

THE/FE (44) #1 thru 9

Complete

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
STANDING TECHNICAL SUB-COMMITTEE ON HEALTH FOR THE FAR EAST

Dr. Szeming Sze, Secretary of the technical Sub-committee on Health for the Far East, has the honour, on behalf of Dr. J. Heng Liu, Chairman of the Committee, to inform the Members of the Committee that the first meeting will be held on Tuesday, 28 November, 1944, at 3 p.m., in Room 525, UNRRA Headquarters, 1344 Connecticut Avenue, N. W., Washington, D. C.

PROVISIONAL AGENDA

- I. Call to Order by the Chairman.
- II. Adoption of the Provisional Agenda.
- III. Terms of Reference.
- IV. Appointment of First and Second Vice-Chairmen.
- V. Appointment of Alternates.
- VI. Progress Report of UNRRA Health Division.
- VII. Medical Supplies - Standard Units and Bases.
- VIII. Far East Epidemiological Service.
- IX. Invitations to Observers.
- X. Other Business
- XI. Next Meeting
- XII. Adjournment

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
STANDING TECHNICAL SUB-COMMITTEE ON HEALTH FOR THE FAR EAST
TERMS OF REFERENCE

1. To advise the Committee for the Far East and the Deputy Directors General as to the nature of and scope of problems relating to health, medicine and nutrition in the Far Eastern area.
2. Periodically to review the programs of the Administration in the health, medical, nutrition and related fields, and consult with the Directors General thereon with respect to any suggested modifications.
3. To formulate proposals on technical policies in regard to health, medical, nutrition and related fields, discuss such proposals with the Directors General, and transmit such proposals to the Directors General for placing before the Committee for the Far East.
4. To appoint such expert commissions as may from time to time be required to advise the Subcommittee on health and related special problems.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

MEDICAL SUPPLY PROGRAM FOR THE FAR EAST - UNITS

(As prepared by the Health Division of UNRRA)

1. Establishment of a medical supply program for each country.

Countries establishing medical supply programs may be classified into these categories:-

- (A) Those requiring financial aid from UNRRA and so using UNRRA units;
- (B) Those not requiring financial aid from UNRRA, but using the standardised UNRRA units and procuring through UNRRA;
- (C) Those not using the UNRRA units, and handling the procurement, transportation and distribution of their own supplies.

Countries in categories A and B will be able to have the benefit of the interchangeability of the UNRRA units, and sharing in the UNRRA reserves of medical supplies will thereby have increased protection against unforeseen demands. This will specially apply to those items which may be in limited supply over which UNRRA and the Combined Production and Resources Board have certain controls.

It is necessary, for purposes of planning and procurement, that the respective governments indicate definitely whether they wish to use the standardised UNRRA units and to procure these units through UNRRA channels.

2. Acceptance of working drafts of UNRRA units.

In order that the delay in the formation of the Subcommittee on Health for the Far East should not hold up the medical supply program, the UNRRA Health Division drew up several months ago working drafts of 14 units of medical supplies. In drawing these up and in revising them, the Health Division has been in frequent consultation with the medical supply experts of the various Far Eastern countries, not only individually but also meeting collectively. The attached file represents the up-to-date drafts of these units. In view of the close touch which has been maintained between the Health Division and the government experts, it is reasonable to expect that these draft units represent as good a working basis as can be obtained.

It is hoped that formal acceptance of these draft units may be given in principle.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

MEDICAL SUPPLY PROGRAM FOR THE FAR EAST - BASES

(As prepared by the Health Division of UNRRA)

1. Committee of the Council for the Far East.

Resolution 17 at the Council meeting in Atlantic City stated that the Committee of the Council for the Far East will recommend appropriate bases for ascertaining deficits in supplies, on the basis of which over-all estimates of relief and rehabilitation requirements shall be made.

At the second meeting of the Committee for the Far East on 10 December, 1943, the Chairman summarised the views of the Committee with regard to Resolution 17, to the effect that the problems to be met in carrying out the stated functions of the Committees for the Far East and for Europe being different, it was generally agreed that uniform bases to apply to the whole Far Eastern region could not be made.

2. Bases of Requirements for Medical Supplies as indicated in the Estimates Submitted by the respective governments.

(a) China: The report of the First Session of the Council of UNRRA stated that one of the goals of UNRRA is "restoring minimum adequate health services". This implies that primary consideration was given to European conditions, since China has never had, and has not now, "minimum adequate health services". The Chinese Government considers it within UNRRA's intent to help to establish such a "minimum adequate health service", insofar as this is possible in China within the period of UNRRA operations. The government's recommendations are thus based on the principle that UNRRA's assistance should be such that China itself, upon the cessation of this assistance, can continue uninterruptedly, without lowering of standards, the services which may be established.

The estimates are stated in terms of functional medical units: e. g., hospitals, laboratories, dispensaries, etc., the contents of which are stated.

(b) British possessions: Two main factors were considered to dominate the problem of estimating requirements on a national basis: (1) the general level of medical development reached by the country before the war, and (2) the extent to which supplies have been depleted since the date of enemy occupation. (It has been assumed that requirements will be identical under conditions of limited damage and of maximum damage.) The level of medical development is measured by the ratio between the prewar number of hospital beds per thousand of population in the country and the prewar number of hospital beds per thousand of population in Norway (8.5). Due allowance is given to the high proportion of out-patients in Burma. The second factor, depletion, has been assumed to be 100% in Burma and Borneo, and 86% in Hongkong and Malaya. These two fractional factors are then applied to the number of units of supplies representing the full needs of the total population on the scale of the Norwegian standard, and the resultant number of units is assigned to each country. The units used are those established by the military for Europe with some additions. There were exceptions to this procedure in certain cases, where different units were used, or where the special considerations were taken into account. In the case of hospitals, the full quota is introduced in the first period, and then it is duplicated in the third period. The program covers four six months' periods.

(c) French Indo-China: An itemized list of drugs, medical accessories, and dental supplies is given in the requirements programs, without explanation. (It is not possible from this list to discover the bases or principles used. Possibly it is based on a prewar imports list.) It covers "the immediate requirements of the Native Populations during the months which will follow the military period".

(d) Philippines: A schedule of functional units identical to those drawn up by the U.S. Army for the Far East, with certain supplements, has been presented to cover requirements for six months' period following the "military" phase of relief. The requirement for the basic supply unit is based upon a variation of the formula used by UNRRA in estimating European requirements. Functional units are requested on the basis of the assumption that one-quarter of the prewar facilities will have been destroyed. Other requirements are based on special factors such as the disease incidence, etc.

(e) Netherlands East Indies: The standards used in determining medical supply requirements varied between the different regions of the archipelago, depending upon the distribution of the Japanese military occupation forces, the order of liberation, variations in incidence of disease and standard of living, etc. The program is established in terms of functional units, and, overall, between 5% and 20% of prewar facilities are expected to be replaced by the relief program. Estimates are given for the "first relief period".

3. Comments on Bases of Requirements for Medical Supplies.

The governments, in designing their programs, have used widely differing methods and units, so that comparison, except on the most abstract scale, is impossible. It is apparent that all of the programs are minimal, from a consideration of their per capita cost. It has been implied that the rigid application of bases is useful largely in connection with goods which are in short supply, or in cases where UNRRA's budgetary considerations demand restrictions in supply.

In the case of medical supplies, there are at present practically no items which are in acutely short supply. If it should develop in the future that one or more single items (out of the thousands covered by the program) should become scarce, appropriate substitutions and adjustments can be made informally.

In the case of the Far East, it is possible that only one country, China, will require financial assistance from UNRRA. Thus, the usefulness of bases to determine an equitable division of UNRRA's funds does not exist for this region.

It is, therefore, suggested that the Subcommittee on Health for the Far East recommend to the Committee of the Council for the Far East that no general bases are necessary for medical supplies for the Far East, and that the principles upon which individual governments' programs are established should be accepted for each country, with the understanding that suitable bases will be established for single items, should any be found, in the future, to be in short supply.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

FAR EASTERN EPIDEMIOLOGICAL SERVICE

1. The Chinese Government has sent to UNRRA the following communications:-

"A stated objective of the health program of UNRRA is to demonstrate the effectiveness and need for international collaboration in public health. The first need will arise in connection with the control of epidemics affecting more than one country. This entails the early establishment of uniform methods of collecting, analyzing, and collating reports regarding the occurrence of epidemics. In turn, such reports imply the early conclusion of agreements among the United Nations, of the Far East particularly, to establish uniformity in the quarantine measures to be observed.

"China was an important collaborator in the Far Eastern Bureau of the League of Nations (located in Singapore). This Bureau had successfully inaugurated a machinery expediting the collection of epidemiological reports on epidemic diseases together with their rapid dissemination to the member governments. It is recommended, therefore, that the initial step in international collaboration should be the re-establishment in the Far East of an Epidemiological Bureau along the lines of the previous Singapore one, to be under the general direction of the Health Organisation of UNRRA, but provided with an administration self-contained for the Far East. It is considered that this would be the first essential step to the later development of a permanent health organisation. It is, therefore, recommended that one of the first conferences to be called after the establishment of the Far Eastern Regional Office and Regional Health Subcommittee should be to provide for the early establishment of such a Bureau."

2. With regard to the "conclusion of agreements among the United Nations to establish uniformity in quarantine measures," steps are being taken by the governments concerned to revise the existing International Sanitary Conventions.

3. With regard to "the re-establishment in the Far East of an Epidemiological Bureau.....under the general direction of the Health Division of UNRRA, but provided with an administration self-contained for the Far East," it would seem that the existing conditions in the Far East do not permit the re-establishment of such a bureau in the immediate future, and that this would have to wait until military and administrative considerations permit such.
4. As an interim arrangement, the Health Division is preparing to collect through the two UNRRA Area Offices in Chungking and Sydney such reports on communicable diseases as can be collected under present wartime conditions. If the governments in these two areas give their close cooperation, it should be possible for UNRRA to start a limited Far Eastern Epidemiological Service, whereby there are received and distributed (a) emergency reports on the five diseases notifiable under the International Sanitary Conventions, and (b) regular reports on diseases of special regional importance, viz. those diseases which are normally notifiable within the respective country.

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UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

PROPOSED RESOLUTION REGARDING INVITATIONS TO OBSERVERS

Resolved,

That in accordance with Resolution No. 5 adopted at the first session of the Council, and Article II, paragraph 3 of Annex I to the Rules of Procedure, the Chairman be authorized in his discretion and after consultation with the Director-General or his deputy to invite representatives of official international organizations and, subject to the approval of the Central Committee or of all the members of this Subcommittee, to invite representatives of other appropriate bodies, to attend future meetings of the Subcommittee or parts thereof, such invitations to be issued in the light of the character of the agenda for each meeting.

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

APPOINTMENT OF ALTERNATES

The Committee of the Council for the Far East at its meeting on 12 October passed a resolution relating to the time and place of the next meeting of that Committee. Section 4 of that resolution relates to the technical subcommittees for the Far East and reads as follows:

"4. That the Committee of the Council for the Far East hereby requests the Technical Standing Committees of the Council to arrange for the Far Eastern Subcommittees of such Technical Standing Committees to meet as early as possible in Sydney so as to consult with and advise the officers of the Administration at the Sydney office and so as to be ready to report to and advise the Committee of the Council for the Far East on all pertinent matters at the meetings of the Committee to be held in Sydney as provided in Paragraph 2 of this Resolution."

Owing to the large geographical area in which the Committee of the Council for the Far East and its technical subcommittees will have to function, it may be necessary for meetings of the subcommittees to be held in such widely separated places as Sydney, Chungking, or some city in the Philippines. For that reason it has been suggested that the Chairman of each of the standing technical committees of the Council appoint up to three alternates for each member of the respective subcommittee so that the alternates may attend when the member of the subcommittee is unable to be present.

Appointments to the technical subcommittees are made by the chairmen of the standing technical committees with the approval of the committees on the basis of nominations of technical experts in the fields of agriculture, displaced persons, health, industrial rehabilitation and welfare received from member governments of the region in which the subcommittees are to function.

It is therefore requested that member governments of the Far Eastern Region should nominate such alternates in order that their nationals may serve on the subcommittees wherever they may be called upon to meet.

THE/FE (44) 8
15 November 1944

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

PROGRESS REPORT OF HEALTH DIVISION, UNRRA

The following is a progress report by the Far Eastern section of the Health Division, as of 15 November 1944, on the Far Eastern programs of UNRRA in the health, medical and related fields.

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST *

At its first meeting on 30 November 1943, the Committee of the Council for the Far East decided to request the Standing Technical Committee on Health to establish a Standing Technical Subcommittee on Health for the Far East. The Standing Technical Committee on Health, at its first meeting on 17 January 1944, duly created the Subcommittee on Health for the Far East, authorising the chairman of the Committee on Health to appoint the chairman and members of this subcommittee.

However, the final nominations from the governments concerned were not received until September, by which date nominations had been submitted from China, France, Netherlands, Philippines, United Kingdom and the United States. (Three governments - Australia, New Zealand and India - decided not to submit any nominations for the time being.)

The Committee of the Council for the Far East, at its meeting on 12 October, in fixing its next meeting for Sydney in February 1945, requested its subcommittees to meet as soon as possible in Sydney in time to report to its February meeting. With a view to the Subcommittee on Health for the Far East being able to meet in Sydney about one month before February 1945, it was felt desirable first to call an organizational meeting in Washington on 28 November.

* This paragraph, explaining the steps in the formation of the Subcommittee on Health for the Far East, while it is strictly in the province of the Secretariat, is included as an introduction to this report of the Health Division to facilitate the reading of the report.

FAR EASTERN REGIONAL OFFICE

Pending the formal establishment of a Far Eastern Regional Office, a decision was made in July, 1944, to establish a Far East Planning Unit in Washington. However, this plan was later shelved. In line with these developments, the Health Division has been maintaining liaison and contact with other divisions through regular weekly meetings with the Far Eastern Division of the Bureau of Areas.

At its meeting of 12 October 1944, the Committee of the Council for the Far East decided that its normal meeting place would be at some convenient location in liberated China. Pending the establishment of a Far Eastern Regional Office at, say, Shanghai, it has been decided to establish a "China Area Office" at Chungking and a "Southwest Pacific Area Office" at Sydney. Medical officers will be appointed by the Health Division as its representatives at each of these two Area Offices.

MEDICAL SUPPLIES

Estimates of medical supplies requirements have been received from the governments of China, Netherlands East Indies, Philippines, French Indo-China and Britain (for Burma, Malaya, Borneo and Hongkong). Of these only the Chinese Government has as yet definitely requested UNRRA to meet part of its medical supplies needs.

With a view to drawing up uniform and interchangeable units suitable for Far Eastern conditions, informal discussions have been held, both individually and collectively, with the medical supplies experts of the Far Eastern countries in Washington. The European UNRRA units were used as a basis and modifications were made after consulting not only these Far Eastern experts but also the Civil Affairs Division of the U.S. Army (C.A.D.) and the National Research Council. The following 14 units were drawn up: - (1) 200-bed hospital, (2) 40-bed hospital, (3) 50-bed hospital supplement, (4) Obstetric supplement (5) Dental, (6) X-ray, (7) Confinement supplies, (8) Midwives Bag, (9) General dispensary, (10) Basic Laboratory, (11) Epidemic control control stores, (12) Entomological Laboratory, (13) Basic Assembled Unit, (14) Basic Open Stock.

The medical supplies requirements of each of the above-mentioned Far Eastern governments were re-formulated in terms of these 14 draft units. Expressed in such terms, the estimated cost of these requirements totalled \$23,542,440 (for the first six months after liberation) as follows: -

China		\$10,925,619
French Indo-China		831,697
Philippines		2,442,408
N.E.I.		3,209,522
British Burma	2,364,651	
" Malaya	2,583,150	
" Borneo	553,761	
" Hongkong	631,632	
		<u>6,133,194</u>
		<u>\$23,542,440</u>

These figures do not include sanitation supplies, separate units for which are being drafted.

A first step towards an immediate procurement program amounting approximately to one-half of the first six months' requirements, was approved on 23 September, by the Bureau of Supply (Working Party "C"). These supplies are to be procured as an emergency replacement stock. This procurement process was hastened in order to insure the availability of such a stock before 1 July 1945.

A special request was received from the Chinese Government on 14 October for some 27½ tons of medical supplies which are urgently needed for the health personnel training program in China. These supplies, estimated at \$275,000.00, were approved by the Bureau of Supply (Working Party "C") on 23 October for immediate allocation, and will be sent by air as soon as possible.

The total request of the Chinese Government for some 30,200 tons of medical and sanitation supplies at an estimated cost of \$33,000,000 was approved in principle by the China Program Committee on 25 October.

MEDICAL PERSONNEL

A request was received from the Chinese Government for (a) 240 fellowships for the training abroad of Chinese health experts, and (b) for the provision of 885 non-Chinese health personnel for training and field work in China. The China Program Committee recommended for the time being (a) the granting of 50 fellowships, and (b) the provision of 85 non-Chinese personnel. In implementation of these decisions, (a) the first group of 13 Chinese health experts arrived in U.S.A. in September for a period of nine months' training, and (b) preparations are being made to recruit a first group of 30 non-Chinese personnel.

Arrangements were made in August for 4 Filipino doctors and sanitary engineers to proceed to the Middle East for field experience pending their return to the Far East, but these arrangements had subsequently to be curtailed in view of the allied invasion of the Philippines.

The UNRRA Mission to Australia and New Zealand, under Mr. Lithgow Osborne, approached the governments of these two countries regarding the possible recruitment of health personnel for UNRRA field work.

EPIDEMIOLOGY

The Chinese Government has suggested that machinery be re-established by UNRRA, along the lines of the Singapore Epidemiological Bureau of the League of Nations, for the collection of reports on epidemic diseases in the Far East and the rapid dissemination of such reports to the governments in that region.

Enquiries were directed to the Health Section of the League of Nations on the possibility of re-establishing its former Singapore Bureau, and a proposal was made by the League of Nations to have this located in India. However, no favorable results have been forthcoming from these enquiries.

The Health Division has meanwhile been studying the possibilities of collecting reports on epidemic diseases in the Far East, in accordance with the development of the military situation. Taking advantage of the visit to Washington of the Chief of the Chinese Epidemiological Service, arrangements were made for epidemiological reports to be submitted by the Chinese Government to UNRRA as from January 1, 1945; the now UNRRA Area Office in Chungking will forward these reports to the Health Division in Washington. It is hoped that the now UNRRA Area Office in Sydney will be able similarly to collect epidemiological reports from the governments in its area.

Subcommittee on Health
for the Far East
Minutes/1

THE/FE(44)9
8 December 1944
CONFIDENTIAL

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

SUBCOMMITTEE ON HEALTH FOR THE FAR EAST

Minutes of the First Meeting

3:00 p. m., Tuesday, 28 November, 1944
Room 525, UNRRA Headquarters
Washington, D. C.

1. PRESENT

Members and Officers of the Committee:

Chairman: Dr. J. Heng Liu (CHINA.)

CHINA	Absent*
FRANCE	Dr. Andre Mayer
NETHERLANDS	Dr. A. Dubinsky
PHILIPPINES	Absent *
UNITED KINGDOM	Absent *
UNITED STATES	Dr. Thomas Farran

Secretary: Dr. Szeming Sze

Representative of the Director General: Dr. W. A. Sawyer

*Official Observers: Dr. Kinn Wei Shaw (China); Col. G. J. Rustin (Philippines); Dr. Melville Mackenzie (United Kingdom)

Alternates and Advisers: Adrien Alcan (France); J. Cameron, Eleanor Hinder, David Ogilvy, F. W. South (United Kingdom)

Secretariat: Doris Garrett, Elizabeth Harrell, F. W. Kuo, Al Ornstein, Vladimir Pastuhov, Frances Randolph, Eugene S. Sergeev, Kuo Ying Tsai, Mary Williamson

Other Members of the Staff of the Director General: Marvin Beers, James A. Crabtree, G. H. de Paula Souza, John Gorvin, Margaret Hall, Dorothy Jacquolin, Elizabeth Kenworthy, Grace M. Kline, Samuel E. Martz, Jean Moore, Rebecca Locet

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2. AGENDA

The Provisional Agenda, circulated before the meeting, contained the following items:

- I. Call to Order by the Chairman.
- II. Adoption of the Provisional Agenda.
- III. Terms of Reference.
- IV. Appointment of First and Second Vice-Chairmen.
- V. Appointment of Alternates.
- VI. Progress Report of UNRRA Health Division.
- VII. Medical Supplies - Standard Units and Bases.
- VIII. Far East Epidemiological Service.
- IX. Invitations to Observers.
- X. Other Business.
- XI. Next Meeting.
- XII. Adjournment.

This Agenda was adopted, with the addition of the words "Far Eastern Section" after UNRRA Health Division in Item VI.

3. TERMS OF REFERENCE

The following Terms of Reference which had been previously circulated (Document THE/FE (44)2), were duly noted:

- (1) To advise the Committee for the Far East and the Deputy Directors-General as to the nature of and scope of problems relating to health, medicine and nutrition in the Far Eastern area.
- (2) Periodically to review the programs of the Administration in the health, medical, nutrition and related fields, and consult with the Deputy Directors-General thereon with respect to any suggested modifications.
- (3) To formulate proposals on technical policies in regard to health, medical, nutrition and related fields, discuss such proposals with the Deputy Directors-General, and transmit such proposals to the Deputy Directors-General for placing before the Committee for the Far East.
- (4) To appoint such expert commissions as may from time to time be required to advise the Subcommittee on health and related special problems.

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4. APPOINTMENT OF FIRST AND SECOND VICE-CHAIRMEN

The Secretary reported that after the Provisional Agenda had been circulated, information had been received from the Secretariat that the forthcoming meeting of the Standing Technical Committee on Health on December 5th intended to take certain action whereby those members of this Subcommittee meeting in Sydney will in the event of the temporary absence of the Chairman be authorized to elect a temporary Chairman from among themselves. It was felt that this may be a more satisfactory procedure than the appointment of two Vice-Chairmen.

In view of the Secretary's report, it was agreed to delete this item from the Agenda previously adopted.

5. APPOINTMENT OF ALTERNATES

The Chairman drew attention to the memorandum prepared by the Secretariat, which had been circulated as Document THE/FE (44)7, in which it was suggested that three alternates for each member of the Subcommittee be nominated in order to enable the Subcommittee to hold meetings in such widely separated places as Sydney, Chungking, etc.

Dr. Mackenzie (U.K.) said that his government had appointed a full-time representative for the Subcommittee on Health for the Far East and that he presumed that, if this procedure of appointing alternates was followed, it would not mean that there would be concurrent meetings in different places, but that time would be allowed between meetings for such a full-time representative to travel from one meeting to another. The Chairman said he felt that, for the sake of continuity, it was best if one person could attend all the meetings; however, those governments which could not have one representative to attend all meetings, should follow the proposed procedure with a view to being properly represented at meetings.

6. PROGRESS REPORT OF UNRRV HEALTH DIVISION, FAR EASTERN SECTION

The Secretary, in presenting this report, which had been circulated as Document THE/FE (44)8, pointed out that it had been submitted for the information of the members and not for any action or approval. The Committee duly took note of the report.

7. MEDICAL SUPPLIES: UNITS AND BASES

The Chairman called the meeting's attention to the memorandum prepared by the Health Division on "Units", which had been circulated as

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Document THE/FL (44)3, in which the hope was expressed that formal acceptance of these draft units may be given in principle.

Dr. Mackenzie (U.K.) said that this represented a change from the procedure which had been adopted in Europe, where it had been decided that the contents of the units was a question to be dealt with by the staff of UNRRA and need not be approved by the Subcommittee, the function of the Subcommittee being, however, to approve bases which might be utilized in preparing the units.

The Secretary said that it was not intended to ask for any action as regards the contents of these units but wondered if there would not be some value in having approval of the type of units, since such approval would facilitate further planning. Dr. Mackenzie wondered if discussion of the type of units did not come more in connection with bases, and proposed that the committee's action should be to take note of the units prepared by UNRRA. The Chairman asked whether this meant that both in regard to contents and to classification of these units, the matter was to be left entirely to the staff of UNRRA. Dr. Mackenzie said that he did not wish to word it that way, because he felt that the matter was already left to UNRRA.

Dr. Crabtree said that he would like to explain some of the thinking behind the presentation of this memorandum. In the absence of any final information as to which countries in the Far East would require the assistance of UNRRA in obtaining medical supplies and as to which would be paying countries, the Far East Section of the Health Division had tried to estimate the medical supply requirements for the Far East, developing the units mentioned in this document in informal consultation with representatives of various governments of the Far East. He felt that what was meant by agreement in principle was that if it should become the responsibility of UNRRA to program in advance medical supply requirements for any one or several of the countries of the Far East, it would be desirable to use these units for estimating these requirements, and if it should be necessary for UNRRA to go into advance procurement for these countries, such procurement program would be based substantially on these units. It looks, now, however, as though this would not be necessary.

It was finally resolved that the meeting had received and noted this memorandum.

The memorandum on "Bases", which had been circulated as Document THE/FL (44)4, was then considered. Dr. Liu, speaking not as Chairman but as the representative of China, called attention to Paragraph 2(a), last sentence: "The Government's recommendations are thus based on the principle

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that UNRRA's assistance should be such that China itself, upon the cessation of this assistance, can continue uninterruptedly, without lowering of standards, the services which may be established." He said that while this was based on a quotation from the Chinese Government's report to UNRRA, he felt that it might have been expressed better conversely, namely, China does not wish to have such a large medical program that this could not be kept up after UNRRA has ceased its preparations in China.

Dr. Mackenzie (U.K.) said that because his government was so anxious to cooperate with UNRRA in every way, it wished to explain why it had decided to use a type of unit for medical supplies other than the standardized units drafted by UNRRA. There had been some unavoidable delay in preparing these UNRRA units, and in the meantime the so-called Young Units had been drawn up in London which were the same as those to be used in British Far Eastern Possessions during the military period. His government wished to make it clear that it had been obliged to do this only by the necessity in its opinion of having the same units in the post-military period as in the military period.

In considering the wording of the proposed resolution, Dr. Farran (U.S.A.) suggested that instead of "single items" this be enlarged to "single items or groups of items". Dr. Mackenzie (U.K.) suggested that instead of the wording "no general bases are necessary" it might be worded "no general bases are practicable". With these changes the following resolution was unanimously approved:

"The Subcommittee on Health for the Far East recommends to the Committee of the Council for the Far East that no general bases are practicable for medical supplies for the Far East, and that the principles upon which individual governments' programs are established should be accepted for each country, with the understanding that suitable bases will be established for single items, or groups of items, should any be found in the future to be in short supply."

8. FAR EASTERN EPIDEMIOLOGICAL SERVICE

With regard to Paragraph 4 of the memorandum "Far Eastern Epidemiological Service" which had been circulated as Document THE/FE (44)5, Dr. Farran (U.S.A.) inquired whether action, which the Subcommittee might take, would be in the form of a recommendation to the Committee of the Council for the Far East.

Professor Meyer (France) drew attention to the close relationship which a Far Eastern Epidemiological Service must bear to similar services

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for Europe and America, and wondered also how far such a service would be related with those of the League of Nations and the International Office of Public Health. Dr. Sawyer (Representative of the Director General) agreed with Professor Mayer that in the very near future some very important decisions will be taken as to the part which UNRRA will take in the administration of certain sanitary conventions and that it would be difficult for this meeting to take any definite action until the major decisions had been made. Dr. Sawyer felt, however, that Paragraph 4 did not need to be the subject of a formal resolution, and that it was meant mainly to give those present, who had comments to make, an opportunity to go on record so that the Health Division could give those comments consideration in making future plans on an administrative level.

Dr. Farran (U.S.A.) asked whether Dr. Liu would care to give the Chinese Government's views on this subject, as a representative of China. Dr. Liu, speaking in that capacity, said that the Chinese Government did not wish to press the matter at the present moment, as it did not feel that it was a matter of immediate urgency.

Dr. Farran (U.S.A.) asked whether any action of the meeting postponing discussion would have a serious effect on the rapidity with which UNRRA could get its work under way. Dr. Crabtree replied that he did not feel that such would have any serious effect, since it is obviously within the discretion of UNRRA as to how it would administer its work in epidemic disease control however, the support of the governments in the areas concerned would be needed. Dr. Farran (U.S.A.) said that, speaking for his government, he hoped UNRRA would establish an epidemiological service for the Far East as soon as it finds it possible and feasible, since such would be of value not only to the Far East but to every country in the world.

It was finally agreed that while the meeting realized the importance of an appropriate epidemiological service for the Far East, action on it by the Subcommittee should be postponed until a later meeting.

9. INVITATIONS TO OBSERVERS

In addition to the draft resolution which had been circulated as Document THE/FE/(44)6, and which had been drafted along the same lines as that passed by the Committee of the Council for the Far East, the Secretary placed before the meeting another draft resolution which the Office of the General Counsel had drafted as a possible alternative that might be simpler and more suited to the needs of this Subcommittee. After Dr. Farran (U.S.A.) had suggested the inclusion of the words "as observers" in the body of that resolution, the following resolution was

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formally passed:

Resolved,

That, in accordance with Resolution No. 5 of the Council, Article II, paragraph 3 of Annex I to the Rules of Procedure, and the rules, if any, adopted by the Standing Technical Committee on Health, the Chairman be authorized in his discretion and after consultation with the Director General or his Deputy to invite representatives of public international organizations to attend as observers future meetings of the Subcommittee or parts thereof, such invitations to be issued in the light of the character of the agenda for each meeting.

10. OTHER BUSINESS

There was no other business which the members wished to consider.

11. NEXT MEETING

The Chairman explained that in accordance with the action of the Committee of the Council for the Far East, the next meeting of this Subcommittee would be held in Sydney prior to the meeting of that Committee. The date will probably be at the end of December or the beginning of January, but it was agreed that the actual date should be left to the Chairman to fix, in consultation with the Secretariat.

12. ADJOURNMENT

The meeting adjourned at 4:15 P. M.

CHAIRMAN _____
J. Hong Liu

SECRETARY _____
Szeming Szo