WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

CONFIDENTIAL

ORIGINAL: ENGLISH

REPORT OF THE WORLD HEALTH ORGANIZATION

on its

INVESTIGATION OF THE COMPLAINTS CONTAINED IN THE PETITION

to

THE TRUSTEESHIP COUNCIL OF THE UNITED NATIONS

CONCERNING THE TRUST TERRITORY OF THE PACIFIC ISLANDS

AD/158.65

WORLD HEALTH ORGANIZATION

Palais des Nations
GENEVA - SWITZERLAND
Telegr. : UNISANTE - Geneva

ORGANISATION MONDIALE DE LA SANTÉ

Palais des Nations
GENÈVE - SUISSE
Télégr. : UNISANTÉ - Genève

Tel. : 33 10 00 - 33 20 00 - 33 40 00

In reply please refer to :
Prière de rappeler la référence :

Geneva, 8 December 1965

CONFIDENTIEL

Sir,

We have the honour to transmit to you herewith the report of the team entrusted with the mission of investigating a petition concerning the Trust Territory of the Pacific Islands.

We are glad to inform you that this report represents the unanimous views of all three members of the team.

Yours sincerely,

Dr M.K. Afridi

Dr A. Sauter

Dr J. Karefa-Smart

The Director-General
World Health Organization
Palais des Nations
Geneva

410056

REPORT OF THE WORLD HEALTH ORGANIZATION

on its

INVESTIGATION OF THE COMPLAINTS CONTAINED IN THE PETITION

to

THE TRUSTEESHIP COUNCIL OF THE UNITED NATIONS

CONCERNING THE TRUST TERRITORY OF THE PACIFIC ISLANDS

CONTENTS

I. INTRODUCTION

The Trusteeship Council, after examining a petition[1] concerning the Trust Territory of the Pacific Islands, decided without objection at its 1256th meeting, on 15 June 1965, to invite the World Health Organization to undertake an investigation of the complaints contained in the petition and to report on its findings to the Trusteeship Council as soon as possible.

This decision was communicated to the Director-General of WHO, on behalf of the Secretary-General of the United Nations, on 7 July 1965. On 22 July 1965, the Director-General informed the Secretary-General that he was prepared to undertake the necessary arrangements to give effect to the invitation of the Trusteeship Council. The Director-General had been informed that the United States Government stood ready to provide the necessary assistance to the World Health Organization.

On 6 August 1965, the Director-General entrusted the mission to the following:[2]

(1) Dr M. K. Afridi, of Pakistan, Leader;

(2) Dr A. Sauter, of Switzerland;

(3) Dr J. Karefa-Smart, Assistant Director-General of WHO.

The team was accompanied by Dr J. Hirshman, Public Health Administrator, WHO Regional Office for the Western Pacific.

---

[1] Annex I.

[2] For the curricula vitae, see Annex II.

2. ITINERARY

All the members of the team arrived in Manila in the afternoon of 25 October. During the period from 27 to 30 October, the team remained at the WHO Regional Office for the Western Pacific and studied the documents pertaining to the Trust Territory which had been made available to them through the courtesy of the Regional Director and the members of his staff.

On 31 October, the team proceeded to Guam where it was met by the Acting Director of Medical Services of the Trust Territory and by Dr D. Ruthig, the Special Adviser to the High Commissioner.

On 1 November, it paid a visit to the Naval Hospital to study the facilities existing there in respect of the treatment of patients and the training of medical, dental and auxiliary staff of the Trust Territory. The opportunity was also taken to hold preliminary discussions on the petition with the Deputy High Commissioner, the Assistant Commissioner of Community Services, the Acting Director of Medical Services and the Special Medical Adviser.

The representative of the petitioners, Dr Arobati Hicking, Special Assistant to the Director of Medical Services, Trust Territory, arrived in Guam in the afternoon of 1 November and participated in the preliminary meeting there. He remained with the team thereafter throughout its tour. The team was also accompanied either by the Acting Director of Medical Services or by the Special Medical Adviser to the High Commissioner.

From 2 to 18 November, the team visited the districts of Ponape, Truk, Marshall Islands, Yap, Palau and Mariana Islands in accordance with the itinerary which is detailed in Annex III. The team was able to visit all the six administrative districts of the Territory and to observe not only the conditions prevailing in the district hospitals and field hospitals, where present, but also the status of water supply system in four district centres and of at least one field dispensary in each district. At each hospital, the team discussed with the staff their problems and difficulties. The headquarters staff including Dr Hicking were excluded from these meetings but not the non-Micronesian clinical supervisors who participated therein fully. At Truk, the team was invited to a meeting of the municipal council and received from it a written memorandum which is reproduced in Annex IV.

Except in Mariana Islands, the team had a formal meeting with every district administrator. At the Territory headquarters in Saipan, conferences were held with the High Commissioner, the Deputy High Commissioner and the Assistant Commissioners of Community Services and of Public Affairs, the Acting Director of Medical Services and his staff, and the officials in charge of the procurement, storage and dispatch of medical supplies and equipment. The team was also afforded an opportunity to meet with a visiting United States Congressional group at Saipan on 16 November.

The team is happy to record that it received the fullest co-operation from the High Commissioner and his staff, both medical and political in the headquarters as well as in the districts. The team was touched by this co-operation and is grateful for the warm and generous hospitality which it received at every point of its tour. The team is also grateful to the Micronesian medical staff for their trust and confidence in the team as evidenced by the free expression of their professional opinions and views on all questions put to them. In this context, it should perhaps be added that the team encountered a remarkable similarity of professional views between the great majority of the Micronesian and non-Micronesian medical staff.

3. TERMS OF REFERENCE

In the absence of any basic disagreement over the manner in which the petition was to be handled, the Trusteeship Council considered it unnecessary to entertain a formal resolution. The terms of reference for the team are, therefore, embodied in the following excerpt from the report of the Trusteeship Council to the Security Council:

> "At its 1256th meeting on 15 June 1965, the Trusteeship Council decided without objection, to invite WHO to undertake an investigation of the complaints contained in the petition and to report on its findings to the Council as soon as possible."

To summarize, the petitioners complained that "the Administration had not properly fulfilled its obligation to protect the health of the inhabitants; that contrary to the report of the Administering Authority the hospital equipment and facilities were obsolete and inadequate; and that attempts to point out discrepancies and deficiencies had culminated in the removal of the Director of Medical Services. The petitioners requested a thorough, impartial and professionally expert investigation of these matters".

The terms of reference as they stand thus imply an investigation into the past and present condition of health services in the Territory. The team has, therefore, refrained from making explicit recommendations but when pointing out deficiencies, it has thought it desirable to indicate, where feasible, the direction in which improvement might usefully be effected.

4. METHOD OF WORK

To meet the requirements of its terms of reference, the team realized that in the time at its disposal it could not be expected to visit the distant outer islands of the Territory or to inspect in complete detail all the facilities and equipment of the medical institutions. Nor did the team consider such a procedure essential as it felt confident that it could make a reliable assessment of the situation if it concentrated its attention on subjecting certain selected and representative aspects of the health programme to an intensive study.

The investigations carried out by the team were, therefore, strictly professional in character and not judicial, a point which the team is obliged to emphasize if only to make sure that the basis of their report be properly understood.

Prior to the framing of the programme of visits to places and institutions, consultation was held with the representative of the petitioners. Moreover, to assure the freest possible expression of views on matters under investigation, the team assured the participants in advance that individuals will not be quoted by name. As the investigation proceeded, however, the team uncovered such unanimity of views amongst the Micronesian as well as the non-Micronesian medical staff that this declaration became more and more a formality than a necessity.

The team was, from the beginning of its investigations, concerned about a standard which it could appropriately use as a yardstick in appraising the condition of the various health institutions in the Trust Territory.

In this connexion the policy statement made by the late President John F. Kennedy that "health services in the Trust Territory shall be at least to the minimum acceptable standards of a United States community" was brought to our attention. This concept has greatly facilitated the task of the team by providing it with a possible standard which could be used for comparison, bearing in mind that this objective could only be achieved by stages.

5. OBSERVATIONS AND FINDINGS

The complaint made in paragraph one of the petition is that "the administration of the Trust Territory has not adequately supported its obligation incurred under the Trusteeship Agreement, to protect the health of the inhabitants". The team's interpretation of this obligation is that medical care and public health services have to be provided on a sufficiently comprehensive scale to enable the inhabitants to enjoy the benefits of a reasonable standard of health.

Our investigations were, therefore, conducted with the aim of determining in a general way the administration, objectives and programme of the Department of Health, which, under the Code of the Trust Territory, is responsible for the health of the population.

We were unable to devote as much time as we would have wished to the investigation of all the components of an acceptable public health programme. As stated in the section on "Method of work", we have tried to obtain as much information as we could on certain specific aspects.

Our findings in these fields of public health, which will also throw light on the complaint contained in the second paragraph of the petition about the misleading nature of certain portions of the 16th Annual Report of the Trust Territory to the United Nations, are as follows:

5.1 Public Health Administration

5.1.1 Organization

Executive, legislative and administrative authority of the Government of the Trust Territory is vested in a High Commissioner subject to the direction of the United States Secretary of the Interior. The Director of Medical Services has administrative control of the Department within the general framework of the Trust Territory Government. He is responsible to the High Commissioner through the Assistant Commissioner for Community Services whose area of responsibility includes Education and Community Development.

"At the local health services level (six districts) the medical officer in charge is the direct duly authorized representative of the Health Director in his respective district. United States physicians, who have recently been hired to assist in improving health conditions in the districts, are actually Headquarters staff in the field and function as supervisors on all matters pertaining to health in the particular district to which they are assigned and work closely with the District Administrator and the District Medical Officer in charge."[1]

The team found that the main organizational issue exercising the minds of the professional staff was the uncertainty about the relationship between the medical staff at headquarters and that in the districts. As matters now stand, each District Administrator serves as the direct representative of the High Commissioner in his district. He is "assisted by professional and technical personnel". This, in practice, means that the district medical staff have no direct line of administrative relationship with the Director of Medical Services and are expected to communicate with him through the District Administrator. We were informed that even the appraisal of the professional performance of a District Medical Officer is made by the District Administrator. However, all the District Administrators with whom we discussed this matter were in favour of direct communication between the District Medical Officers and the Director of Medical Services, but only on professional matters. As the result of the present arrangement, we found a lack of co-ordination between headquarters and the districts in respect of the planning, budgeting, reporting and general supervision of health matters. We also observed that with the exception of a plan for tuberculosis control, which incidentally is no longer in operation, there was no territory-wide approved plan for any health activity. Each district, even in such a programme as immunization, did what it was able to do, when it was able to do it.

We found that the District Administrator was the only one in the district who knew how much of the funds allocated had been spent, and how much was still available. Until recently, he also had direct powers to transfer allocated funds from one department to another. We were told that in several instances, because there were no funds left to the credit of a particular hospital, orders for supplies and equipment were cancelled without informing the medical officers.

---

[1] Completed questionnaire for the Supplement to the Second World Health Report for the Trust Territory of the Pacific Islands.

We were also told that the present arrangement had, in several instances, interfered with the direct, continuous and close functional relationships that must exist between the technical planners of the programme at headquarters and those engaged in its execution in the districts. More than one instance was cited in which the confidential nature of the patient-doctor relationship had been disregarded as the communications had been channelled through non-professional persons.

From our observations and discussions, we are of the opinion that, from the point of view of professional efficiency, the present organizational arrangements are unsatisfactory. Indeed, the team considers this to have been one of the important causes that led to the petition.

5.1.2 Health services

5.1.2.1 Acute communicable disease control

During the visit of the team, with the exception of an outbreak of enteritis, no epidemic was reported in the Territory. At the beginning of the year, however, outbreaks of influenza and measles were reported to have occurred in several districts, with a number of deaths.

The outbreak of enteritis was in Yap and in the absence of an isolation ward, the children's ward in the Yap District Hospital was crowded. As there are no full microbiological facilities in the Territory, the responsible agent was not identified.

An intensified programme of immunization against diphtheria, tetanus, pertussis, typhoid and paratyphoid fever, poliomyelitis and smallpox, intended to cover the whole population of the Trust Territory, was started in 1964. The findings of the team were that a high percentage of the population has been covered in and around the district centres, whereas, in most of the outer islands, the programme was incomplete or was still to be started. In some of the outer islands, however, the programme was reported to have been fully carried out.

Transportation of the immunization teams is the main difficulty. Kerosene refrigerators can solve vaccine storage problems in a satisfactory manner. This has been done in most of the dispensaries visited. Instances were observed where vaccines had been kept beyond the expiry date.

Throughout the world, attendance tends to be lower in follow-up immunization. This means that the immunization programme has to be backed up by intensive educational activity.

In carrying out the immunization programme, the districts proceed individually. While there should be flexibility to suit local circumstances, the team feels that immunization in the whole Territory should be guided by a long-term plan with a prominent role assigned to field dispensaries. In the absence of such a plan, gaps are likely to occur as actually happened in one island which was reported to have had no smallpox vaccination for 25 years.

Headquarters should establish a definite procedure through which outbreaks of infectious disease could be promptly investigated by epidemiological and laboratory methods and appropriate measures organized.

5.1.2.2 Tuberculosis control

Tuberculosis is a major health problem in the Trust Territory. The results of a study of this disease in the area as presented to the South Pacific Commission Conference on Tuberculosis in 1958 showed the need for a formal programme for tuberculosis control. The Trusteeship Council, in its report to the Security Council on the Trust Territory of the Pacific Islands, covering the period from 30 June 1964 to 30 June 1965, also noted that "as tuberculosis remains a major health problem in the Territory, the Council urges the Administering Authority to undertake all possible measures which may lead to the eradication of the disease".

In 1959, Mr W. A. Conover, who was then the Assistant Director of Public Health, presented a comprehensive study entitled "The Tuberculosis Program for the Trust Territory of the Pacific Islands" in which he set out an "Organization Plan for a Division of Tuberculosis, Department of Public Health". This report also included a study of the clinical, epidemiological and laboratory aspects of the disease constituting a valuable guide to the professional staff in the fight against tuberculosis.

It would appear that as a consequence of Dr Conover's initiative, and taking his study as a guide, efforts were made to initiate systematic tuberculosis control. From 1959 to 1962, a large part of the population underwent tuberculin-testing, followed by BCG vaccination of tuberculin-negatives. A great number of 70-mm X-rays were also taken. This campaign, however, seems to have had no follow-up in several of the districts.

In some areas a new survey was started more recently, but the existing X-ray facilities and the very small number of qualified personnel, especially X-ray technicians, did not allow the examination of more than a fraction of all persons who needed a closer investigation after tuberculin-testing. The existing record, therefore, does not represent the present tuberculosis situation accurately and although all the physicians are aware of tuberculosis as a major health problem in their district, they do not know its real extent.

On Rota and Koror islands, where more recent surveys have been carried out, the results seem to indicate that the prevalence rate at the time of the investigation was not high. These islands, however, are provided with hospital facilities and the results cannot, therefore, be considered as applicable everywhere.

In general, tuberculosis control was found to be restricted to care and follow-up of known tuberculosis patients and survey of their contacts. A programme for a long-term, systematic tuberculosis control in the whole of the Territory and instructions for carrying out such a programme do not exist. There is need to plan for the regular PPD-testing of all schoolchildren and the systematic BCG vaccination of all newborn. It also appears to the team that apart from X-ray surveys, bacteriological methods of case-finding should be given the importance they deserve.

There are tuberculosis wards in every district hospital. However, in two of them tuberculosis and leprosy patients occupied the same ward. In one of these hospitals, a mental patient, a tuberculosis patient and a leprosy patient shared a room.

The existing laboratory facilities are not sufficient for the proper diagnosis and treatment of tuberculosis. With the exception of one hospital, there are no facilities for the culture of tuberculosis organism. The investigation of the resistance of tuberculosis bacilli against specific drugs cannot, therefore, be carried out.

5.1.2.3 - X-ray facilities

The team paid special attention to the X-ray equipment in all areas. It was found that in the majority of the district hospitals, the X-ray facilities were not adequate for the proper diagnosis and treatment of tuberculosis. This applies particularly to tomography and fluoroscopy, both of which are important for good clinical tuberculosis work, and are not available anywhere in the Territory.

Facilities for other radiological diagnostic procedures such as abdominal X-rays were also deficient but the equipment was satisfactory for fracture work.

One of the field hospitals (Kusaie) had no X-ray facilities at all. In the other two field hospitals, X-ray facilities were regarded as adequate for bone X-rays only. The quality of films taken was very variable even where newer equipment was available. Voltage fluctuations, the competence and training of technicians and dark-room quality all play a part in contributing to this inadequacy.

A considerable number of X-ray units are old military equipment and prone to break down. As most of these are no longer in production, replacement parts are difficult to obtain. Some units were reported to have been out of order for long periods of time. An X-ray repair man is based on Majuro and does his best. It is understood that a more experienced medical instrument repair technician with special experience in X-ray repairs is being recruited.

One new X-ray unit that had recently been delivered to a district hospital had not been installed due to lack of space.

X-rays are read by the Micronesian medical staff who have only a limited amount of experience and, with a very few exceptions, no specialized training. It would be expecting a great deal of them, even with very satisfactory chest X-rays, to give consistent and accurate X-ray interpretation. With the present uncertain quality of X-rays, the task is all the more difficult.

Dark-room facilities were in general adequate but development techniques undoubtedly varied with the competence of the technicians involved. It is clear that a great deal of attention will have to be given to their further and more formal training.

To sum up, there is some basis for the complaint about the quality of X-rays which can be taken by the existing equipment. It is, in fact, possible to take useful chest X-rays in some of the hospital centres, but these are not readily accessible to the majority of the outlying population. Moreover, district centre facilities alone cannot solve the problems of mass X-ray surveys in the Territory. The team, therefore, concludes that although this complaint in the petition may be an overstatement, it has a basis of fact.

We also feel that, in the X-ray context, the statement in the 16th Annual Report, namely, "tuberculosis continues to be a major health problem, and all possible measures are being taken to minimize the effects of this disease, as well as to attend to its control", could be misleading.

5.1.2.4 Leprosy control

The team was unable to visit the island of Pingelap as we were officially informed that it "has insufficient sheltered water available to allow a landing or take-off in the lagoon". This island is reported to have the highest prevalence of leprosy and has the only leprosarium in the Territory. Only a health aide is stationed there. On the basis of information obtained from staff members who had served there, the Pingelap leprosarium appears to be inadequate for its purpose.

There is no leprosy specialist in the Territory. The nearest hospital to serve the leprosarium is at Ponape, located more than 150 miles away.

The need for a systematic leprosy survey, which has not been carried out for a number of years, was repeatedly represented to us by the medical staff of several districts and the team fully agrees that this should be undertaken.

5.1.2.5 Mental health

As far as the team could see, the most urgent problem in the field of mental health in the Trust Territory is the hospitalization of chronic mental patients. There is no specialist in mental health or in psychiatry in the Territory and none of the medical officers working there seems to have had any special psychiatric training. Some of the district hospitals are provided with a mental ward. However, in the older hospitals this ward consists merely of one or more cells, built for the isolation of violent or excited patients. Where even this facility does not exist, patients are still kept in jail. The team saw two mental patients, both of whom were said to have committed homicide, locked in jail.

In the new hospital in Palau what was intended as a mental ward is used for nurses' accommodation because, we were told, it was not well designed for its original purpose.

The nearest hospital, with a ward for psychiatric cases and a specialist in psychiatry, is the Naval Hospital in Guam. In the Trust Territory itself in the absence of a psychiatrist, no proper treatment is given.

The medical officers in several districts stressed the need for a properly equipped psychiatric ward. The problem of psychiatric treatment and psychiatric nursing would, however, still remain and for this purpose at least one medical officer in each district hospital will have to be given a short intensive training in psychiatry. At the same time special training will also have to be given to one or two nurses in each district hospital in the nursing care of psychiatric patients.

5.1.2.6 Environmental sanitation

Environmental sanitation is perhaps the most important form of health protection for a population. The deficiencies in environmental health services are underlined by the prevalence of diseases due to poor sanitation. Gastro-enteritis is common throughout the Territory and is a major cause of child mortality. During the team's visit to Yap, there was a gastro-enteritis epidemic with the very young principally affected. Amoebiasis is very common. Ascariasis is said to affect 90 per cent. of the population, indicating a high degree of soil pollution with human excreta. Hook-worm also appears to be common in some areas where conditions are favourable.

Cultural difficulties and population patterns have to be taken into account. There are, therefore, no ready-made solutions for some of the detailed problems which vary from island to island and even within islands. The difficulties are not insuperable but they will require a concentrated attack by well-qualified and experienced people with funds at their disposal and with some knowledge of the social factors as well as technical know-how.

Saipan headquarters has on its staff a Director of Sanitation Services and an assistant, both Micronesian. Their training is not up to professional standards but they appeared competent within their limitations.

The position of a sanitary engineer has, it is understood, been established and funded and recruitment is under way.

The team was informed that the Director of Sanitation and his assistant were not always fully accepted by the United States non-medical personnel in the field and that their competence was questioned. The recruitment of a sanitary engineer was welcomed as, through him, the sanitary staff expected to find a greater working potential. The team observed that the sanitarians at present spent too much of their time in service to the Administration personnel in residential areas and too little in helping the general population.

The training of sanitation staff is largely in-service in kind and not fully adequate. They are expected to help with latrine construction, water supply, garbage disposal and pest control. They work closely with the Department of Public Works on water supply and are expected to do the bacteriological water testing for which they are not sufficiently trained. The need for further and more formal training for sanitarians is strongly felt.

The Department of Public Works is responsible for such water treatment plants and piped supplies as are in existence. It was the team's impression that liaison between health and public works, though good in some areas, was not fully adequate in others and that the professional qualifications of public works technical staff could be improved.

That much can be accomplished without very large funds and highly trained manpower was demonstrated in the village of Ngiwal on Babelthaup Island, Palau District. Through local initiative there were clean well-laid-out streets, reasonable latrine facilities and a good piped water supply built with salvaged Japanese material to every house. Labour came from the villagers, technical advice from the Administration. It demonstrates the value of involving the community in sanitation efforts and to work with them as well as for them for lasting results.

Water treatment plants were inspected in Ponape, Truk, Yap and Palau. In all cases the piped water catered only for a small percentage of the population of the island, let alone the district.

Treatment was not considered to be fully adequate in any of the plants seen. The filter at Ponape was under repair and chlorination by the dry method appeared to be insufficiently controlled.

At Truk, there was rather a slow flow of water into the treatment plant and its automatic chlorinator had been out of order for some years.

A water treatment plant in Koror (Palau District) supplied only about 200 homes but had a large capacity. The charge for water was said to be a limiting factor. All these three plants (Ponape, Truk and Koror) were originally Japanese-built.

A newly built plant was seen in Yap but at the time of the visit it was not yet operational. The Yap water supply was polluted and discoloured. The reservoir from which the water is pumped is a low-lying brownish pool which is very liable to contamination. It might be taxing for any treatment plant to produce safe water from it consistently.

The difficulty of water supply to a scattered population is great, and the outer islands have particular problems. This applies to excreta disposal also. While sewerage provision may be possible in some areas, as is being tried in Saipan and Ebaye, properly constructed family latrines appear the practical answer. A programme for water-seal latrines, which would seem to offer the best prospects wherever they are feasible, has only just started. We were informed that 15 such latrines had been installed in the Marshalls but only one in the Palau District.

The few garbage disposal areas that were inspected showed inadequate care. They were poorly soil-covered so that fly breeding and rodent encouragement could not be excluded.

One of the important deficiencies noted was the inadequacy of sanitary facilities for schools. Some schools had been built without toilets or adequate water supply undoubtedly through lack of planning and co-ordination. The deficiency had been realized by the Administration and remedial steps are being taken, albeit slowly. In one case, Truk, a new school had to be closed because of the fouling of the grounds due to the absence of toilets.

In the light of our observation that the great majority of the population has an unsupervised water supply, the statement in the 16th Annual Report that "Water is supplied by means of pipeline from Administration-supervised sources at the district centres. In other areas, fresh water is obtained by rain catchment or from springs, streams, and shallow wells. District sanitarians check and supervise water supply, including chlorination and examination of samples" could be misleading. It would be fair to say that although progress has been slow, these facts are realized now and remedial action is being taken or planned. There is, however, as yet no defined long-term over-all programme.

5.1.2.7 Maternal and child health and nutrition

Although the team was conscious of the importance of programmes in maternal and child health and nutrition, it did not have sufficient time to make a detailed investigation in these areas.

5.1.2.8 Medical care services

Hospitals

The team visited all the district and field hospitals in the Territory. Our observations will be chiefly limited to a discussion of the equipment in these hospitals, since this has a bearing on one of the complaints in the petition.

We found that while there is a considerable amount of modern equipment in the six district hospitals, there is also a great deal of equipment which is ancient or decrepit. There is some necessary equipment that is not provided in some of the district hospitals; as an example, only two district hospitals have bed-pan sluices. The field hospitals have little equipment that can be said to be truly modern. In Rota the equipment is quite tolerable and some of the equipment in the Ebaye field hospital is workable. The worst of all is the equipment in the field hospital at Kusaie to which the description of ancient and decrepit, as used by the petitioners, can apply.

It seems to the team that, on the one hand, the flat statement in the 16th Annual Report that the hospitals are equipped with modern equipment cannot be truly substantiated, particularly if the field hospitals are included. On the other hand, all six

district hospitals have some modern equipment and some other equipment which, although not of recent purchase, is nevertheless serviceable. The position is best in the newer hospitals in Majuro, Saipan and Koror, and worse in Truk, Yap and Ponape.

It is true that all hospitals and field hospitals have laboratories but in two of the field hospitals, Ebaye and Kusaie, these are sketchy. The equipment of the laboratories has been described elsewhere in this report.

It is also true that all hospitals and field hospitals have dental surgeries but these do not all have modern equipment. Some have dental units which are truly decrepit and in one case only a foot-pedal drill was in use. A very good dental unit, on the other hand, has been installed in the Marianas District Hospital.

A final comment is the great need for better maintenance of existing hospitals and equipment.

Dispensaries

The team visited at least one dispensary in each district. Due to the great distances which separate the outer islands from the district centres where the hospitals are located and also due to the distances and the poor means of communication on the main islands, the dispensaries need to be more than simple first-aid stations. The team has seen the important role played by the dispensaries in midwifery and in the diagnosis and treatment of common diseases. This is demonstrated by the use of considerable amounts of potent drugs, including antibiotics.

There are more than 100 field dispensaries in the Trust Territory. Even in the comparatively few the team had the opportunity to visit, there were marked differences in building standards and equipment. Considerable variations were also noticeable in the quality and training of the health aides or nurse aides in charge.

Since the equipment of a dispensary has to correspond to the professional competence of the person working there, it has to be relatively unsophisticated. One of the most valuable services field dispensaries can render is in the field of prevention. Refrigerators for the storage of vaccines are therefore amongst the most needed items of equipment. As already stated, most of the dispensaries visited by the team had been provided with kerosene refrigerators.

A uniform or reasonably uniform standard for dispensary buildings would be desirable. At present, dispensary buildings vary from tin or wooden sheds, some in very bad repair, to dispensaries built in native style. One of the nicest and best kept seen was in the Yap District, built of local materials and a thatched roof and a well-kept concrete floor. Native building materials are, however, subject to rapid deterioration and unless a method of preservation can be found, more permanent materials will have to be used. Sanitation facilities were usually inadequate and sometimes absent. Only one dispensary was seen which had running water. In those that had beds, including delivery beds, the mattresses were in a very poor state and not fit for patients.

Plans for progressive dispensary buildings are stated to be under consideration. While these plans are maturing, it would be useful if a training programme specifically designed for dispensary personnel were instituted.

5.1.2.9 Laboratory services

Laboratory services are an essential requirement for up-to-date health services, both curative and preventive. It is, however, essential that laboratories should not only have equipment and supplies but also trained, supervised staff with built-in checking methods so that uniform standards and accuracy can be maintained.

The team noted that a great deal of effort had been made to supply the district hospitals with laboratory apparatus although not all of the equipment was modern and not all of it in working order. In general, there was probably more available than could be used with any accuracy by the laboratory staff at their level of competence. Almost all hospital laboratories, for instance, possess photo-electric colorimeters. Some were not in working order. In the case of those in use our impression was that the fluctuating voltage and uncertain calibration made the results suspect.

In general, bacteriological facilities were poor. With the exception of the Marianas District Hospital, little culture work could be performed. There were no media preparation rooms and a number of laboratories had no media supplies at all. In effect, therefore, the laboratories, despite some sophisticated equipment, tended to confine themselves to simple procedures such as blood counts, urinalysis, direct stool examinations, and direct bacteriological smears. The accuracy of haemoglobin estimations where these were attempted tended to be doubtful. It was, however, noted that many laboratories had the equipment for micro-haematocrits.

Clinical chemistry was very limited. Some serological services were available. The Kahn test was the most common venereal disease screen. Two laboratories were able to do the more accurate VDRL test but had no rotators. No laboratory had facilities for histopathology.

The Trust Territories require a central laboratory under a competent director. For the present, it may be possible to make an arrangement with the Guam Naval Hospital to act as a reference laboratory. Some specimens are now referred to Guam but it appears that results are not always rapidly reported.

It is essential to establish reliable public health laboratory services within the hospital laboratory. The greatest need is in routine water testing. Nowhere is there now a reliable water testing programme. In some districts, millipore kits were being used by the sanitarians. These, if properly used and interpreted, could be of great value.

In conclusion, the laboratory services of the Trust Territories of the Pacific Islands need considerable improvement before they can become a reliable aid to curative medicine and to health protection. The efforts made in the continued procurement of equipment are acknowledged. The supply procedure for laboratory expendables seems to need betterment. Particular attention may have to be paid to the quality of laboratory staff and to their training.

5.1.2.10 Health education

Numerous references are made in various parts of the 16th Annual Report to health education activities, and the general impression on reading the report is that these activities have been effective in improving health generally and sanitation in particular. Considering the inadequate state of environmental sanitation as described in the preceding section, the team could not entirely confirm this impression.

Although we did not examine the curriculum of health education in the schools, or observe actual teaching methods, our discussions with the sanitarians led us to conclude that they are themselves not satisfied with their progress on account of lack of adequate budgets, means of transportation and supplies. Nor did we see many signs of a "strong health education" programme in the places visited.

We encountered instances of local participation by the community in the work of the Health Department, such as village dispensaries which were built by local people and the water supply system which was built through community effort. The only community group which met us was an ad hoc meeting called by a traditional leader who was also deputy speaker of the Congress of Micronesia, and this group later sent us a written representation reproduced in Annex IV.

5.2 Personnel

5.2.1 General

The Administration reports that one of the four main objectives of the public health programme is "to carry on a technical training programme for Micronesian medical service personnel".

5.2.1.1 Training of medical and dental officers

We found that as of June 1965, there were 43 "medical officers" to serve an estimated population of close to 90 000. In this number of medical officers are included eight non-Micronesian graduate physicians with the degree of M.D. The 35 Micronesian "medical officers" and "assistant medical officers" are not graduates of an approved medical school. Three of them have only an elementary school education, and were trained in the wards as apprentices during the Japanese administration. Another six were trained as naval medical assistants in the Guam Naval Hospital, and the rest were trained in the Suva Medical School in Fiji, as described in the report, with short periods of "residency" training in the Naval Hospital in Guam, at the Hilo Hospital in Hawaii, or at the East West Center in Hawaii.

There are also 20 dental officers trained in Fiji, two physical therapists, and 22 sanitarians.

The ratio between physicians and the population is one physician to approximately 2000 people in the Trust Territory as compared with one physician to 750 people in the United States. If only physicians whose qualifications are recognized in the United States of America are considered, the ratio in the Trust Territory is one physician to approximately 11 000 people.

The ratio for dental officers is one to 4500 people.

With the exception of one Director of Dental Health, a United States D.D.S. with graduate training in public health, who is stationed at headquarters, none of the dental officers holds qualifications which are recognized in the United States. All of the 18 dental assistants (hygienists, nurses, technicians, aides and aide-trainees) who perform services such as extractions, fillings, and removal of tartar deposits, were trained either as apprentices in the local hospitals or in a School of Dental Nursing in Majuro, Marshall Islands District, which was closed in 1964.

It appears that the Administration has finally decided to discontinue the training of medical officers in Fiji when the three students who are still there have completed their studies. Scholarships are now being given to High School graduates for full medical training leading to the degree of M.D. As of October 1965, nine of these students are at the College of Guam, five are in Colleges in the United States, and four are in the University of the Philippines.

In addition, one of the Suva, Fiji, graduates has begun a special pre-med year at Georgetown University in Washington which will be followed by the full medical course leading to the M.D. degree.

It is realized that it will be 12 years before the new crop of United States medical school graduates begins to be available. Meanwhile, no clear decision has been taken about where and how the medical officers who will be required for any programme of expansion will be found. The United States Public Health Service and a private organization in the United States have been suggested as possible sources of recruitment.

To fill this gap, some consideration should be given to the training of a local category of health worker, whose curriculum will be adapted to the prevailing medical and public health needs of the Territory and who could usefully be employed in the hospitals, but more particularly in the outlying dispensaries where, under the present conditions, it may not be possible to post a medical officer. Such workers could well meet a permanent need as their training would equip them to deal more adequately with the routine programmes of isolated localities without requiring as close a supervision as is now necessary for the nurse aides.

5.2.1.2 Training of nurses

The 16th Annual Report frankly admits a chronic nursing shortage which has been further accentuated by the plans to expand medical services by building new hospitals.

As of June 1965, there were only five nurses whose qualifications are registerable in the United States (R.N.). The Micronesian nursing staff includes 88 graduates of the Trust Territory Nursing School and 216 health and nurse aides of both sexes.

The ratio between registered nurses (R.N.) and the population is one nurse per 18 000 persons in the Trust Territory as compared with nearly three per thousand in the United States. If the locally trained graduate nurses are included, the ratio in the Trust Territory becomes less than one per thousand or, roughly, one-third of the United States ratio.

We visited the School of Nursing which was completing its second year in Saipan in temporary quarters after 10 years in Palau. Although budgetary provisions were made in 1963 for new school buildings adjacent to the Marianas District Hospital, we were told that a disagreement about its site held up the beginning of construction for over a year.

The Director of the Nursing School also serves full-time as nurse supervisor for all the Trust Territory. In this capacity, she visits the district hospitals and conducts annual refresher courses on specific subjects, one of which was being held in Palau at the time of our visit.

The teaching staff consists, besides the Director, of two United States registered nurses whose work is supplemented from time to time by lecturers drawn from other departments.

We observed that while the staff and the students appeared to be enthusiastic, the quality of training offered was adversely affected by the poor educational background of the students, and by the lack of sufficient numbers of registered nurses to supervise the students in the wards. Although graduation from High School is now the entrance requirement, proficiency in reading and speaking English (which is the language of instruction in the Nursing School) leaves much to be desired.

It has recently been decided to begin the training of nurses at the United States level of registered nurse. As of October 1965, two scholarship students were in the United States of America undergoing nurses' training and seven were at the College of Guam taking up pre-nursing courses which will, presumably, be followed by full R.N. training in Hawaii or other parts of the United States.

The nurse aides and health aides form the majority of the personnel in each hospital. As of June 1965 there was a total of 216 such workers, in the ratio of one aide to every 410 persons. The aides naturally come into closest contact with those who seek medical assistance in the hospitals and dispensaries. The quality of the service given is closely related to the quality of training received. When it is noted that all the aides receive only a "practical" training, with no approved curriculum, it can be seen that medical care in the Territory must necessarily be short of the minimum acceptable standards in the United States. The deficiencies of supplies and equipment in the hospitals and inadequacies of facilities for the care of the sick further hinder sound training and fuller understanding of what constitutes proper and adequate medical care.

6. PARAGRAPH 2 OF THE PETITION

The team considers that the complaints contained in paragraph 2 of the petition have been adequately dealt with in section 5, "Observations and findings". There is, however, one item in this paragraph on which the team had to seek further clarification. This is the note that "the concluding statements as they appear in the medical portion of the 16th Annual Report were not prepared by a physician". The petitioner explained that the "concluding statements" did not signify any specific portions of the Report but alluded to the inferences and conclusions that appeared in each section. The Assistant Commissioner, concerned with the preparation of the Report, explained to the team the precise procedure that is usually followed in its compilation. According to him, on due dates, his office initially prepared a chapter on health in a skeleton form based on the reports of previous years. This was sent to the Director of the Department of Public Health to scrutinize and to complete not only its script but also its statistical section. Thereafter, his office made no alterations in the substance of the report except for minor editorial changes where necessary. According to him, the actual contents of the report represent the views of the Director of the Department of Public Health and not those of his office or any other layman.

The team was unable to pursue this matter further but, from the investigations as far as they went, it would appear to the team that the Director of the Department of Public Health was perhaps remiss in not paying sufficient attention to the wording of the report.

7. PARAGRAPH 3 OF THE PETITION

The complaint in paragraph 3 of the petition states that "attempts to point out such discrepancies and deficiencies by professionally competent people have been unsuccessful, and culminated in the firing of a highly competent and urgently needed Director of Medical Services". In order to reach a conclusion on this complaint, it became clear to the team after we had begun our inquiries in the districts that it would be necessary to examine certain documents in detail. The High Commissioner provided these at the team's request.

From discussions and a study of the documents, it appeared to the team that there had been a long-standing, growing and widespread dissatisfaction with the medical facilities provided to the people of the Trust Territory. These inadequacies had been pointed out in a series of independent studies and surveys which led to the policy statement that "health services in the Trust Territory shall be at least to the minimum acceptable standards of a United States community". This policy statement was quoted to us over and over again.

The documents which we studied included the reports of two official United States missions; one headed by Dr Solomon and the other by Dr Aufranc. Both of these examined the facilities of the Department of Medical Services and made suggestions for their improvement. We also studied reports made by individual members of the medical staff which similarly made suggestions about improving the conditions in hospitals and dispensaries.

An organization and management study by Honka and Baggs had also reviewed the present administrative structure and made proposals for reorganization.

We saw evidence of various steps which the Administration had already taken towards implementing several of the suggestions made. It was clear to us, however, that the medical staff were not satisfied because they felt that they had not participated as fully in planning for the future as they thought they should have.

Among the steps already taken by the Administering Authority to improve the health services were successive increases in the budget for public health, excluding supporting services, from $ 620 000 in 1962 to $ 1 million in 1963, to $ 1.9 million in 1964 and to $ 2.12 million for the fiscal year 1965.

The local medical staff, however, could not help but notice that the over-all increase of the Trust Territory budget from $ 8.2 million in 1959 to $ 15.79 million in 1964 did not represent a special intensification of effort to meet the deficiencies in the health programme. Expenditures on health services, including the cost of construction, continued to remain at an average of 10 per cent. of the total expenditures of the Territory.

The local medical staff also compared the per capita expenditure on health in the Trust Territory with the per capita expenditure in nearby Guam and in American Samoa. In Guam, for example, in 1965, the per capita expenditure, excluding construction costs, for health services was $ 30 and in American Samoa it was $ 89. In the Trust Territory the per capita figure for the same year was only $ 24.

Another inevitable comparison was with the Naval Hospital in Guam, where the local physicians had each spent some time as residents and where the conditions were in such marked contrast with those in the Trust Territory hospitals that it constituted a second important cause of the petition. The Guam hospital is operated on an annual budget of about $ 2 million as compared with the $ 1.9 million spent on health for the entire Trust Territory in 1964.

The Administration has already set a commendable example by accelerated effort in the Department of Education, where the impact of the programme was immediately noticeable in the form of new schools and new housing for the teachers. The education budget, excluding the cost of construction, more than doubled from seven per cent. in 1961 to more than 18 per cent. of the total budget in 1965. This, of course, is a necessary step which would benefit all social programmes, including health. The local medical officers, however, gave the team the impression that they would have appreciated similar efforts in the Department of Health.

When the Director of Health Services died in 1963, the Administration took prompt steps to recruit a new Director who had public health qualifications and had also served as a Commissioner of Health in one of the States. The newly appointed Director began working to establish a programme of public health and medical care which would more closely approximate the standards which had been set in the Presidential policy statement.

We were able to examine the proposal which he made for the establishment of a functioning Department of Health in which clear and direct relationships would be established between headquarters and the districts. We saw his comments on the Annual Report of health activities in the Territory. We also examined a carefully prepared projection of needs of the Department of Public Health in 1966 through 1970. To the team, these plans of the Director reflected adequate professional competence.

The local medical staff had been encouraged by the appointment of the new Director and his approach to their common problem. His dismissal was, therefore, both a disappointment and a discouragement.

The team did not consider it to be within its terms of reference to proceed any further into the facts of the dismissal of the Director of Medical Services and has, therefore, no additional comments to offer.

8. PARAGRAPH 4 OF THE PETITION

The complaint in this paragraph is worded as follows: "Petitions by some of us to the Secretary of the Department of the Interior of the United States of America for an impartial investigation of administrative action in these matters have been neither acknowledged nor apparently acted upon."

The team confined its attention to an inquiry into the facts of this complaint which were found to be as follows:

The earliest communication sent to the Secretary of the Department of the Interior which could be described as a petition was one written by Dr Daniel J. Schneider, dated 12 March 1965. Other "petitions" which we examined were, first, a letter written by Dr Arobati Hicking on 6 April 1965, addressed to the Secretary of the Interior, and, second, a letter dated 3 May signed by Dr Robert F. Gloor and three other United States members of the headquarters staff of the Health Department. The second letter which was addressed to the President of the United States cannot properly be taken into consideration as it bears the same date as the petition to the United Nations.

The only reply which we saw was a letter dated 30 April 1965, from the Under-secretary of the Interior, acknowledging Dr Hicking's letter of 6 April. This was received by Dr Hicking after he had sent the petition to the United Nations on 3 May 1965.

9. CONCLUSIONS

In the foregoing sections, the team has attempted to present the results of its investigations under its terms of reference. The status of public health services in the Trust Territory of the Pacific Islands, as found by the team, was still below the standards that the Administration has set itself. In the field of medical care, there was a shortage of qualified medical officers, nurses and paramedical staff. Some of the hospitals required new buildings while others needed important additions. A great deal of capital equipment required replacement and the supply system of medical stores needed urgent overhaul. The maintenance of existing facilities and equipment was inadequate.

In the field of preventive medicine, amongst other deficiencies, a well-defined programme for leprosy was wanting, and tuberculosis control needed to be revived and pursued systematically. Measures of environmental sanitation were in the initial stages of development. The immunization programme, however, was found to be proceeding reasonably satisfactorily.

There was, therefore, justification for the complaints in the petition and the team cannot but agree that certain statements in the health section of the 16th Annual Report to the United Nations were inaccurate and others were liable to create misleading impressions.

The team is, however, anxious to emphasize that despite these shortcomings, much real progress has been effected recently in the Territory and that active steps are being taken to remedy many of these defects. The team was given copies of the lists of new capital equipment which is said to be on order and which, when it is forthcoming, should meet some of the pressing deficiencies of the district hospitals. We were also informed that

(i) arrangements were being made to recruit additional specialist staff for the headquarters;

(ii) appropriations had been sanctioned for the construction of two new hospitals; and funds have been requested for a third; and

(iii) proposals were being submitted for a further increase in the budget allocation for health.

These plans, if carried out, should improve the situation considerably and justify the team in viewing the present as but a phase in the Territory's progress towards its ultimate objective.

The team cannot, however, overemphasize the immediate need for a systematic long-term health plan which would necessarily include an extensive training programme and which would be appropriately phased to follow a definite schedule in keeping with the available resources of trained manpower and supporting administrative facilities, so that the programme will materialize as planned. This is necessary as, owing to their past disappointments, the Micronesian as well as the non-Micronesian medical staff has come to be somewhat sceptical of promises of future developments. Indeed, the team encountered the latter attitude so consistently that it is inclined to consider this to be one of the causes of the petition. Other causes have already been referred to in the body of the report, such as the absence of a direct link of professional and administrative relationship between the medical staff at headquarters and the districts, and the contrast between the standards of health services in Micronesia and in Guam. To the team, the most significant finding, however, was that on the main health issues a majority of the non-Micronesian medical staff held identical views indicating that the complaints were based on professional considerations rather than political. At no place did the Micronesian medical staff confront the team with complaints regarding the existing inadequacies in their pay, allowances and conditions of service.

It would appear to the team, however, that a deeper factor may be involved in the critical dissatisfaction prevalent amongst the medical staff, namely, the emergence of what the 1964 United Nations Visiting Mission has called the "Micronesian Self". This has been brought about by the educational and social advancement in the Territory resulting from the recent forward-looking programmes. In other words, the Administering Authority could be said to have become the victim of the success of its own enlightened policies.

The team has reason to anticipate that this attitude of the local staff would harden materially in the future resulting in demands for improved health services that would become more and more insistent, as more qualified Micronesian medical officers join the ranks. In doing this, the staff would be playing just the role assigned to it by the late President John F. Kennedy when he said "Let it be clear that this Administration recognizes the value of daring and dissent - that we greet healthy controversy as the hallmark of healthy change".

ANNEX I

UNITED NATIONS

TRUSTEESHIP COUNCIL

Distr.
GENERAL

T/PET.10/37
11 May 1965

ORIGINAL: ENGLISH

PETITION FROM DR AROBATI HICKING
CONCERNING THE TRUST TERRITORY OF THE PACIFIC ISLANDS

(Circulated in accordance with rule 85, paragraph 1,
of the rules of procedure of the Trusteeship Council)

Dr Arobati Hicking
Headquarters
Trust Territory of the Pacific Is.
Saipan, Mariana Islands 96950
May 3, 1965

His Excellency U Thant
Secretary-General of the United Nations
New York 16, New York

Excellency:

Enclosed is a Notice of Grievance against the Administration of the Trust Territory of the Pacific Islands.

We are directing this to you with confidence that you will see that it is placed in proper channels for action.

It is not our intent to cause embarrassment to anyone, but we do intend to see that some action is taken to clear the air concerning these matters.

Very truly yours,

(signed) Dr Arobati Hicking

65-10958

AD/158.65

Annex I

ENCLOSURE

NOTICE OF GRIEVANCE

We, the undersigned members of the professional staff of the Department of Medical Services of the Trust Territory of the Pacific Islands, wish to bring to the attention of the United Nations a serious grievance against the Administration of the Trust Territory, as follows:

1. The Administration of the Trust Territory of the Pacific Islands has not adequately supported its obligation to "[illegible] health of the inhabitants". (Preamble to Trusteeship Agreement for the former Japanese Mandated Islands, Article 6, paragraph 3)

2. The reports to the United Nations pertaining to the section on Public Health contain statements that are literally untrue or misleading, as well as implications that are at variance with the truth as we have experienced it. Selected specific instances are as follows: On pages 90 and 91 of the 16th Annual Report it states that the nine hospitals are equipped with modern equipment. This is untrue. The equipment for the most part is ancient, decrepit, or nonexistent. On page 91, in reference to tuberculosis, it states that "all possible measures are being taken to minimize the effects of this disease as well as to attempt its control". This is misleading. It is impossible with the equipment available to take a useful chest x-ray in most of the Territory. On page 91, with reference to mental health, is the statement: "Psychiatric cases requiring confinement are treated in mental wards at the hospitals." This is untrue. Many mental patients are confined in jail or cages because psychiatric facilities are nonexistent. In one hospital mental patients are confined in a tuberculosis and leprosy ward. It should be noted that the concluding statements as appear in the medical portion of the 16th Annual Report were not prepared by a physician.

3. Attempts to point out such discrepancies and deficiencies by professionally competent people have been unsuccessful, and culminated in the firing of a highly competent and urgently needed Director of Medical Services.

4. Petitions by some of us to the Secretary of the Department of the Interior of the United States of America for an impartial investigation of administrative action in these matters have been neither acknowledged nor apparently acted upon.

Therefore, we request that a thorough and impartial and professionally expert investigation of these matters, directly in the field, be conducted as soon as possible so that the true state of affairs may be uncovered and properly dealt with in order that adequate programs for change and improvement may be instituted to effectively promote the health and welfare of the people of the Trust Territory.

Saipan, Mariana Islands
April 30, 1965

(Signed) Dr Arobati Hicking
and ten others
(signatures illegible)

Curriculum Vitae of Dr M. K. Afridi

Dr Monawar Khan Afridi was born in Kohat, Pakistan, in 1900. He graduated in medicine in St Andrews, Scotland, and took his diploma in tropical medicine and hygiene at the London School of Hygiene and Tropical Medicine. He began his career with the Indian Medical Service in 1924 and specialized in bacteriology. He served as a malariologist in the Indian Research Department and as a consultant malariologist in many parts of the world during the war. Successively he was Director of the Malaria Institutes of India and then of Pakistan. In 1949 Dr Afridi joined the staff of WHO as Deputy Regional Director for the Eastern Mediterranean. Later he held various posts with the Pakistan Government and served as Surgeon General East Pakistan and Director of Health Services of the North West Frontier Province until his retirement in 1955. In 1958 Dr Afridi was appointed Vice-Chancellor of Peshawar University and served in that capacity until 1962, when he became the Honorary Consultant to the Ministry of Health, Government of Pakistan. Dr Afridi has been a member of the WHO Expert Panel on Malaria since 1952 and a member of the WHO Expert Committee on Malaria at seven of its meetings, at one of which he was elected Chairman. He was also delegate of Pakistan at the First and Second World Health Assemblies in 1948 and 1949, Chief Delegate at the Twelfth, Thirteenth and Fifteenth Assemblies. He was elected Chairman of the Programme and Budget Committee of the Health Assembly in 1960 and Chairman of the WHO Executive Board in 1962. In 1964 Dr Afridi was elected President of the Seventeenth World Health Assembly. Dr Afridi, at the Seventeenth World Health Assembly, was awarded the Darling Foundation medal and prize in recognition of his contribution to the advancement and study of malaria eradication.

Annex II

Curriculum Vitae of Dr Arnold Sauter

Dr Arnold Sauter was born in 1908 and studied at the Faculties of Medicine of the Universities of Geneva and Zurich, receiving his Federal Diploma of Medicine in 1933 in Zurich. From 1933 to 1939 Dr Sauter served in several hospitals as an Assistant in Psychiatry, Internal Medicine and Surgery. In 1939 he received his degree of Doctor of Medicine in Basel. During the next four years he practised general medicine and in 1943 was appointed an Assistant Medical Officer in the Federal Office of Public Health in Berne. In 1947 he was appointed Deputy-Director, in which capacity he served until 1954. In 1955 he was appointed Director of the Federal Office of Public Health in Berne, in which capacity he is at present serving. Dr Sauter has made notable contributions in the field of tuberculosis. He is a member of the WHO Expert Advisory Panel on Tuberculosis.

Dr Sauter was a member of the Swiss delegation of observers at the International Health Conference in New York in 1946. Since 1956 he has been Chief of the Swiss delegation to the World Health Assemblies. He was a Vice-President of the Eleventh World Health Assembly and President of the Technical Discussions at the Fourteenth World Health Assembly. He has also been Vice-President and President of the Regional Committee for Europe. He was Chairman of the European Conference of Nurses (1953), of the European Conference on Hospital Statistics and their application in Health Administration (1958), of the Scientific Group on Research in Tuberculosis (1960) and the European Conference on Health Statistics (1965).

Curriculum Vitae of Dr J. Karefa-Smart

Dr John Karefa-Smart was born in 1915 in Sierra Leone. He obtained his medical degree and a diploma in Tropical Medicine at McGill University, Montreal, Canada, and also the degree of Master of Public Health at Harvard University, United States of America. After hospital work in Sierra Leone, Dr Karefa-Smart taught preventive and social medicine from 1949 to 1952 at Ibadan University Medical School, in Nigeria. From 1952 to 1956 he served with the WHO Regional Office for Africa. Elected a Member of Parliament in 1957, Dr Karefa-Smart entered the Government of Sierra Leone and was successively Minister of Lands, Mines and Labour, Minister of Defence, and Minister of External Affairs (1961-1964). In this capacity, he headed the Sierra Leone delegation to the General Assembly of the United Nations. He served as member of the WHO Executive Board at five sessions and was Vice-Chairman of two of them. After leaving government service, he was appointed Associate Director of International Health at the School of Public Health, Columbia University in New York. In August 1965 Dr Karefa-Smart was appointed Assistant Director-General of the World Health Organization.

ANNEX III

ITINERARY OF THE TEAM

Date	Place	Remarks	Distance covered (in nautical miles)
26 October	Manila	Team members arrived.	
27 October	Manila	Meeting with Regional Director, WHO/WPRO, and staff members.	
28 October	Manila	Briefing.	
29 October	Manila	Briefing. Meeting with Regional Public Health Adviser.	
31 October	Guam	Arrived from Manila.	396
1 November	Guam	Visited the Naval Hospital. Meeting with Deputy High Commissioner, Assistant High Commissioner for Community Services, Acting Director of the Department of Public Health of the Trust Territory, Special Adviser to the High Commissioner (Assistant Director of the Office of International Health of the USPHS) and Representative of the Petitioners.	
2 November	Ponape	Arrived by air from Guam via Truk.	568
		Visited water treatment plant of Colonia, Polynesian village, Ponape refuse dump, Ponape District Hospital.	385
3 November	Kusaie	Arrived by air from Ponape. Visited Kusaie Field Hospital. Meeting with District Administrator's Representative and with hospital staff.	297
	Kwajalein	Arrived by air from Kusaie.	348
	Ebeye	Trip by boat to Ebeye. Visited Ebeye Field Hospital and Ebeye settlement. Returned by boat to Kwajalein.	

Annex III

Date	Place	Remarks	Distance covered (in nautical miles)
4 November	Majuro	Arrived by air from Kwajalein. Trip by car to Majuro village. Visited Laura Dispensary. Returned by car. Visited Armer Isnoda Memorial (Marshalls District) Hospital in Majuro. Meeting with hospital staff.	299
	Kwajalein	Returned by air to Kwajalein.	299
5 November	Ponape	Arrived by air from Kwajalein. Boat trip to Kitti Dispensary. Returned by boat to Colonia. Meeting with hospital staff.	576
6 November	Ponape	Meeting with District Administrator.	
	Truk	Arrived by air from Ponape. Visited Truk District Hospital. Meeting with hospital staff. Meeting with Moen Municipality Council.	385
7 November	Truk	Boat trip to Fefan - Inono island. Visited Fefan Dispensary. Returned by boat to Moen. Visited Moen water treatment plant. Meeting with District Administrator.	
8 November	Guam	Arrived from Truk by air.	568
9 November	Colonia Yap	Arrived from Guam by air. Visited District Hospital. Meeting with hospital staff.	451
10 November	Yap	Visited water treatment plant, Giliman Dispensary and village, Balebot village and Gagil Dispensary by car.	
11 November	Yap	Meeting with District Administrator and PH - Nurse.	
	Koror	Arrived from Yap by air. Visited Dr McDonald.	258
	Palau	Memorial (Palau District) Hospital.	
12 November	Palau	Boat trip to Ngiwal village. Visited Ngiwal Dispensary. Returned by boat to Koror. Meeting with hospital staff. Visited Koror water treatment plant. Meeting with District Administrator.	

Date	Place	Remarks	Distance covered (in nautical miles)
13 November	Saipan	Arrived from Palau by air via Guam.	709
		Meeting with the High Commissioner of the Trust Territory.	125
15 November	Saipan	Visited Dr José Torres (Marianas District) Hospital. Meeting with hospital staff. Visited Trust Territory Nursing School.	
16 November	Saipan	Meeting with Visiting United States Congressional Group. Meeting with headquarters Health Department staff. Meeting with High Commissioner and Assistant High Commissioner for Community Services.	
17 November	Saipan	Meeting with Deputy High Commissioner, Assistant High Commissioner for Community Services, Assistant High Commissioner for Public Affairs. Meeting with supply staff and visit to medical stores.	
18 November	Rota	Arrived by air from Saipan. Visited Rota Field Hospital. Meeting with District Administrator's Representative.	74
19 November	Guam	Arrived from Rota by air. Visited Guam College, meeting with President.	48
20 November	Manila	Arrived from Guam.	1 396
22 November--29 November	Manila	Work on the report.	
		Total	8 182 nautical miles

ANNEX IV

MEMORANDUM November 6, 1965

To: Chairman, World Health Organization Visiting Mission

From: Chairman, Moen Municipal Council

Subj: Council Observation on Health Situation on Moen since 1955 to 1965.

Following are the Council observations on health which we would like to present them to you which we hope might be of help to your Visit here in Truk as well as the whole Trust Territory.

1. The bed capacity in the hospital has been very limited and inadequate. Recommend the present bed capacity be tripled.

2. Water sources and supply - There have never been adequate water sources that can supply water to all the community on Moen Island.
The present and existing water sources are only sufficient to supply the American community or the community in the center. This council strongly recommend that better and adequate water supply be granted and extended to all the villages on Moen Island for better sanitary and health reasons.

Further in early part of this year an epidemic of measles broke out in which isolation places were lacked. The medical department has asked the Moen Municipal Office for the assembly places in the villages to use as isolation places. We granted them but water was lacked. All the sanitary and health required measures were not absorbed as water for showers, washing dirty linen, human waste disposal and etc. were not available.

3. Inadequacy of medical services staff. The medical services have been understaffed and been unable to carry out the programs, example, This council had set up two dispensaries on Moen but had not been in use due to lack of supplies or medicines and personnel to dispense medicine and see the sick ones.

4. Recommend the present medical services staff or ceiling be adjusted and increased more and new medicines and supplies be purchased.

5. A new Director of Dental Services preferably an American be hired and added to the dental staff as soon as possible.

AD/158.65