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UNITED STATES
DEPARTMENT OF THE INTERIOR
OFFICE OF THE SECRETARY
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MEMORANDUM FOR THE PRESIDENT

Subject: Polio in the Trust Territory

This is in reply to the late President's memorandum of November 4 requesting an investigation into the spread of polio in the Trust Territory.

Upon receipt of that memorandum, I directed Assistant Secretary John A. Carver, Jr., who was in the Trust Territory at that time in connection with implementing the President's Survey Mission Report, to make an on the spot investigation of the subject.

Our investigation reveals that it was not a shortage of funds that prevented completion of the immunization program in 1958. The immunization program was confined to the area of the Marshall Islands District, where the illness broke out, and was limited to the period when an epidemic was thought to be an immediate danger. When virological tests failed to confirm the 1958 clinical diagnosis of polio, the health and medical authorities concluded that there had not been a true outbreak of polio and the immunization program lapsed.

The 1963 outbreak occurred at a point hundreds of miles from the area affected in 1958 and has been traced to a U. S. citizen who traveled from an epidemic area in Texas to the U. S. defense base on Kwajalein Island. The first symptoms among the Marshallese people were noted on January 12, 1963. Assistance from a U. S. Naval Preventive Medical team was requested January 16, and the team arrived from Hawaii on January 18. The disease was confirmed to be polio by laboratory tests on January 29 and immunization of the entire Marshall Islands population began on January 31. Through assistance secured from the U. S. Public Health Service, the American Red Cross and the National Foundation, immunization of the entire Trust Territory population began on February 20. This program is 95 percent complete at the present time.

The failure to undertake a large scale immunization program prior to this time was apparently based on the belief that the Micronesian population's limited contact with outsiders spared it from our epidemic diseases.

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In retrospect it is clear that this was a serious mistake. There had already been a marked increase in exposure of Micronesians to outsiders in the early part of the 1940 outbreak. Large numbers of Micronesians from the community affected have been employed for some time at the nearby military installation on Eniwetok Island.

The High Commissioner of the Trust Territory and his predecessors during the previous administration are directly responsible for the scope of the preventive medicine program that has prevailed in the Trust Territory. The ultimate responsibility, however, resides with us at the Secretarial level in the Department.

I am instructing Assistant Secretary Carter and the High Commissioner to expand this program immediately.

As a first step, I have directed that \$100,000 of fiscal 1964 funds be appropriated in order to begin at once a comprehensive immunization program for other major communicable diseases and to provide badly needed medical supplies for out-remote dispensaries. A request is also being made for funds to continue the program at this expanded level in fiscal 1965.

In response to the broader question the memorandum posed as to whether there is a difference in standards between United States citizens in this country and the people for whom we have responsibility in the Trust Territory, it is clear beyond doubt that a much lower standard of treatment is provided to the people of the Trust Territory. Only one fully trained medical doctor has been in the Territory for most of its recent history. The medical "practitioners" who have been called upon to carry on the day-to-day treatment program are dedicated and competent within the limits of their training--but they are by no means on a par with doctors trained at State College levels. The policy of relying on native medical "practitioners" was designed primarily to give the natives a sense of participation and recognition. Its success in that respect has been appreciated by the people of the Trust Territory and United Nations observers alike, but from a medical standpoint the policy has been deficient.

This inadequacy was realized some time ago. Our overriding goal now is the attainment of State-level health standards, while providing for the fullest native participation consistent with that objective.

To implement this new policy:

(1) Fully qualified doctors are being recruited and will be on duty in each District within 30 to 60 days.

(2) We are going to upgrade the present staff of medical practitioners by further education in accredited institutions.

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(3) In any event, to admit the acquisition of land by
individuals to the public land system and the resulting
possibilities might be acquired for reasons of their health or political
interest.

In view of the economic conditions and the absence of any private
possibilities of acquisition, it must be recognized that this objective will be
achieved only with diligent effort by the National Government. I can
assure you that such an effort is being made by representatives of
the Department.

(sgd) Stewart L. Udall

Secretary of the Interior