PAN AMERICAN SANITARY BUREAU
2001 Connecticut Avenue, N.W., Washington 8, D.C.

September 3, 1948

The Honorable,
The Secretary of State
Department of State
Washington, D. C.

Dear Mr. Secretary:

The Final Report of the Fourth Meeting of the Executive Committee of the Pan American Sanitary Organization, sitting in Washington from May 3 to 13, 1948, was forwarded to the Department of State under date of June 4, 1948. Under Sections I and II, "the Organization and Budget of the Pan American Sanitary Bureau". the Executive Committee recommended that the Directing Council, which is to meet in Mexico City on October 4, 1948, approve an adequate budget, apportioned according to a fixed scale of contributions, rather than, as at present, through a fixed per capita contribution of one dollar per thousand inhabitants, plus such supplementary contribution as may be negotiated between the Director of the Bureau and the individual government.

The action of the Directing Council in Buenos Aires, establishing, for the calendar year 1948, the present quota of one dollar per thousand inhabitants, plus supplementary contributions by those countries able and willing to make them, was based on articles 60 and 56 of the Pan American Sanitary Code. The relevant parts of these articles read:

"Article 60. For the purpose of discharging the functions and duties imposed upon the Pan American Sanitary Bureau, a fund...shall be collected ..., apportioned among the signatory Governments on the same basis as are the expenses of the Pan American Union."

"Article 56. In order more efficiently to discharge its functions,...the Bureau may accept gifts, benefactions and bequests..."

Previous to the fiscal year 1949, the Pan American Union assessments were apportioned among the signatory Governments on a fixed per capita basis. In January 1948, the Pan American Union abandoned the per capita basis of raising funds in favor of a formula which assigns to each country a certain percentage of the approved budget. The formula for the fiscal year beginning July 1, 1948 was arrived at by calculating 40% on the basis of population, and 60% on the basis of ability to pay, as estimated in the formula of payments to the United Nations. Since, in accord with Article 60 of the Pan American Sanitary Code quoted above, funds for the Pan American Sanitary Bureau should be apportioned among Member States in the same way as are funds for the Pan American Union, this change in the Union scale automatically affects the apportionment of collections for the Bureau.

The Executive Committee, believing that the disparity in economic conditions existing among the countries of the Western Hemisphere makes it difficult to provide an adequate budget for the work of the Bureau through assessments based on any of the approved formulae, without throwing an undue burden on certain countries, instructed the Director to prepare a new scale of contributions which would reflect the declared interest of a number of countries in inter-American health activities. The Committee felt that advantage should be taken of the willingness of certain countries to accept an increased percentage of the costs of the international health program to build up an adequate budget without placing too heavy a burden on any country. It was proposed that the budget be divided into two parts - an administrative section which would be apportioned to the Member States according to the formula used by the Pan American Union, and an operational section which would be apportioned according to the new scale.

The Director has had at his disposal no information not available to the apportioning committees of the Pan American Union and of the United Nations except the gratifying response of certain countries to the Director's appeal on behalf of the Bureau.

The new scale has been evolved only after a careful consideration of existing formulae. The allotment to the United States is on a straight per capita basis amounting to 51.67%. The remaining 48.33% has been divided among the other Member States taking into consideration, 1) the percentage each State would have been assessed had the Pan American Union scale been used, 2) the relative ease with which certain countries can obtain dollar exchange, and 3) the declared willingness of various countries to make supplementary contributions to the Bureau.

It is believed that the present scale will not throw an undue burden on any country. This new scale in effect pools the contributions of all Latin American countries, with the United States contributing more than an equal amount.

The budget estimate for the first half of 1949 is $700,000 or, at the rate of $1,400,000 annually, only a slight increase over the budget approved for the calendar year 1948. The budget estimate for the fiscal year 1950, beginning July 1, 1949, amounts to approximately $2,000,000. These budgets will permit a reasonable expansion of certain activities of the Bureau, and will at the same time make funds available for surveys and planning for further future expansion.

The Executive Committee has instructed the Director to request the Governments in the name of the Committee to authorize their representatives at the Second Meeting of the Directing Council to approve the program and budget for the first half of 1949, and for the fiscal year, 1949-50.

Budget estimates are enclosed herewith, divided according to administrative and operative sections, with a table showing the representative apportionments for each country, 1)according to the scale adopted for the fiscal year 1949 by the Pan American Union and 2) according to the Union scale for the administrative section of the budget and the special scale for the operational section, as ordered by the Executive Committee.

It is earnestly requested that your Government give the question of financing adequately thework of the Pan American Sanitary Bureau careful consideration and instruct its representative at the meeting of the Directing Council in Mexico City accordingly. As Director of the Bureau during the past year and a half, I have found it impossible to improve existing services or initiate projects covering needs because of a lack of funds. If the Bureau is to serve the health authorities of the Americas in accord with the Code and the present opportunities and needs, adequate provision for financing must be made.

Respectfully yours,

S/d Fred L. Soper

FLS/erb:em

Enclosures

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ANNEX 1

STATEMENT ON PROGRAM OF THE PAN AMERICAN SANITARY BUREAU

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STATEMENT ON PROGRAM OF THE PAN AMERICAN SANITARY BUREAU

Authorized Program

The Pan American Sanitary Bureau was created by the First Pan American Sanitary Conference in 1902 for the collection and dissemination of information on the occurrence of pestilential diseases. The Pan American Sanitary Code of 1924, the treaty under which the Bureau now operates, created many additional functions and duties for the Bureau, and additional ones have been added from time to time by the Pan American Sanitary Conferences.

The objectives of the Pan American Sanitary Code are declared to be (ART.1):

a. The prevention of the international spread of communicable infections of human beings;

b. The promotion of cooperative measures for the prevention of the introduction and spread of disease into and from the territories of the signatory governments;

c. The standardization of the collection of morbidity and mortality statistics by the signatory governments;

d. The stimulation of the mutual interchange of information which may be of value in improving the public health and combating the diseases of man.

I. Functions and Duties of the Pan American Sanitary Bureau Established by the Pan American Sanitary Code (Havana 1924) in Articles 54 to 59, inclusive.

A. To act as the central coordinating sanitary agency of the various Member Republics.

B. To collect and distribute sanitary information to and from the Pan American Republics.

C. To publish

1. Classification of the causes of death.
2. Standard Forms for reporting on Communicable Disease.
3. Standard Forms for all other Vital Statistics.
4. Tabulation of sanitary conditions in ports of Western Hemisphere.
5. Instructions for measures to be taken by owners and masters of vessels for prevention of international spread of disease.

D. To supply to the sanitary authorities of the signatory governments through its publications or any other appropriate manner all available information relative to

1. Actual status of the communicable diseases of man.
2. New invasions of such diseases and measures taken to eradicate them.
3. Morbidity and mortality statistics.
4. New methods of combating disease.

5. Public health organization and administration (Sanitary Codes).
6. Progress in any of the branches of preventive medicine.

E. To undertake cooperative epidemiological and other studies, employing experts for this purpose.

F. To stimulate and facilitate scientific research and the practical application of the results therefrom.

G. To advise and consult with the sanitary authorities of the various governments on the interpretation and application of the provisions of the Sanitary Code. (Quarantine)

H. To bring about for mutual aid in the protection of the public health upon requests of sanitary authorities of any of the signatory governments,- exchanges of professors, of medical and health officers, of experts or advisers in public health of any of the sanitary sciences, and

I. Such administrative functions and duties as may be determined by Pan American Sanitary Conferences.

II. Responsibilities of the Pan American Sanitary Bureau determined by Pan American Sanitary Conferences in accord with Article 54 of the Sanitary Code (Havana 1924).

A. The general scope of the duties of the Pan American Sanitary Bureau was greatly increased by the Twelfth Pan American Sanitary Conference (Caracas, January 1947) which resolved:

1. That the Bureau should add to its program the medicosanitary aspects of medical care and of social security;

2. That the Bureau should act as the Regional Office of the World Health Organization in the Western Hemisphere on the basis of an agreement to be negotiated with that organization.

B. Specific mandates have been given to the Bureau by the IX, X, XI, and XII Pan American Sanitary Conferences, covering:

1. Bubonic plague.

   a. Continuation of campaign for eradication in South America (XI-1942).
   b. Intensification of investigations on plague in wild rodents (XII-1947).

2. Brucellosis. Declared to be problem of international importance. (XII-1947).

3. Typhus.

   a. Organization of committee (XI-1942).
   b. Popularization of residual insecticides and rodenticides (XII-1947).
   c. Strengthening of support to official and private investigators of typhus (XII-1947).

d. Standardization of rickettsial disease nomenclature. (XII-1947).

4. Trypanosomiasis (Chagas disease) (XII-1947).

a. Epidemiological surveys in countries of the Western Hemisphere.
b. Studies on biology of the parasite, the insect vector and on diagnostic methods.
c. Development of economical rural dwelling unsuitable to insect vector.
d. Systematic study of insecticides suitable for triatomata.

5. Food and Drugs (XII-1947).

a. Creation of Permanent Commission of twenty-one members, representing all Member Governments.
b. Creation of Section to study problems of exportation, importation, manufacture and supply.
c. Preparation of a Pan American Bromatological Code to define, classify and establish standards of purity.
d. Arrangement for supplying official laboratories with pharmacological, biological and bacteriological standards.

6. Health Education (XII-1947).

a. Formation of a Technical Committee.
b. Creation of a Section in the Bureau.

7. The formation of Pan American Committees on

a. Malaria (X-1938); (XII-1947).
b. Sanitary Engineering (XI-1942).
c. Housing (XI-1942).
d. Biostatistics (XI-1942).
e. Nutrition (X-1938).

8. The convocation of Pan American meetings.

a. Pan American Sanitary Conferences at four-year intervals (X-1938).
b. Pan American Directors of Health at four-year intervals (X-1938).
c. Directing Council of Pan American Sanitary Organization annually (XII-1947).
d. Executive Committee of Pan American Sanitary Organization biannually. (XII-1947).
e. Sanitary Engineers of Departments of Health (X-1938).

9. The technical orientation of the sanitation of the Pan American Highway (XI-1942).

10. The formulation of the conditions under which institutions which care to do so may be registered with said OSP as Pan American Institutions of Scientific Investigation of Public Health Education and of Testing of Diagnostic and Therapeutic Materials. (B.A. IX-1934).

11. Tuberculosis. Organization of a special section for the study of tuberculosis (B.A. IX-1934).

12. Pharmacopoeia. Coordination of the activities of the National Committee on Pharmacopoeias looking toward the eventual preparation of a single pharmacopoeia. (B.A. IX-1934).

C. Special recommendations have been made by Conferences for common action to be taken by Governments on many problems, including

1. Public health administration
2. Schools of Hygiene
3. Public health nursing
4. Infant mortality
5. Maternal welfare
6. Biological standards
7. Tuberculosis
8. Venereal disease
9. Leprosy
10. Rabies
11. Poliomyelitis

Experience shows that such recommendations can be of great practical value when the Bureau acts as central coordinating agency through which interest is maintained.

III. Responsibilities of the Pan American Sanitary Bureau determined by the Directing Council in accord with Article 8 of the Constitution of the Pan American Sanitary Organization.

Specific mandates were given to the Bureau by the First Meeting of the Directing Council, Buenos Aires 1947.

A. To solve the continental problem of urban yellow fever, based on the eradication of the Aédes aegypti mosquito. The Bureau is authorized to develop the program in agreement with the interested countries, taking the necessary measures to solve such sanitary, economic and legal problems as may arise.

B. To organize a Section on Relations with other organizations.

IV. Responsibilities of the Pan American Sanitary Bureau determined by the Pan American Conference of National Directors of Health.

The V Pan American Conference of National Directors of Health (Washington 1944) recommended that

> The Bureau accept the responsibility for and make preparations to become the uniform channel for requesting, transmitting and obtaining inter-Governmental fellowships for training in Public Health and Welfare.

V. Responsibilities of the Pan American Sanitary Bureau established by the United States - Mexico Border Public Health Conference, Laredo 1947.

The Border Conference with representation of the Minister for Health and Welfare of Mexico, of the United States Public Health Service, and of the State Departments of Health of

Arizona, California, New Mexico and Texas agreed:

That the Pan American Sanitary Bureau coordinate Health Activities along the whole border for the intensification of the control of venereal diseases and of tuberculosis, for public health education and maternal and child health and in limited zones for the control of malaria and typhus.

Actual Program

The Pan American Sanitary Bureau has never had sufficient funds with which to carry out directly its authorized program. The Bureau has always depended on the United States Public Health Service for most of its professional staff and has carried out many of its field studies with funds received from the National Institute of Health. During World War II supplementary funds were received from certain other agencies for specific purposes, but these have been greatly reduced during the past two years. But even at the peak of the war growth, activities of the Bureau were relatively few in number and most of these had a very limited geographical distribution.

The quota contributions of Member States have been devoted largely to the headquarters staff, to the collection and dissemination of statistical information and to the publication of the monthly Bulletin which is distributed widely throughout Latin America. As funds became available for new field programs during World War II, needed increases in headquarters staff were not made and the office organization was not modernized to take care of the added activities.

The following list of activities of the Bureau shows the present spread of activities without attempting to indicate too clearly how very inadequate is the staff with which properly to supervise and direct them.

VI. Activities of the Pan American Sanitary Bureau during 1948 related to responsibilities established by the Sanitary Code, by the Conferences and by the Directing Council.

Programs and Commitments

A. Headquarters

1. Epidemiology and Statistics - Collection and dissemination of information. International reporting and tracing of venereal disease contacts. Weekly Epidemiological Report.

2. Editorial Section. Monthly Bulletin. Preparation of meeting reports.

3. Library.

4. Information service for official and private organizations on medical and health conditions in Latin America. Technical consultation, placing of fellows and students, hospital construction, plans, etc. Very inadequate.

5. Purchasing Service. A new service which has taken over the UNRRA catalogue files; prepared to procure materials for health services anywhere in the Americas; will act as agent for handling radio-isotopes, narcotics, biological standards and bacterial strains.

6. Consultant in Nursing and Nursing Education. (Financed for one year by the Rockefeller Foundation.)

7. Sanitary Engineering.

   a. Consultation on water supplies, sewage disposal and housing.
   b. Collaboration with Inter-American Association of Sanitary Engineering in conference and publication of Quarterly Journal.

8. Meetings

8. Meetings under Pan American Sanitary Bureau auspices.

   a. Regional Health Conferences
      1) Argentina, Brazil, Uruguay, Paraguay, - Montevideo, March 1948.
      2) Argentina, Paraguay, Bolivia - Salta, March 1948.
      3) Argentina, Chile - Santiago, November 1948.
      4) Ecuador, Peru - September 1948.

   b. The Directing Council of the Pan American Sanitary Organization - Mexico City, October 1948.

   c. Sixth Pan American Conference of National Directors of Health - Mexico City, October 1948.

   d. Executive Committee of the Pan American Sanitary Organization - Washington, D.C. May 1948; Mexico City, October 1948.

   e. United States - Mexico Border Public Health Association, Laredo, Texas, and Nueva Laredo, Mexico, March 1948.

   f. Inter-American Conference on Brucellosis - Mendoza, Argentina, November 1948.

   g. First Inter-American Sanitary Engineering Congress - Santiago, April 1948.

   h. Expert Malaria Committee of the World Health Organization - Washington, May 1948, with concurrence of Pan American Malaria Committee.

9. Meetings with Pan American Sanitary Bureau participation.

   a. First Assembly of World Health Organization - Geneva, June-July 1948.

   b. 1948 General Assembly of the International Union against Venereal Disease - Copenhagen, September 1948 (25th Anniversary Celebration).

   c. Revision Commission of the International Sanitary Conventions, Expert Committee on International Epidemic Control (World Health Organization), Geneva, April 1948; November 1948.

   d. Ninth International Conference of American States - Bogota, March-April 1948.

   e. IX Pan American Congress on Child Welfare,, - Caracas, January 1948.

   f. Joint Study Group of the Office International d'Hygiene Publique and the World Health Organization on plague, typhus and other diseases - Expert Committee on International Epidemic Control - Paris, March-April 1948; October 1948.

   g. Economic Commission for Latin America - Santiago, June 1948.

h. Fourth International Congresses on Tropical Medicine and Malaria* - Washington, May 1948.

10. Technical Staff assistance in holding International Conferences

Fifth International Leprosy Congress - Havana, Cuba, April 1948.
Nutrition Conference for Latin America - Montevideo, July 1948 (Food and Agriculture Organization of the United Nations).

11. Collaboration on Fellowship Programs with

Venezuelan Government (Malaria)
Trudeau Society (Tuberculosis)
Kellogg Foundation (Nutrition)

12. Technical Experts borrowed and loaned

Malaria Expert from U.S. to Venezuela
Sanitary Engineer from U.S. to Bahia, Brazil.

B. El Paso Office

1. Coordination of health activities along the entire Mexico-United States Border, emphasizing especially the control of venereal diseases, tuberculosis, typhus and malaria. (Poliomyelitis included 1948).

2. Mexico-United States Border Health Association.

C. Guatemala Office

1. Research programs in collaboration with the National Institute of Health, U.S.A.

a. Onchocerciasis. Clinical studies, therapeutic tests, entomology, insecticides.

b. Tests of therapeutic agents for malaria.

c. Venereal disease studies.

2. Typhus control. Vaccination and DDT. (Collaboration with Guatemalan Government).

3. Institute of Nutrition for Central America and Panama. Contributions of Kellogg Foundation and interested governments.

4. Venereal Disease Control.

a. Standardization of laboratories.

b. International training center for serologists.

* This Congress, meeting in Washington, May 10-18, 1948, adopted a resolution calling on the Bureau to act as a center of information and coordination between the institutions and investigators interested in the study of Chagas disease and leishmaniasis to bring about a methodical joint investigation program in the Western Hemisphere.

D. Lima Office

1. Bubonic plague. Epidemiology and orientation of control measures.

2. Nursing Education.

3. Sanitary Engineering.

4. Coordination health activities along frontiers.

E. Aëdes aegypti eradication.

1. Southern sector of South America.

Coordination activities Brazil, Paraguay, Uruguay, Argentina.

2. Northern sector of South America.

a. Coordination activities Brazil, Ecuador, Venezuela,

b. Negotiations with Colombia, British, French and Dutch Guiana and Trinidad.

Proposed Program

In considering any program for a regional health organization it should be borne in mind that there are no international areas in which international health organizations operate. The activities of international health organizations must always be tied in with those of national health services. The regional health organization is the agency through which the sanitary authorities of the Member States cooperate with each other in the collection and dissemination of information of all kinds, in the study and solution of problems of common interest, in the exchange of technical experts and in the training of personnel.

VII. Considerations determining the program of the Pan American Sanitary Bureau for the periods, January 1 to June 30, 1949 and July 1, 1949 to June 30, 1950.

The program of the Bureau for the immediate future cannot cover all of its official functions and duties. There are many limiting factors, besides finances, and a choice has had to be made among many opportunities for service.

In general, priority has been given to responsibilities established in the Code (I-A to H above), with emphasis on strengthening the present program before undertaking new activities. Preference has been given to programs of an international character and to activities in which there is an opportunity for financial support from government or private foundations. Certain activities are especially timely because of availability of trained personnel belonging to other agencies which can be utilized. And the real importance of individual problems, as well as the availability of successful methods for their solution, has influenced the decision in some cases. In many instances various or all of these considerations have been present.

A. Limiting Factors.

1. Inadequacy of present headquarters and field staff of the Bureau for present program.

2. Impossibility

2. Impossibility of rapidly improvising technical staff for international health work.
3. Lack of basic information essential to preparation of projects for certain activities.
4. Wide extent of region to be served by the Bureau.
5. Necessity of negotiating agreements with governments on technical, administrative and financial details of programs within each country.
6. Lack of working capital and reserve funds for covering early expenditures in 1949 and guaranteeing continuity of operations until quotas are paid.

B. Factors influencing choice of activities.

1. Fundamental responsibility established in the Code.

a. The obligation to supply sanitary authorities of twenty-one countries, using four languages, with all available information on communicable diseases, on measures taken to eradicate them, on morbidity and mortality statistics, on new methods of combating disease, on public health administration and on all progress in preventive medicine, is one of the fundamental duties established by the Code.

(1) To properly discharge this function requires the organization of an Information Section, and a considerable increase in the Bureau's staff in the Library, in Epidemiology and Statistics, and in the Editorial Section at Headquarters.

(2) To get good comparable statistics from all countries requires field contact with statistical officers and provision for uniform training courses.

(3) To get the greatest value from collected statistics, provision must be made for analysis and epidemiological interpretation of data on problems of general interest.

b. Historically, international health organizations owe their existence very largely to the pestilential diseases, yellow fever, smallpox, cholera, plague and typhus, and the Pan American Sanitary Code is very largely devoted to regulations referring to these diseases. So long as these diseases continue in a region, they must constitute a primary responsibility of the regional health organization.

(1) Yellow Fever. For over thirty years the Rockefeller Foundation has taken an active part in the study and control of yellow fever in the Americas and has, with respect to this disease, functioned as a regional health organization, relieving the Pan American Sanitary Bureau of much of the burden of this problem. During this period, methods have been developed for the complete eradication of the Aëdes aegypti mosquito,

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the urban vector of yellow fever, and for the mass protection of exposed populations by vaccination; the existence of jungle yellow fever among forest animals has been revealed and many of its mysteries solved; and three yellow fever laboratories, in the United States, in Brazil and in Colombia, have been installed and are prepared to manufacture vaccine.

The Rockefeller Foundation now considers its contribution to this problem to have been made and is withdrawing from participation in yellow fever studies and control. The moment is a propitious one for such withdrawal, no urban outbreaks of yellow fever having occurred in the Americas for several years, and only minor outbreaks of the jungle disease since 1945. The Pan American Sanitary Bureau must step in to cover the breach caused by this withdrawal.

Laboratory services. Vaccine production. It is essential that laboratory services for the diagnosis of yellow fever and for the manufacture of vaccine continue to be available to sanitary authorities throughout the continent. The Rockefeller Foundation collaborated with the governments of Colombia and Brazil in the installation of such services in Bogota and in Rio de Janeiro, strategic centers from which to serve the rest of the continent. During the period of Foundation collaboration it was relatively easy to coordinate the work done in these laboratories and direct their energies to the solution of problems, including the manufacture and distribution of vaccine, of general interest to all countries. It is important that this coordination be continued and the Pan American Sanitary Bureau has the responsibility for maintaining contact with these two laboratories and with the entire problem of yellow fever in South America.

The suggestion has been made that yellow fever and smallpox vaccine should be combined as the French do in West Africa. The method has obvious advantages, but has never been tested in the Americas. The testing of this method in the Americas is a matter of general interest and should be carried out at an early date.

Eradication of Aëdes aegypti. Though the means for the solution of the yellow fever problem are at hand, the task is far from complete, and the threat continues in these

days of rapid air transportation to all countries whose cities harbor the Aëdes aegypti mosquito. The Bureau has been working under a specific mandate of the Directing Council since October 1947 on the coordination of activities for the eradication of aegypti from the Americas to eliminate completely the threat of urban yellow fever. In this program the Bureau has the full collaboration of the National Yellow Fever Service of Brazil, the Director of which fully realizes that the permanent freedom of his country from aegypti depends on its eradication from neighboring countries.

From the long years' experience with eradication in Bolivia and in Brazil, there can be no doubt but that Aëdes aegypti, the vector of both yellow fever and dengue can be eradicated from the continent. It is highly important to push the program to completion in South America and up through Central America and the West Indies to Mexico and the United States, as rapidly as possible, thus eliminating the threat of reinfestation of clean areas.

It may seem to some that, considering the apparent relative unimportance of yellow fever in recent years, an undue emphasis is placed on this problem in the program of the Bureau. It cannot be forgotten that yellow fever continues as an animal disease with some human cases capable of bringing the disease into urban areas, occurring from time to time in all of the countries of South America except Uruguay and Chile. The recent occurrence of yellow fever cases (June 1948) in Misiones, Argentina, and Rio Grande do Sul, Brazil, only emphasizes the wide geographical distribution of this threat.

On the other hand, the present situation is the result of many years of constant effort with the expenditures of many millions of dollars. The advanced status of the program for the eradication of Aëdes aegypti in Bolivia, Peru and Brazil makes it imperative to carry on with the eradication in other regions as rapidly as possible.

The funds spent in the eradication of Aëdes aegypti should be considered in the light of capital investment from which dividends will be drawn in future years in the shape of freedom from yellow fever and dengue fever, and in increased comfort for urban inhabitants throughout the Western Hemisphere.

(2)Plague

(2) Plague. From the date of its invasion into the Western Hemisphere at the turn of the century, plague has been a continued menace to the American Republics. It is confined principally to the rural districts in the United States, Peru, Ecuador, Venezuela, Brazil, Argentina and Bolivia.

That the disease has become a minor problem for shipping in the Western Hemisphere in recent years is believed to be due in part to the work of the Bureau in cooperation with the infected countries. The principal ports are now free from plague, but from time to time the disease is discovered at some of the smaller ports and interior towns. Through the use of new chemical agents, insecticides and rodenticides such local foci of plague can be promptly suppressed. Staff members of the Bureau have taken an important part in developing methods for the use of these chemical agents in the field.

With the facilities available in Peru, which have been offered to the Bureau, consisting of a well-equipped laboratory and field staffs, the Bureau is in a position to train doctors and technicians from other countries in the epidemiology and in modern methods of control of plague. The ultimate hope of eradicating plague from the Americas must depend on the concerted action of properly trained personnel working in the infected countries. The continued existence of plague in the Americas is a definite challenge to the Bureau which has been working for so many years on this important problem.

(3) Rickettsial diseases: Typhus.

The introduction of DDT has made the control and eradication of both louse and flea-borne typhus feasible. The importance of these diseases in many parts of the Americas cannot be overestimated.

The Pan American Sanitary Bureau has been collaborating with the sanitary authorities of Guatemala in a three-year program, proposed by the Pan American Typhus Committee in 1945, based on the use of vaccine and DDT.

Much yet remains to be done in developing economical methods for the eradication of typhus and in introducing these methods throughout the infected areas.

(4) Smallpox

(4) Smallpox. Since Jenner demonstrated the value of vaccination in 1796, the eradication of smallpox from the earth has been scientifically possible, but still the old menace persists. The American Republics in the Caribbean and a few on the mainland have evidently eradicated the disease since no cases nor outbreaks have been reported for several years. On the other hand, cases and outbreaks have been frequently reported in other countries and the disease continues to spread from place to place. (In 1947 an outbreak occurred in New York City from an imported case from Mexico.)

The Bureau's position as the Inter-American agency for coordinating the control of communicable diseases should be utilized to aid in the eradication of smallpox from the Americas. A relatively small amount spent in the improvement of vaccine for use in the tropics and in stimulating local health services to carry out concerted mass vaccination programs should pay big dividends in the solution of this eternal problem.

(5) Cholera. Although cholera has not been a serious problem in the Western Hemisphere during the present century, the 1947 invasion of Egypt caused serious apprehension in certain quarters. The program of the Bureau gives no consideration to this problem but the Bureau should be in a position to suggest common action, should any new threat appear.

c. Exchanges of personnel; followships.

Experience has shown that a very important function of an international health organization consists in bringing information and techniques available in one country to the attention of other countries through promoting the exchange of technical personnel for consultation and service, for special research, for formal training in special institutions and for informal travel grants. The amount set aside for fellowships in the proposed budget of the Bureau is very inadequate to cover the Inter-American requirements.

Previous to the development of an extensive fellowship program, however, a survey should be made of the needs for trained personnel in the health field, in the various countries of the Americas. A survey should also be made of the opportunities for training different types of personnel in the various countries of the Western Hemisphere.

2, International Character of Problem.

The solution of border health problems depends upon a degree of international collaboration which is difficult to obtain even between the most friendly neighboring countries in the absence of an international coordinating agency.

a. Border activities.

(1) Mexico - U.S.A. border. Along the long border between the United States and Mexico, from the Gulf to the Pacific, are a series of Siamese-twin cities, part in the United States, part in Mexico, with separate political and health administrations, but with a large daily interchange of population and with many common health problems. During the early war years the Pan American Sanitary Bureau had an extensive Border Service in large part financed by the United States. This Service was later greatly reduced, but in 1947, on the initiative of the Under-Secretary of Health for Mexico, a border conference of sanitary authorities from both countries was held and a program of coordination to be carried out by the Pan American Sanitary Bureau agreed upon, covering tuberculosis, venereal disease, malaria, typhus, and general health activities. There is an opportunity for important constructive work along the border which is not now being properly exploited through lack of the necessary elements.

(2) River Plate Conferences.

Early in 1948 two health conferences were held, one at Montevideo, Uruguay, and the other at Salta, Argentina. At the first, Argentina, Brazil, Uruguay and Paraguay joined in a regional health code covering points of especial interest to the River Plate countries. At the second, similar action was taken by Argentina, Bolivia, and Paraguay. These local agreements are very important, but it is apparent that they can become fully effective only when the Pan American Sanitary Bureau has the organization to maintain contact with the authorities of the participating countries.

Similar agreements have been drawn up by Peru and Ecuador, and by Bolivia, Peru and Chile.

b. Onchocerciasis.

Onchocerciasis is a filarial disease of African origin with a foothold in the Americas only in Guatemala and in certain parts of Mexico, which has shown a disquieting tendency to spread from infected to clean areas. The development of the Pan American Highway and the improvement of local transportation systems in the infected regions has

greatly

greatly facilitated the movement of infected individuals from place to place to meet changing labor requirements with consequent spread of the disease. Onchocerciasis is a problem in which countries other than Guatamala and Mexico have a stake. Through the Pan American Sanitary Bureau all of the American countries should collaborate in the attempt to solve this problem through the development of therapeutic and entomologic methods of eradication.

c. Verruga peruana.

Verruga peruana is a disease native to South America, unknown in other parts of the world and for long believed to be limited to a few short Pacific coast valleys in Peru. It is now known to exist in many of these valleys and to have established a foothold in Ecuador and in Colombia. There are also reports of the disease on the eastern slope of the Andes in Bolivia which have not been adequately investigated. Fortunately the insect vector of this disease is very susceptible to residual DDT. A number of countries have a direct interest in the making of a thorough survey of the distribution of verruga, and in the organization of a campaign for its eradication before further spread occurs.

d. Hydatidosis.

Hydatidosis is an increasing problem in Argentina, Uruguay, southern Brazil and Chile. The development and enforcement of methods for its control are of common interest to these countries.

e. Schistosomiasis.

Schistosomiasis is a serious helminthic disease originating in other parts of the world which has become established in a number of the West Indian islands, in Venezuela and in several Brazilian states. The disease is less widespread than is its snail host (Planorbis), and there is evidence of its continuing extension. It is important that field tests be made under careful control conditions of a large number of chemical products, until a satisfactory molluskicide has been found.

3. Financial Support from other agencies.

An international health organization cannot expect to have funds sufficient to carry out alone all of the activities which are of international importance. Also it must be remembered that cooperative projects tend to develop strength and character from each of the cooperating agencies.

a. Eradication

a. Eradication of Aëdes aegypti.

The program for the eradication of Aëdes aegypti is based on the belief that most of the political units in the Americas will be able to finance the eradication of aegypti once they have proper orientation for the economic use of DDT in this program. The Bureau at the present time is coordinating activities in various countries, in most instances with the entire cost borne by the individual country. In no case is the Bureau contributing to the cost of locally hired personnel.

b. Typhus and plague.

The typhus program in Guatemala and the plague programs in Peru and Ecuador are financed by the respective governments with the representatives of the Pan American Sanitary Bureau acting in an advisory capacity.

c. Nutrition

The project for the creation of an Institute of Nutrition for Central America and Panama is based on financial contributions of each of the participating countries and of the Kellogg Foundation. The support of the Kellogg Foundation to this project has made it possible for the Bureau to make definite plans for a section of nutrition in the Bureau, with the selection of its future Director, at a time when the funds of the Bureau did not permit such action.

d. Nursing.

The financial collaboration of the Rockefeller Foundation has made possible the appointment of a Consultant in Nursing in the Bureau at a time when Bureau funds were inadequate.

4. Availability of Personnel.

Personnel for specialized activities in the international health field cannot be improvised, and it is and must continue to be the policy of the Bureau to take advantage of those instances where personnel may be available.

a. Eradication of Aëdes aegypti.

The organization of the program for the coordination of measures for the eradication of Aëdes aegypti has been possible only because of the present availability of highly experienced personnel from the National Yellow Fever Service of Brazil. The program for the eradication in Brazil has progressed until it has become possible to make members of its staff available for international work. Without this reserve of personnel, the organization of the program would have been greatly delayed.

b.

b. Trypanosomiasis (Chagas' Disease).

The Bureau has not been active in the field of trypanosomiasis, but tentative plans have been made to coordinate the programs of a number of active, well-trained workers in several different countries who are now working independently and, in many cases, with inadequate funds for personnel and equipment.

5. The importance of individual problems and the availability of methods for their solution.

There are certain problems of such outstanding importance that even though they are not, in and of themselves, international problems merit international collaboration in their solution.

a. Malaria.

Malaria continues to be one of the most important health problems of the American tropics. The introduction of DDT as a residual spray has made possible the dream of the practical eradication of this disease in the near future. The dissemination of information on, and the demonstration of methods for the proper use of this insecticide are most important. This is especially true since the use of DDT as a residual domiciliary insecticide is of value in the control of a large number of other diseases which are transmitted by insects in the home. For this reason, the section responsible for the control of malaria should also become responsible for the freeing of domiciles from other insects, thus being transformed from a Malaria Section to a House disinfestation Section.

The importance of this House Disinfestation Section can be seen from the following list of diseases in the Americas which are transmitted in some places by household insects:

Malaria
Yellow fever
Dengue fever
Relapsing fever
Verruga Peruana
Plague
Murine Typhus
Louse and flea-borne typhus
Trypanosomiasis (Chagas' Disease)
Visceral leishmaniasis
Fly-borne intestinal diseases
Rocky Mountain spotted fever
Filariasis

House disinfestation also adds greatly to the comfort of the inhabitants through the elimination of bed bugs, cockroaches and flies.

It is important that studies be carried out to determine:

(1) the most economical method of using insecticides for the solution of important problems dealing with a single insect vector or for the eradication of a given insect species, and

(2) the most useful and economical method for general application of insecticide to meet the majority or all of the above problems.

b. Venereal disease.

Venereal disease is an important public health problem which becomes one of international importance in border communities and in international ports. A start has been made in international collaboration through special therapeutic studies, through the standardization of laboratory techniques for serum diagnosis and through the international notification of known contacts of cases occurring among military and maritime personnel.

With the development of methods which make possible the rapid sterialization of infectious cases, increased progress can be anticipated in the eradication of venereal disease wherever a serious administrative effort is made. As the future incidence of venereal disease cases drops, more and more attention will be paid to sources of infection. It is inevitable that venereal disease will, in the not far distant future, come to be a matter of increasing international concern. It is highly important that laboratories through the Americas be uniformly prepared to do high grade diagnostic work and that both therapeutic and administrative methods be standardized for the eradication of venereal disease.

6. The importance of general fields of activity.

Certain general fields are of so much importance to all public health programs that the coordination of activities must be considered as an integral part of a regional health program. In the future program for the Bureau provision has been made for sections on

a. Sanitary Engineering
b. Nursing, and
c. Health Education.

A technique which is proving quite successful in general fields of activity is the development of permanent inter-American technical organizations with an international membership. The United States - Mexico Border Public Health Association, now in its sixth year, is active and useful with well attended Annual Meetings at different border towns. The more recent Inter-American Association for Sanitary Engineering has more than 1200 members in various American Republics and is publishing a quarterly journal.

It would seem logical to look forward to the Bureau's collaboration with the Inter-American Hospital Association and with an inter-American nursing organization to be formed.

Comment

Reference to the Proposed Budget for Six Months, January 1 to June 30, 1949, and the Proposed Budget for Fiscal Year 1950, July 1, 1949, to June 30, 1950, will reveal the inclusion of many items not referred to above. The funds allocated to individual items should not be taken as a suggestion of their relative importance nor of the eventual programs to be developed in future years.

ANNEX II

VIII. PAN AMERICAN SANITARY BUREAU

SUMMARY
PROPOSED BUDGET FOR SIX MONTHS
JANUARY 1, 1949 to JUNE 30, 1949

PART I. ADMINISTRATIVE BUDGET		$243,000.00
PART II. OPERATING BUDGET		457,000.00
	TOTAL	$700,000.00

	PART I	PART II
Headquarters Administration	137,000.00	
Reserve for Income Tax and Retirement	20,000.00	
ZONE OFFICES		
Zone No. 1 Southern Sector of North America	21,500.00	19,250.00
Zone No. 2 Western Sector of South America	21,500.00	19,775.00
Zone No.3 Southern Sector of South America	21,500.00	19,250.00
Zone No. 4 Eastern Sector of South America	21,500.00	19,640.00
FIELD PROGRAMS AND SECTIONS		
Library Services		8,525.00
Epidemiological & Statistical		19,650.00
Editorial & Publications		27,450.00
Procurement Services to Member Republics		13,200.00
Sanitary Engineering		18,300.00
Nursing Section		12,250.00
Nutrition Section		-
Maternal & Child Hygiene		11,425.00
Dental Section		-
Veterinary Section		11,000.00
Food and Drugs		15,550.00
Fellowship Section		16,760.00
Conference Section		10,000.00
Health Education		11,600.00
Div. of Public Health		7,500.00
Hospital Administration		13,250.00
Div. of Medical Services		5,500.00
Disinfestation of Domiciles		13,000.00
Rickettsial Diseases		8,050.00
Trypanasomiasis & Leishmaniasis		9,025.00
Small Pox Program		8,050.00
Verruga Peruana Program		4,500.00
Yellow Fever Program		55,250.00
Plague Program		4,100.00
Onchocerciasis Program		-
Venereal Disease Program		45,450.00
Leprosy Programs		-
Tuberculosis Program		7,500.00
Poliomyelitis Program		5,500.00
Typhoid Fever Program		3,500.00
Schistosomiasis Program		7,500.00
Hydatidosis		5,700.00

The above budget makes no provision for necessary working capital

IX. PAN AMERICAN SANITARY BUREAU

SUMMARY
PROPOSED BUDGET FOR FISCAL YEAR 1950
July 1, 1949 to June 30, 1950

PART I. ADMINISTRATIVE BUDGET		$ 486,000.00
PART II. OPERATING BUDGET		1,514,000.00
	TOTAL	$2,000,000.00

	PART I	PART II	
Headquarters Administration	318,375.00		
Reserve for Income Tax and Retirement	55,000.00		
ZONE OFFICES			
Zone No. 1 Southern Sector of North America	28,156.25	60,043.75	
Zone No. 2 Western Sector of South America	28,156.25	57,893.75	
Zone No. 3 Southern Sector of South America	28,156.25	59,543.75	
Zone No. 4 Eastern Sector of South America	28,156.25	60,243.75	
FIELD PROGRAMS AND SECTIONS			
Library Services		18,000.00	
Epidemiological & Statistical		70,850.00	
Editorial & Publications		72,900.00	
Procurement Services to Member Republics		52,970.00	
Sanitary Engineering		39,100.00	
Nursing Section		48,900.00	
Nutrition Section		*55,500.00	(Non adc
Maternal & Child Hygiene		22,400.00	
Dental Section		20,200.00	
Veterinary Section		21,000.00	
Food and Drugs		30,000.00	
Fellowship Section		123,100.00	
Conference Section		31,105.00	
Health Education		24,700.00	
Division of Public Health		14,175.00	
Hospital Administration		38,500.00	
Division of Medical Services		11,000.00	
Disinfestation of Domiciles		26,000.00	
Rickettsial Diseases		27,050.00	
Trypanosomiasis & Leishmaniasis		44,025.00	
Smallpox Program		24,350.00	
Verruga Peruana Program		15,950.00	
Yellow Fever Program		322,500.00	
Plague Program		12,600.00	
Onchocerciasis Program		4,000.00	
Venereal Disease Program		99,050.00	
Leprosy Program		1,750.00	
Tuberculosis Program		16,200.00	
Poliomyelitis Program		10,500.00	
Typhoid Fever Program		7,000.00	
Schistosomiasis Program		15,000.00	
H ydatidosis		11,400.00	

* Financed by three governments and the Kellogg Foundation.

The above budget makes no provision for necessary working capital

PAN AMERICAN SANITARY BUREAU

SCALES FOR APPORTIONMENT OF CONTRIBUTIONS
TO THE PAN AMERICAN SANITARY BUREAU
(1949 & 1950 BUDGETS)

Countries	Per Capita Scale	United Nations Scale	Pan American Union Scale	New Scale for Operating Budget
	1	2	3	4
ARGENTINA	5.72	3.98	4.68	12.50
BOLIVIA	1.37	.17	.65	.60
BRAZIL	14.77	3.98	8.30	12.35
CHILE	1.95	.97	1.36	.87
COLOMBIA	3.09	.80	1.71	1.83
COSTA RICA	.27	.08	.16	.21
CUBA	1.80	.62	1.09	2.30
DOMINICAN REP.	.73	.11	.36	.55
ECUADOR	1.15	.11	.52	.36
EL SALVADOR	.70	.11	.35	.15
GUATEMALA	1/28	.11	.58	.90
HAITI	.97	.08	.44	.15
HONDURAS	.43	.08	.22	.20
MEXICO	7.90	1.36	3.97	7.35
NICARAGUA	.39	.08	.21	.20
PANAMA	.24	.11	.16	1.27
PARAGUAY	.41	.08	.21	.20
PERU	2.84	.43	1.39	.90
UNITED STATES	51.67	85.77	72.13	51.67
URUGUAY	.79	.39	.55	1.67
VENEZUELA	1.53	.58	.96	3.77
	100.00	100.00	100.00	100.00

PAN AMERICAN SANITARY BUREAU

BUDGET FOR THE FIRST SIX MONTHS OF 1949
Jan. 1, 1949 to June 30, 1949

TABLE OF CONTRIBUTIONS

COUNTRY	ADMINISTRATION		OPERATING			COMBINED		
	P.A.U. SCALE	AMOUNT	NEW SCALE	AMOUNT ON NEW SCALE	AMOUNT ON P.A.U. SCALE	PAU AN NEW SCALE	TOTAL AMOUNT OF BUDGET – PAU AND NEW SCALE	TOTAL AMOUNT OF BUDGET – P.A.U. SCALE
Argentina	4.68	$ 11,372.40	12.50	$ 57,125.00	$ 21,387.60	9.79	$ 68,497.40	$ 32,760.00
Bolivia	.65	1,579.50	.60	2,742.00	2,970.50	.62	4,321.50	4,550.00
Brazil	8.30	20,169.00	12.35	56,439.50	37,931.00	10.94	76,608.50	58,100.00
Chile	1.36	3,304.80	.87	3,975.90	6,215.20	1.04	7,280.70-	9,520.00
Colombia	1.71	4,155.30	1.83	8,363.10	7,814.70	1.79	12,518.40	11,970.00
Costa Rica	.16	388.80	.21	959.70	731.20	.19	1,348.50	1,120.00
Cuba	1.09	2,648.70	2.30	10,511.00	4,981.30	1.88	13,159.70	7,630.00
Dominican Republic	.36	874.80	.55	2,513.50	1,645.20	.48	3,388.30	2,520.00
Ecuador	.52	1,263.60	.36	1,645.20	2,376.40	.42	2,908.80	3,640.00
El Salvador	.35	850.50	.15	685.50	1,599.50	.22	1,536.00	2,450.00
Guatemala	.58	1,409.40	.90	4,113.00	2,650.60	.79	5,522.40	4,060.00
Haiti	.44	1,069.20	.15	685.50	2,010.80	.25	1,754.70	3,080.00
Honduras	.22	534.60	.20	914.00	1,005.40	.21	1,448.60	1,540.00
Mexico	3.97	9,647.10	7.35	33,589.50	18,142.90	6.18	43,236.60	27,790.00
Nicaragua	.21	510.30	.20	914.00	959.70	.20	1,424.30	1,470.00
Panama	.16	388.80	1.27	5,803.90	731.20	.88	6,192.70	1,120.00
Paraguay	.21	510.30	.20	914.00	959.70	.20	1,424.30	1,470.00
Peru	1.39	3,377.70	.90	4,113.00	6,352.30	1.07	7,490.70	9,730.00
United States	72.13	175,275.90	51.67	236,131.90	329,634.10	58.77	411,407.80	504,910.00
Uruguay	.55	1,336.50	1.67	7,631.90	2,513.50	1.28	8,968.40	3,850.00
Venezuela	.96	2,332.80	3.77	17,228.90	4,387.20	2.80	19,561.70	6,720.00
	100.00%	$ 243,000.00	100.00%	$ 457,000.00	$ 457,000.00	100.00%	$ 700,000.00	$ 700,000.00

PAN AMERICAN SANITARY BUREAU

BUDGET FOR FISCAL YEAR 1950
(July 1, 1949 to June 30, 1950)

TABLE OF CONTRIBUTIONS

COUNTRY	ADMINISTRATION		OPERATING			COMBINED		
	P.A.U. SCALE	AMOUNT	NEW SCALE	AMOUNT ON NEW SCALE	AMOUNT ON P.A.U. SCALE	PAU AND NEW SCALE	TOTAL AMOUNT OF BUDGET – PAU AND NEW SCALE	TOTAL AMOUNT OF BUDGET – P.A.U. SCALE
Argentina	4.68	$ 22,744.80	12.50	$ 189,250.00	$ 70,855.20	10.60	$ 211,994.80	$ 93,600.00
Bolivia	0.65	3,159.00	.60	9,084.00	9,841.00	.61	12,243.00	13,000.00
Brazil	8.30	40,338.00	12.35	186,978.00	125,662.00	11.37	227,316.00	166,000.00
Chile	1.36	6,609.60	.87	13,172.00	20,590.40	.99	19,781.60	27,200.00
Colombia	1.71	8,310.60	1.83	27,706.00	25,889.40	1.80	36,016.60	34,200.00
Costa Rica	0.16	777.60	.21	3,179.40	2,422.40	.20	3,957.00	3,200.00
Cuba	1.09	5,297.40	2.30	34,821.40	16,502.60	2.01	40,118.80	21,800.00
Dominican Republic	0.36	1,749.60	.55	8,327.00	5,450.40	.50	10,076.60	7,200.00
Ecuador	0.52	2,527.00	.36	5,450.00	7,872.80	.40	7,977.00	10,399.80
El Salvador	0.35	1,701.00	.15	2,271.00	5,299.00	.20	3,972.00	7,000.00
Guatemala	0.58	2,818.80	.90	13,626.20	8,781.20	.82	16,445.00	11,600.00
Haiti	0.44	2,138.40	.15	2,271.00	6,661.60	.22	4,409.40	8,800.00
Honduras	0.22	1,069.20	.20	3,028.00	3,330.80	.20	4,097.20	4,400.00
Mexico	3.97	19,294.20	7.35	111,279.00	60,105.80	6.53	130,573.20	79,400.00
Nicaragua	0.21	1,020.60	.20	3,028.00	3,179.40	.20	4,048.60	4,200.00
Panama	0.16	777.60	1.27	19,228.00	2,422.40	1.00	20,005.60	3,200.00
Paraguay	0.21	1,020.60	.20	3,028.00	3,179.40	.20	4,048.60	4,200.00
Peru	1.39	6,755.40	.90	13,626.00	21,044.60	1.02	20,381.40	27,800.00
United States	72.13	350,552.00	51.67	782,285.00	1,092,048.20	56.64	1,132,837.00	1,442,600.20
Uruguay	0.55	2,673.00	1.67	25,284.00	8,327.00	1.40	27,957.00	11,000.00
Venezuela	0.96	4,665.60	3.77	57,078.00	14,534.40	3.09	61,743.60	19,200.00
TOTAL	100.00%	$ 486,000.00	100.00%	$ 1,514,000.00	$ 1,514,000.00	100.00%	$2,000,000.00	$ 2,000,000.00