work, and techniques for the collection and interpretation of sanitary data which should be exploited to the fullest extent possible.

An effort should be made to encourage the League to make such adaptations in its present Health Organization as may be necessary to serve the interests of UNRRA.

Attached is a draft of a cable, suggested for transmission to the Acting Secretary General of the League, outlining the ways in which the League might collaborate with us. The general nature of the proposals outlined in the draft have been discussed informally with Doctor Gautier who is in substantial agreement.

Enclosure - Draft of Cable

CHABERRE/om

PUBLIC HEALTH WORK IN LIBERATED AREAS

1. UNRRA is developing its arrangements for its general relief work (distribution of food and other supplies, etc.), and in regard to these is in negotiation with the combined military authorities as to the division of responsibility, and method of cooperation, at different stages of liberation.

2. Public Health work, however, especially in relation to the movements of displaced persons and the control of epidemics, has certain special characteristics, as compared with general relief work, which seem to necessitate special organization by UNRRA and the military authorities.

(a) Although national governments must, through their health departments, assume responsibility as quickly and as fully as possible, epidemic control is essentially regional in character and incapable of being dealt with solely on the basis of national units; disease disregards political frontiers.

(b) Control measures must clearly be effective from the first and continuous throughout the different phases of military and civilian responsibility.

(c) Rapid and drastic action will be required; and therefore a sufficient decentralisation of authority to avoid delays through control from distant headquarters.

3. The Far Eastern problem is different in important respects, and is not quite so urgent. In Europe, the military (with the national authorities) have sole responsibility in Italy. Germany will present a special problem. The following notes therefore relate only to other regions of Europe.

From the point of view of the health problem in itself, the natural regions would be

(a) Western - France, Belgium (with Luxembourg), Holland (and for the present Norway).

- (b) Scandinavian - (later), Norway, Finland and Denmark.
- (c) Southern - Yugoslavia, Albania, Greece: and later Bulgaria.
- (d) Eastern - including Soviet Republics, Poland, Czechoslovakia, with epidemic control extending to Roumania, Hungary and Austria.

It would, however, be easy, and obviously desirable, that the regions should be adjusted so far as required to the areas of military organization and responsibility, and it is on the assumption that such adjustments will be made that the following proposals in regard to each of the above regions are put forward.

4. Eastern and Scandinavian.

The Allied Governments and the French National Committee will presumably assume the administration of their respective countries as they are liberated. But for the adequate discharge of their health responsibilities France, Belgium and Holland will clearly need to coordinate their action within the liberated zones, particularly in measures of anti-epidemic control. Similar cooperation will be no less essential between them and the Allied forces, and between the different Allied forces in these areas.

The first need for Western Europe seems to be to establish at once an appropriate regional authority so constituted and so empowered as to enable it to act promptly and effectively.

It is proposed therefore that there should be established a Regional Executive Health Commission consisting of:

- a. The Chief Health Officers designated by France, Belgium and Holland to take charge of all anti-epidemic and public health as well as medical care measures; it would be advantageous if these Officers held commissions in their respective Armies;
- b. the Chief Army Medical Officers designated by the Supreme Allied Command for the purpose, as in charge of anti-epidemic control.
- c. A Senior UNRRA Medical Officer who would also take charge

of the coordinating Secretariat of the Commission.

The Commission would (a) draw up a plan of epidemic control and of medical care for resident civilians, imported labor and internees of every category; this plan will utilize all available establishments of whatever kind and will provide for the mobilization of all requisite medical and auxiliary personnel within the region; (b) would issue ordinances, as needed, having force within the region; (c) would arrange for such suitable mutual assistance between constituent services as circumstances may require; (d) would determine, and obtain, such supplies and transports as the plans will call for.

At this stage the Commission meeting as a provisional Commission and presumably located in London, should make a working plan coordinating the action of the three governments, the military authorities and UNRRA so as to ensure appropriate and immediate executive action as liberation proceeds.

During this preliminary stage the Director General of Public Health of Norway would be invited to sit with the provisional commission, pending the move of the commission to France and the institution of a Scandinavian Regional Executive Commission.

5. Southern.

UNRRA is being invited to act in this area as an Agency of the Armies and detailed arrangements to this end are being worked out.

As regards health work similar action to what is proposed above for Western Europe, with suitable modifications seems advisable. A Southern Regional Commission, destined to cover Yugoslavia, Greece, Albania and perhaps Roumania might be constituted at Cairo. Before its exact form and scope are decided, further relevant information will doubtless be required from inside Yugoslavia and to the allied organization in the Middle East. If, however, the general principle is approved for the West, it would be well to start at once the preliminary action required to establish a Southern Commission also.

6. Eastern.

Health problems of special magnitude and difficulty must be anticipated in the zone of Soviet operations, in view of devas-

tation by the enemy, dearth of supplies and (in relation to the size of the problem) the comparative paucity of public health personnel.

It would seem desirable that UNRRA should ascertain from the U.S.S.R. the extent to which, and the conditions under which, it can best contribute to the solution of their problems before opening discussions with other Allied Governments in this zone.

7. General Powers, etc. of the Commissions.

It would be desirable that these Commissions should be empowered to act subject only to general directives or the rapid decision by headquarters of issues of highest policy. Headquarters, both of the military and of UNRRA, would ensure, within necessary operational limits, the provision of such resources, by way of personnel, supplies or finances, as could be mobilized for each Region.

Each regional commission would need to have its own intelligence records, fed directly from local sources. But at the present stage it seems desirable to set up a small intelligence organization in Washington, in which the military authorities would cooperate with UNRRA (which is itself trying to arrange to draw upon certain of the information of the League of Nations Health organization).

Appropriate security precautions would not be difficult to arrange. UNRRA medical staff within the regions would either be acting in charge of the Secretariat of the Regional Executive Health Commissions and thus be responsible to the senior UNRRA medical officer with the Commission, or would be seconded for service with National Health Administrations at their request and responsible to them during the period of assignment. But in both cases it would be functioning within zones of military operations and therefore would be placed under the authority of the Allied Army Command. It would be highly desirable that a special uniform be devised for this personnel, such as that for war correspondents, with suitable modifications to emphasize the character of UNRRA's work.

Coordination between the several Regional Executive Health Commissions would be effected in cooperation with the competent military

authorities through UNRRA's chief medical officer to whom UNRRA Director General would delegate his powers for the purpose. The CMO would obtain personal knowledge of conditions within the regions by frequent visits to the field under the authority of the respective armies.

Programs for the procurement of medical supplies as recommended by the several Regional Executive Health Commissions would be presented by the CMO to competent central authorities in respect of countries which have not made direct arrangements.

8. Urgency of the Health Problem.

A few supplementary remarks as to the need for such an organization may be convenient.

The extreme importance of the Health problem which will confront, first the military authorities and then UNRRA and the national governments, is obvious.

Refugees and evacuees (who have been living under just the conditions likely to develop contagious disease) will flock back to already packed home areas, and the plan of action developed must include medical care of displaced persons within liberated areas.

Any attempt to divide preventive measures between different phases would almost certainly lead to disaster. While certain diseases (dysentery, cholera, small-pox) may be most likely to spread during the military phase, and others, such as typhus, may be more serious during later periods, when there are fewer restrictions on civilian movement, there can be no certainty that this will be the actual experience, and in any event the organization and methods required would not differ materially during the several phases. They must from the first be designed so as to be adaptable to problems as they arise, and must retain this adaptability throughout.

Nothing obviously could be more serious either to allied military progress or to the establishment of civil order than epidemic diseases allowed to get out of hand.

Health measures must be concerted as between contiguous areas, even though they are different countries; and sometimes between military authorities in one area of military occupation and the civilian agencies which have the responsibility for health measures in an adjacent country.

Health measures are distinguished from relief by the extent to which they depend upon professional services (for which the resources are limited) as distinct from supplies; and by their essentially "regional" character. At the same time the full utilization of national health departments, appropriately coordinated with each other, with the military and with UNRRA assistance, is obviously essential.

March 16, 1944

COPY

UNRRA'S HEALTH RESPONSIBILITIES IN
WESTERN EUROPEAN AREAS

1. In the military period responsibility for Public Health measures (as for all others) rests upon the military authorities. It will be for them to decide when and how far the civilian authorities of the national governments or UNRRA are asked to share in this responsibility, and the time at which the military period is to end and direct responsibility be transferred to the national governments and UNRRA.
2. It is at the same time essential that there should be continuity of policy between the different periods, and that the civilian authorities on whom the direct responsibility will fall later should as far as possible be equipped to discharge it by appropriate association with preparation and action in the earlier period.

UNRRA's task will be essentially that of assisting national health authorities with personnel, with advice, and with supplies in dealing with their health problem.

Nevertheless UNRRA's health task will for several reasons be of special importance and different in character from its task in regard to general relief.

Public Health measures, particularly those required to prevent the spread of disease threatened by the movements of displaced persons, are essentially 'regional' not national, since disease disregards frontiers.

Coordination is required between the action of the health authorities of several governments; between health measures and the control of movements of population from one country to another; and between military and civilian plans and action.

3. In these circumstances it is proposed that UNRRA should at once establish in London a Health Planning Commission for Western Europe consisting of the principal UNRRA health officer in London at the time, health officers of France, Belgium, Holland and Norway (so far as possible those who are intended to be in charge of the national health

departments after liberation) and the U.S. and British Army medical officers on General Eisenhower's staff who are making the military health plans for the first period.

4. In this way the Army Health planning, while being worked out as at present in the military organization, could now be assisted to the extent the military authorities found desirable by the advice of a commission including national and UNRRA health officers. Similarly, after invasion the military authorities could utilize the same assistance, inviting the Planning Commission, or a part of it, (e.g. excluding if the country were France the Norwegian member) if and when they found this desirable. At the same time both the health authorities of the national governments and UNRRA's officers would be assisted in making preparations for the later period in which they will be responsible by receiving them as to the Public Health plans which are being made by the military.

5. When the military period ends, such a Commission, with suitable modifications of personnel, could become a Regional Executive Health Commission, with authority to take all health measures required in the Region, subject to the minimum of control from UNRRA Headquarters in regard to assistance from outside, (shipment of supplies and certain general principles of policy, etc.).

6. Separate, if somewhat similar, problems will arise in regard to other parts of Europe, and ultimately the Far East, but it would seem desirable that preparatory action of the kind indicated should at once be put in hand for Western Europe.

March 23, 1944