

Dear Mr. Secretary:

This is a partial response to Acting Secretary Hall's letter of January 12, transmitting to us the report of the World Health Organization team which recently investigated complaints concerning deficiencies in the health and medical program of the Trust Territory of the Pacific Islands. We shall, as soon as we have assembled the detailed information, respond on a point-by-point basis to the WHO Report. My purpose at this time is to offer a general appraisal of the report, to provide you with some information concerning our plans to meet these deficiencies, and to comment upon one specific in the report.

In our judgment the report is not overstated. We will take issue, in due course, with a considerable number of statements and findings which we regard as incorrect or misleading, but on balance the report seems to us a fair reflection of the state of medical affairs in the Trust Territory. That we are and have been conscious of this state of affairs is attested to by a variety of recent efforts which I will set forth.

We can say again, as we have often said before and as the WHO team recognizes, that we have made progress in recent years. You know that we have more and better hospitals today than we had in 1962; that we have many qualified doctors instead of the one of 1962; that health appropriations have increased by 269 per cent in these recent years; that Micronesians are being now groomed for medical schools, to become qualified MD's, rather than being sent to a school which we regard as inadequate to meet today's needs in the Trust Territory. Our goal was and is, as the report states, a health and medical program for the Trust Territory which will meet at least the minimum acceptable standards of a United States community. We are quite aware that we have not met this standard, and we will not belabor the point that we are moving toward it. It is quite true that we must move there more rapidly.

Let me set forth some of the things we are doing to meet the deficiencies described by the WHO team. I think it would be fair to say that these deficiencies arise from two basic causes: insufficient funds and insufficiently trained personnel. As to these,

1. Current Federal law precludes our obtaining Federal funds for the Trust Territory in excess of \$17,500,000 per year.

We could not be more aware that this sum is too little. For many months we have been collecting and analyzing data needed to support legislation to raise that ceiling. We have obtained agreement in principle from the Executive Office of the President that a bill to raise the ceiling will be approved. We do not know at this time precisely what the new figure that we will urge will be, but we will know this soon. I can tell you, however, that the sum will represent a very considerable increase, and that the two areas which we have stipulated are to receive top and equal priority are health and education.

Our timetable is a very tight one, and it may prove impossible of achievement. It is our hope that the ceiling bill will be sent forward to the Congress no later than March 1; that early hearings in each house will be scheduled and early enactment the result; that such enactment will be a fact soon enough in this session of the Congress to permit us to obtain, again in this session, a supplemental appropriation for the maximum amount the law will allow for the fiscal year 1967. Because the foregoing involves at all stages the vagaries of the bureaucratic and legislative process, we cannot guarantee the results we seek within the timetable we have set. But we can guarantee that we will make the most strenuous possible efforts to achieve these results.

2. Our efforts to obtain sufficiently trained medical personnel in sufficient numbers will be greatly advanced by further funds.

In passing, I would note that the report states that we have "finally" decided to discontinue the training of medical officers in Fiji. We are unclear as to the meaning to be ascribed to that word, inasmuch as the decision was made some years ago and without any great struggle, but we are quite clear that the Micronesians deserve to have available to them fully trained MD's to the fullest extent possible. This cannot, however, quickly be achieved. The task notes that one Fiji Central Medical School graduate was, when they wrote, enrolled in a special pre-medical course at Georgetown University.

To expand somewhat on that point, because it is an indication of the kind of effort we have made and will continue to make, I would point out that the Trust Territory Government some time ago sought from a considerable number of mainland medical schools information

as to whether such schools would be willing to cooperate in the training, leading to an M.D. degree, of Trust Territory medical practitioners. Only Georgetown responded affirmatively, following which its Dean and Associate Dean traveled in the spring of 1965 to the Trust Territory to investigate closely the prospects and candidates for such further training. Their conclusions were generally pessimistic, on the ground that the practitioners faced both a language problem of great dimensions and possessed limited basic training. Nonetheless, they believed the candidate, who ultimately did enter Georgetown in the fall of 1965, might be able to achieve a medical degree. Regrettably the results seem to prove otherwise. The student in question returned to the Trust Territory late in 1965, having himself concluded that his basic education was not sufficient to enable him to compete successfully.

In part in light of this experience, we have turned to a different approach to upgrading the quality of our Micronesian medical personnel. We are considering, in effect, bringing the training to them. We are now conferring with the Public Health Service and with the School of Public Health of the University of Hawaii, looking toward the latter's providing to us qualified medical specialists who will travel throughout the Trust Territory giving in-service, short-term, but continuing training in pertinent medical fields to native medical personnel. We are undertaking to move on this subject as rapidly as we can, and we shall advise you when arrangements have been consummated.

We have, however, met with success in our efforts to recruit qualified doctors from the United States. We are, accordingly, somewhat baffled by the statement that "no clear decision has been taken about where and how the medical officers...will be found". We have no qualms about finding medical officers outside the Trust Territory. We shall, of course, use all resources that are available, but as noted, direct recruitment has been sufficient to date and we have no reason to suppose that it will not continue to be. But we have also arranged to obtain commissioned officers of the United States Public Health Service, on a temporary basis, should our own efforts fail.

3. The report adverts to uncertainty and imperfections in the administrative arrangements between headquarters medical personnel, district medical personnel, and District Administrators. Any uncertainty that may exist will promptly be removed,

and the result will be that which the WHO team apparently approves; i.e., direct communication between district and headquarters medical personnel on professional matters, with coordination on all administrative and other aspects at the district level being reposed in the District Administrators. This arrangement is consistent with the recommendations of the organization and management experts from this Department who visited in the Trust Territory in 1964. They advised us:

"We have considered the idea of creating so-called direct line organization from headquarters to districts in each of the several major functional areas and have concluded that this would not be a desirable arrangement for the following reasons: (a) the distances from headquarters to the many islands of the Trust Territory make it impossible for headquarters staff to exercise day-to-day supervision over field operations and to resolve the many problems that arise at the local level; (b) for effective operations at the local level it is necessary to coordinate very closely the various programs and supporting services involved; and (c) to be effective it is also necessary at the local level to work closely with the Micronesian communities and obtain their understanding and support for activities of the Government. For these reasons we believe that the District Administrator, working with the program supervisors in his district, plays a key role in the execution of the programs of the Government, assuring that activities are coordinated, that operating problems which can be resolved locally are resolved, that Government programs are interpreted properly to the Micronesian community, and in general working toward the most effective over-all Government program in the whole district. Without the support and assistance of the District Administrator on the scene close to operations, it is difficult to see how the heads of departments at headquarters could under present circumstances hope to accomplish the program goals they should be working towards."

Medical arrangements and personnel were, I am assured, most particularly within the scope of the foregoing recommendation.

4. The report states that administrators at the District level in the Trust Territory, be they medical or others, have not been sufficiently informed on their budgetary situation, and specifically, that they have not known with clarity what funds were available to them for what purposes. This is true. The finances, accounting, and budgetary techniques of the Trust Territory have

not kept pace with the large injections of funds and the vastly increased program responsibilities of recent years. In recognition of this fact, the Trust Territory has within the last 12 months recruited employees who are expert in the pertinent areas, and this Department has despatched a team of finance experts to give advice on correcting the Trust Territory's techniques in this area. Its recommendations, which we have asked be implemented forthwith, will unquestionably result in substantial improvements in this area.

5. We share the team's concern with the care and treatment of the mentally ill of the Trust Territory. Accordingly, we arranged in 1965 for a survey by the National Institute of Mental Health. We have just received its report and find it to be a useful document with helpful recommendations. We will make copies available, should you wish. Within whatever fund limitations are upon us, we shall implement the recommendations of the report as quickly as we can.

6. The WHO team's findings that portions of our annual reports have been misleading is extremely troublesome to us, and I know they will be to you. The best that I can do is to assure you that every possible precaution is being taken to insure that this will not again occur. I would note that those medical personnel who particularly precipitated the petitions and letters which, among other things, led to the WHO investigation, are the same individuals who failed to discharge their bureaucratic duty by effecting corrections in drafts of annual reports when they were afforded opportunities to do so. Nevertheless the fact remains that the reports have, as found, contained overstatements. We cannot, at this time, do more than state that we will do everything within reason to assure that this will not again happen.

At this time, I must turn to a portion of the WHO report which we in turn find, at a minimum, misleading. It is, in fact, a gross misstatement of reality. Part B implies that this Department is indifferent to medical deficiencies in the Trust Territory, to the point of virtually ignoring those letters and petitions on the subject which were directed to us. This is nonsense, and I hope you will do what you can to persuade those concerned that it is nonsense. Of course each and every petition and letter on this subject received from us a substantive response. Additionally, our Deputy Under Secretary visited the Trust Territory in the spring of 1965 with the express purpose of investigating many of the administrative matters adverted to in the WHO report.

Subsequent to his visit, an Assistant Surgeon General of the United States Public Health Service also traveled to Saipan in late April 1965, there to confer with several of the petitioners and letter-writers. This visit gave rise to very close and continuing cooperation between the Public Health Service and this Department concerning Trust Territory medical matters, one of the results of which has been the detail since last June to the office of the High Commissioner of a PHN doctor who has acted as a medical advisor to the High Commissioner. If it is alleged that we could have done more, we can concede the point instantly, but let it be very clear that we are deeply concerned about these matters and have done something about them.

You will hear from us further in greater detail at an early date.

Sincerely yours,

(S) Edward E. Hill

Secretary of the Interior

Hon. Dean Rusk  
Secretary of State  
Department of State  
Washington, D. C.

cc: Secretary's File  
Secretary's Reading File  
DCCC  
LX

VanCleave:cmw  
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