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P+P
Commission on Review

Meeting of
The Rockefeller Foundation
Commission on Review of the
International Health Division

Friday, June 29, 1951

(Notes only - not a verbatim report)

Present: Members of the Commission: Prof. Gordon M. Fair, presiding, Dr. Richard Bradfield, Dr. Dean Clark, Dr. Alan Gregg, Dr. Wilton L. Halverson, Dr. Robert F. Loeb, Dr. Paul C. Manglesdorf, Dr. Kenneth F. Maxcy, Mr. Henry Allen Moe, Dr. Hugh J. Morgan, Dr. Hugo Muench, Mr. Fairfield Osborn, Dr. Thomas Parran, Dr. Lowell J. Reed, Mr. John D. Rockefeller, III, Mr. Walter W. Stewart, Mr. Warren Weaver; and Mr. Chester I. Barnard, Mr. Lindsley F. Kimball, Dr. A. J. Warren, Dr. Marshall C. Balfour, Dr. Robert S. Morison, Dr. Hugh H. Smith, and as recording secretaries Miss Anne Hoover and Miss Helen R. Vroom.

Absent: Dean William I. Myers, Dr. E. C. Stakman, Dr. Lowell T. Coggeshall.

The meeting was called to order at 10 a.m. by the Chairman.

Prof. Fair: This is the third meeting of the Commission on Review of the IHD. There has been an excellent attendance at all meetings, which I believe is an indication of the sincere interest in it in view of the very busy individuals who compose it. There have been three committees: Policy, Program, and Finance. All of these have had meetings and there was a joint meeting of the Committees on Policy and Program. It was the thought of the group that questions of policy and program would have to be determined before the Committee on Finance could deal with future financial arrangements for what is now the Division of Medicine and Public Health. After the meetings of the Committees on Policy and Program, there was a joint meeting of the two, and then a meeting of the Drafting Committee to draw up a preliminary report. I regret that, due to some misunderstanding, you were not provided with a full statement of the Committee on Finance. You have only the material today together with a revised statement of Part II of the Preliminary Report. I would call attention to certain corrections in the second part and will say something about the possible arrangement of the final report. A great deal of material of historical interest was included in Part I. It seems to me that much of this material can be placed to advantage as an appendix in the final report and with your permission I shall proceed to do that. I feel that Part I is out of balance with the other part of the report. If you will permit me to include in Part I a note on the IHD based on material provided by Dr. Smith, and on the MS based on a statement previously made by Dr. Gregg, I believe it will be harmonious. As to changes made: Part II was divided into two parts: (1) general question of a single operating division, and (2) paying particular attention to agriculture. There has been an abridgment of the program relating to the Division of Medicine and Public Health. The virus program is elaborated, as in the Preliminary Report, but the section concerning the epidemiology of diseases and to man and his environment has been deleted because this section had not been explored by the Scientific Consultants of the Division of Medicine and Public Health, which should be done before so definitive a plan should be included in this report. There is also an abridgment to the section relating to the future program in the promotion

of the medical sciences. The section on finances, which is before you for the first time today, contains an historical statement which is useful for the deliberations which we shall have today. It will naturally be shifted to Part I. The discussion regarding field staff has been omitted. The reason is fairly obvious. The report will have wide distribution and there might be certain mistaken interpretations of intent, so far as the staff is concerned. I feel, however, that so far as all of this material is concerned that has been produced as a result of this Commission, it will be found extremely useful to the officers of the Foundation, as well as of value to the various advisory boards of the Foundation. Certainly we have all learned a great deal in looking into the past and thinking about it and then projecting it into the future.

I have found it essential, however, as I have dealt with any material of this Commission, to turn back to the introductory statements by Mr. Barnard. These are the guide lines for the Commission and responsible for all our activities, and they have been most useful and stimulating. I shall not take the time to read them again now, but I hope that you will carry them in mind in connection with all questions we shall consider today. They give us the framework against which we must measure the recommendations of this group. Before going into the question of the revised preliminary report, I would like to ask Mr. Barnard if he has anything to say.

Mr. Barnard: I have not seen the report of the Committee on the financial side. I had hoped that that Committee would be able to deal with the relative financial importance of the various activities of the Foundation as a whole. I am afraid that is a large order and that the officers and Trustees will have to slave on that and not ask you to put more time here on so complex a matter. I don't believe you can really appreciate what assistance this Commission has already been in the operation of the Foundation. Some changes have been made with your concurrence and approval which we did not anticipate could be made until much later. The fact that this Commission existed contributed to my own thinking. The dangerous matter of throwing into this Commission the question as to whether agricultural operations and medical operations could be combined was partly for the purpose of not being afraid of putting our necks out, and we had a good deal of discussion and conflict of views, and I went ahead and argued about something about which I had a good deal of doubt. It had been determined, and I think it is generally acceptable to the group, that we had better not try to incorporate into this new Division the operations in agriculture, whatever they may be. The question of operation in a given country where there is more than one group can be decided as an administrative matter. I would call your attention to an error I think there is here that the reason for not doing more medical education was due to lack of staff. That was done by the Trustees in 1929. By saying we should promote professional education is a little narrower than saying we should develop medical education.

Prof. Fair: With your permission, we will proceed with a consideration of Part II. I have received some communications relating to the draft of the report and these will be included in the report as finally written. (Prof. Fair then read the following from Page 37 (revised)). "As pointed out by Mr. Barnard, the future of Rockefeller Foundation health activities must take into consideration many matters, among them in particular (a) the expected world situation; (b) the operation of new international bodies that are concerned with human welfare; (c) the changing concepts of public health as a factor in the complex

that constitutes the well-being of mankind, and (d) the current organization and resources of the parent body." Another, and I am coming to the first idea in the final report: "One matter that has occupied the thinking of the Commission from the outset has been a consideration of the breadth of future Rockefeller Foundation operations that might be built around its existing operational programs in public health and agriculture and its interest in the advancement of the humanities and the medical, social, and natural sciences. The concept of 'human ecology' entered strongly into the Commission's deliberations in this connection as it has for some time into the thinking of the President of the Foundation." (Prof. Fair then referred to the quotation in the report from the President's Review and then to those quoted from the paper by Marston Bates on "Reflections on Research in Human Ecology.") I feel that the quotation from Marston Bates' paper reported his thoughts over a long period of time and the final conclusion I see from his studies is that it would be wise for the Foundation to continue along the path it has followed in health and agriculture and related activities and that it do so with a fresh and logical point of view. One cannot put a finger on it specifically because it is an all encompassing matter. As an interest in human ecology, we are adopting a broader base in thinking and acting perhaps.

Is there any comment on the first part of this?

Mr. Barnard: What Bates says reminds me of the statement that the principal function of the ecologist is to keep you from forgetting what you want to learn when you are dealing with If you once get the ecology idea in mind you don't do much with it as such but what you do in other ways you do differently. If we had had this broader view I think we would have done the Sardinia program in a broader (better?) way.

Prof. Fair: Is there further comment? (There was none).

2. A Single Operating Division. This continues with "the thought of (p. 41 and part of 42). Is there any discussion of this section? Mr. Barnard has pointed out that this has been a matter which, while still under consideration of this group, was so pertinent to the immediate operations of the Foundation that action was taken by the Trustees in April of this year, so far as medicine and public health is concerned.

3. Agriculture. (Prof. Fair read this whole section). Since the last meeting of the group I have had a chance of visiting Mexico and seeing all too briefly the work of the agriculture group. One cannot see this work without wishing to describe it in superlatives. It is a magnificent job. Having seen the operations of the IHD in many parts of the world, I was impressed with the parallel of these I am sure that if the Foundation had not had the experience of the IHD the agricultural program would not have gone as far as it has. It is an inspiring bit of work and one hopes it will receive all the support the Foundation can give it with the funds available to it. Since the last meeting you have also received a copy of the report of the Board of Advisers on Agriculture. You are all familiar with the group in agriculture and its thinking. Perhaps the agriculture group would like to discuss this report.

Mr. Barnard: I would like to suggest that reference to the report of the agriculture group be made in this section 3. because it is the result of the establishment of this Commission. I think it is a superb addition to the recommendations we will bring before the Trustees.

Prof. Fair: Dr. Manglesdorf?

Dr. Manglesdorf: I don't believe that there is much to say about the report. It was a study and report as an outgrowth of this Commission when it seemed obvious that this Commission would not go into detail in this report. It seemed to the agriculture group that there should be a supplementary report rather broad in its recommendations. I should say that that thinking is a true synthesis of thinking in the Foundation on agriculture. It reports the thinking of the permanent staff of the agriculture program and the Advisory Committee and the thinking which represents the ideas all of us have at the moment in respect to this large program in agriculture (mentioned HMM, WW, etc.).

Prof. Fair: Dr. Bradfield?

Dr. Bradfield: Nothing to add but to concur in all that Dr. Manglesdorf has said.

Prof. Fair: Dr. Weaver?

Dr. Weaver: I think the only comment I have is to reinforce the remarks you made earlier. I think it is really quite unthinkable that this advance in agriculture could have come as far as it did without the broad base of experience of the IHD in the early part of the century. All of the personnel associated in any way with this in the IHD have been extraordinarily helpful to the group. There have been representatives so interested in this that they have helped in ways that many people in this room would not have realized they could have helped. It gave a base for operations of this kind which could not have gone forward without it. I think that program is a very real child of the experience of the IHD.

Dr. Manglesdorf: The agriculture program from its very beginning and even before from the year of its survey in 1941 has quite shamelessly imitated the philosophy and ideas of the IHD, so what Mr. Weaver has said is true.

Prof. Fair: I wish all of you might have the opportunity of seeing the program. The leadership is marvelous and the staff of young fellows is fine.

Mr. Stewart: The last sentence in that paragraph seems a little more negative than this suggests. I think it would reinforce the reading if that report is tied as closely together as this discussion suggests.

Prof. Fair: I think that is a happy suggestion.

Mr. Osborn: In view of Mr. Weaver's thought our (knowledge?) with this sentence would not have to be further edited.

Prof. Fair: It will be as the Commission concurs. I don't think we need a formal agreement.

(to add at end of 3. "But out of the IHD has grown this activity.....).)

4. A Program in Medicine and Public Health. This has resulted from the three committees. All three wished to have as a basis of judgment the matter of program. It represents the thinking of the group. I think I need not read the whole, but the introduction and conclusions. (Prof. Fair read whole section enclosed in quotations marks.) Perhaps I should read d.

Dr. Clark: I should like to comment on b. (Medical Care). I recognize in a way that so perhaps you may want to discount some of what I may say. It seems to me it doesn't express as strongly as I felt it represented the feeling of these two committees. I have drafted two or three sentences that might be added to b. with certain editorial changes. (Dr. Clark then read his suggestions which were then handed to Prof. Fair.)

Prof. Fair: Can we have some discussion.

Dr. Morgan: I would certainly like to support the point of view presented.

Dr. Warren: The full sentences?

Dr. Morgan: Perhaps not, but I think it is a burning question to this country and the world at large. If we could do something to improve the quantity and quality of medical care, especially in the rural areas, it would be a tremendous contribution of the Foundation. If the Foundation is ready to contribute in a larger way it must be ready to meet opposition. I would like to see the attitude expressed be considered very seriously.

Dr. Clark: I would be satisfied with any editorial changes made but do think the statement might be strengthened.

Dr. Gregg: (see changes suggested by AG on page 44 - (B).doubt is implied that they never could come into the sphere of governmental agencies in which pioneering is usually followed by settlers.

Dr. Warren: May I say a word about medical care?

Prof. Fair: By all means.

Dr. Warren: If the Commission adopts this report and this report is ultimately approved by the Trustees, I would like to get a little clearer the thinking of the Commission on medical care. It had seemed to me that the Rockefeller Foundation should not advocate medical care and procedures but that the role of the Foundation would be to do objective studies in the field of medical care. Most of the controversial questions are based primarily on opinion. Objective studies might make it possible to bring forward factual data for an expression of opinion. Dr. Clark's reference to antique and haphazard methods may be true but if we had factual data objectively collected we would know whether it was true or not. Does the Commission feel we should go further?

Dr. Clark: I support the idea of doing objective studies but would hope the Foundation would not limit itself to studies. It has not in the past. We have had a number of studies but studies are not enough because it is extremely difficult to get anywhere even if the studies demonstrate a need. Little happens unless you can get demonstration projects like our New York project. (felt demonstrations in other areas and other kinds were needed).

Dr. Warren: To take HIP as an illustration. HIP is an operating project. From my viewpoint the thing of greatest interest is not that HIP is providing medical care for some 275,000, but the most valuable thing from the viewpoint of the Foundation is the study which is now getting under way based on 4 years' experience which will give some factual answers to some of the controversial questions raised.

Dr. Clark: I would agree but hope that there is a demonstration that can be accomplished. The Foundation should not be in a position of advocating any particular program in medical care but I believe could be in a position of assisting competent suitable outfits to do some demonstrating.

Mr. Stewart: It occurs to me that the question of magnitude of support for medical care however phrased here is then confronted on page 55 where whatever is said here has to adjust itself as to magnitude or content -- if the Commission feels more emphasis should go for medical care the budget would have to be adjusted.

Dr. Clark: I would say that \$300,000 a year was about what I meant by a larger share.

Prof. Fair: Is there further discussion?

Dr. Parran: I should like to associate my views with those expressed by Drs. Morgan and Clark. Perhaps some editorial changes should be made so as not to be unduly provocative.

Prof. Fair: This part of the program has been discussed by the Board of Scientific Consultants and has received its full support.

Dr. Loeb: Might I go back to Mr. Moe has asked me if I agree with Dr. ? Must keep in view that the products of medical education to the community is an essential stage ahead. I think that the standards of medical education are in serious jeopardy today and if we do anything to weaken or do nothing to strengthen medical education at the hub by dilution of the periphery to sacrifice the hub would not be profitable. I think everyone would agree to that.

Dr. Clark: I thought that was adequately covered on Page 46. (Changes suggested noted on HV's copy of text).

Prof. Fair: Are there comments on c?

Dr. Parran: The first sentence troubles me. (See HV's copy of text with pencilled changes suggested).

Prof. Fair: Could we hear from Dr. Smith who has been around the world recently?

Dr. Smith: I think world-wide should be qualified because obviously many parts of the world are not available to us and limitations of staff or funds would not permit operation in every part of the world. A word about present plans for extending the work. Since the yellow fever program was terminated in 1949, our activities in the virus field have been largely centered in the New York Laboratories. It was recognized that this was a period of marking time until a program could be defined and approved. The work in the laboratory during the past two years has been based on the work during the previous 25 years in the field, in that as a result of work some 18 strains of virus were isolated, so it was thought worthwhile to bring these 18 strains of probable new virus back to the Laboratories and learn something about them. These 18 have been reduced to 11. One was found to be identical with a known virus -- Mengo --

isolated in Uganda and in Germany, and Bogota, Colombia. Some evidence that it has caused illness in the Philippines has been obtained. It is of great interest to us in the broad geographical concept to realize that there is a virus from the forest of East Africa that is prevalent in many parts of the world. One isolated from East Africa and West Africa identical. The work of the men in the laboratory has been along several lines. One was to establish any cross immunological relationship between these 11 viruses and unknown ones. There appear to be at least 3 groups of viruses among these 11. Most are small and have some immunological relationship with known viruses and this is a point we are particularly interested in following up. There is some immunological relationship between yellow fever, Japanese B. and St. Louis and equine encephalitis viruses (of this country) and West Nile virus isolated in Uganda. These relationships are such that the men, particularly Dr. Theiler, have formulated the hypothesis that there may be a common ancestor connected with these. One of the main studies we hope to pursue is to elucidate this broad relationship. Another interesting development that has come along has been the finding in Cairo in three children of viruses only previously known in Uganda -- the result of Dr. Paul's expedition to study polio in Cairo, who was assisted in collecting these by Dr. Weir. Present formulated plans are to continue work in the central laboratory in New York and to establish a virus research laboratory in India. Plans are going forward and we hope that the first of this group can proceed to India about the first of October.

I spent about 3 weeks in India and found Indian officials enthusiastic over this form of aid and collaboration with the RF. The Indians are extremely anxious to build up their own institutions and have confidence in the RF and will welcome our aid. The Indian Government is short of funds now due to heavy expenses for defense and a large refugee problem after separation from Pakistan. Prospects look good for an extremely useful collaborative effort in the study of the virus problem in India. There is almost nothing known about virus diseases in the Orient aside from traditional problems of smallpox, rabies and influenza so it is practically a virgin field. The plan is to begin by collecting human sera from widely separated groups to test against the viruses in the New York laboratory and then in the Indian laboratory to determine whether these diseases are prevalent there and to investigate febrile diseases whenever discovered and to isolate new viruses in India. Plans are under way for sending one of our senior virus workers to Egypt to conduct a similar reconnaissance and to cooperate with the Navy group which I visited in March and found well equipped and staffed, but they had no competent virus worker and could see no opportunity of getting one. Particularly interested in Egypt and the Near East from ecological point of view as a meeting place of the fauna of 3 continents and where there is a tremendous amount of world travel.

In the laboratory in New York we expect to devote principal time to attempting to classify viruses in the sense of working out these broad relationships and to devote a considerable amount of energy to studying the relationships of viruses to insect vectors. With the exception of Russian encephalitis and louping ill disease of sheep in Scotland, most of the known viruses are thought to be mosquito-borne, not including the respiratory ones. Mystifying problem is/ do these /how viruses survive over winter period in temperate zone and heat (dry period) in tropics. It is suggested that in most of these arthropod-borne viruses there may be a survival in ticks and mites. It has been shown in the laboratory that

St. Louis, etc. can be transmitted from one generation to another in mites and ticks. Expect to pass on certain of it by mosquitoes (usually transmitted by ticks). Another study is the modification of viruses by attempting to attenuate virulent viruses so that effective vaccines may be produced. Another important activity is to attempt new diagnostic techniques for virus diseases. Most now depend on animals. In influenza virus a technique has been evolved which is of great value in diagnosis. By careful and persistent research in vitro techniques for many other important viruses perhaps can be elaborated.

We have a small staff trained for virus work and it may be necessary to recruit others. It is hoped that an epidemiological laboratory can be set up in tropical Africa and at least one part of tropical America. It will take some time to select men and get them trained and conclude these plans. That in broad outline is what we have in mind.

Prof. Fair: Are there any questions?

Dr. Maxcy: I think we all feel great satisfaction in the reoriented program in the laboratory. It is very satisfactory to me. (Certain editorial changes were suggested - these are indicated in HV's text).

Dr. Clark: Is it explicitly the intention of the Foundation to limit its work to arthropod-borne diseases?

Dr. Warren: For the immediate and foreseeable future.

Dr. Smith: Our unique flexibility and the entree we have on an international basis does permit a study of the broad field.

Dr. Parran: (Called attention to certain changes he would like to see on pp. 47 and 48 - see HV's text).

Mr. Barnard: Dr. Kimball pointed out nothing said about diseases you are not going to do anything about -- cancer, heart. I would think you could not get into a discussion of one after another, but something might be said about limitation of the Foundation -- one could not cover everything.

Dr. Parran: It might be to list such diseases. Fundamental studies financed by the NS might result in great advances in cancer or other diseases that have been mentioned.

Dr. Warren: I think it might not be wise to put severe restrictions on what we might do and might not do. I think in the future we may have to be opportunistic. Actually the virus program is under way.

Mr. Barnard: We recognize that there are many. We are taking the things we are best equipped to do.

Mr. Weaver: Does not that suggest a very brief paragraph after c?

Professor Fair read d. Health Sciences and asked Dr. Warren to comment.

Dr. Warren: It seems to me a heading of this kind indicates that the Commission recognizes that both the rather specific things recognized previously, there are unforeseen possibilities around the corner that we might want to do. Any new activities not indicated here would be taken up by the Scientific Consultants to get their advice and approval and then would be taken up with the President of the Foundation and the Trustees so it seems to me the Commission would be taking relatively little risk in giving us a blank check which this in a way is.

Professor Fair asked Dr. Morison if he would comment.

Dr. Morison: There is a reference here to continuing obligations of the two divisions and it may be that the Commission might like to hear a little about the continuing obligations of the MS. As one looks at the report on page 54 it is apparent that one sort of continuing obligation is being reduced and these we take care of in Relation to Program, and under A. and to a certain extent B. would be certain implications that we might wish to go on with but it might be embarrassing to cut off sharply. The largest heading has been psychiatry and neurology developing largely, I understand, with the intention of increasing personnel in psychiatry and relating it to the general front of medicine and medical education. This past effort of about 15 years has been directed toward building up teaching departments of medical schools with certain emphasis on research but not very much. This program is rapidly drawing to a close and I think there is only one we have in mind fitting into that program. If one takes one of the usual criteria of Foundation activities the answer is this program has been very successful. If one applies some other type of criteria the question is not really so clear. We do not have good understanding of the etiology of mental disease. Also lack very adequate methods of therapy. That also remains for the future. The Commission may want to give some attention to continuing or increasing aid to research on mental diseases -- physiology of the brain and human behavior. Opportunities in this area not very numerous. It might be that we should not leave the field before there is a tested knowledge of other aspects. Human genetics -- opportunities are increasing. Europe by and large has had more interest in human genetics. We are beginning to reach that point. Would think there might be opportunities to support 4-5 projects in human genetics in medical schools. This problem also seems to me to relate to this fresh ecological point of view. That leads us to a brief discussion of another -- endocrinology, reproduction and growth - represented in large part by the grants to the Research Council. Even more subsidiary is the interest in dermatology.

Prof. Fair: Dr. Gregg?

Dr. Gregg: I would like to begin by asking whether RSM wants to say anything about the evolution of therapy in medicine.

Dr. Morison: I feel that is implied. I think there are a good many people looking to psychiatry for something I don't think we have. We ought to know much more about what psychotherapy is. This is a very difficult field and at this moment there are very few people with the techniques to analyze, but I do think we have an obligation to refine this field. This impinges very much on the SS. I like to have opportunities which bring us into really frequent contact with others in the other fields of interest in the Foundation.

Dr. Gregg: It would seem to me that the evaluation of what happens in psychotherapy is one of the most likely to be neglected and one of the most important to be learned aspects of the next 10 years in the whole field of psychiatry. Psych. can show a tendency we have in child guidance clinics. I have not seen any very clear indication that other groups are going automatically to follow out this field. Would go back very briefly to one aspect of this. In 1933 the Trustees, largely through Mr. Edsall, decided that the field of psychiatry was the field in medicine on which the Board might sensibly concentrate on with the possibility of great advantage. I would say from a rather objective standpoint that the decision related in part to something I have seen again and again relating to the experience of the Trustees. The analogue is I have never had a dinner consultation with a lady on my right or left without knowing it was related to her personal experience. (Referred to number of beds occupied by mental patients.) One-third of the business of running the State of New York represents mental disease. I had to say to the Board I did not think that going into that field I was prepared to guarantee any miracles for it is a difficult field. In general psychiatry is ineffective because of its inherent difficulty related to the fact that it has been lagging because discoveries have not been as applicable to psychiatry. I told the Board I would not think we would get as many signal advances as if we looked for any good break in medicine. Edsall's reply was that that was not a good reason for not trying. Whether you looked at research or at teaching and the application, if group had as a major the most useful thing would be to get it presented to medical students in fashion. That is why I recommended we put our emphasis on creating departments of psychiatry where none, or a poor one, existed, or improve teaching where one already existed. In 1933 there were about 8 acknowledged teachers of psychiatry and all 8 would retire within 8 years and some within 3. We tried to take advantage of the realization that within 10 years there would have to be a number of successors and we would have to get some of them trained. There have been three developments (1) insulin or metrazin shock; (2) electric shock, and (3) topectomy. In origin almost entirely empirical. If the Foundation throws its weight toward some purely empirical thought you would find the abuses of that would spread rapidly. In general the interest of psychiatry and in the teaching and practice of any form of medicine some reasonable scheme in inter-relationships is important and I think that is recognized. That the USPHS has created a division for this study is very heartening. I would deplore a public announcement that the Foundation is through with psychiatry because it would discourage many. I think perhaps one of the wisest single residuals in psychiatry is to keep having an interest in trying to get at the criteria of results in therapy. That is a hard subject. There is a lot invested? It was somewhat of a surprise to me to find in 1933 that the so-called field of psychiatry was two things a little different. One related to the major psychoses - the traditional of the psychiatrist and related to the psychopathology of every day life - mental hygiene so-called - psychosomatic medicine as one of its components. Psychiatry plus X. It has been a real effort to know where to stop.

Prof. Fair: Are there any questions?

Mr. Rockefeller: Unfortunately I have not attended any of these meetings before but I have read the material with a great deal of interest. I think the statement I was most interested to read was Mr. Fosdick's first sentence regarding

Dr. Rose and hookworm. There was first the problem of conquering the disease in the area and then they were faced by the problem of not having the problem come back so they tackled the problem of public health services in the states involved. Then there was the problem of the many doors of public health and the setting up of public health schools; and in getting the men for the schools they set up a fellowship program. A very exciting approach to a problem and a pioneer approach. Mr. Rose was not so much interested in the problem of hookworm itself. Since then the IHD has tackled many problems in different areas, many different diseases with many new methods, and the pattern has been very well proven from the pioneer approach. A very thrilling record. And then you come to agriculture -- the able report presented to us making the point that hunger as a basic problem has now succeeded disease. They have set out to do a pioneer job in the food and agriculture field using the methods and experience and knowledge developed over the years by the IHD program. There are just three thoughts that come to me from that experience which I should like to mention and largely in relation to the report before us and largely in the matter of emphasis. (1) I would like to see if we could put a little more emphasis on this pioneer approach. I do think the Foundation is qualified to do that pioneer approach because of its personnel, experience and prestige. Broad strokes are needed to approach the problems facing us. (2) Again a matter of emphasis -- the of the Division a year and a half ago in the field of human ecology. That was squarely in the field of pioneer approach. When talking about human ecology you are talking on a broad front. If you think of health, agriculture, health education as a that doesn't seem too terrifying in its breadth. Again I think the Foundation is uniquely qualified to operate in an area such as that. It flows naturally from what has been done in agriculture and health. I think the points made in the agriculture report apply as well in this area. In the backward areas being as critical as they are today, with the increasing feeling of responsibility of this country for them I think some pioneer effort on our part could establish patterns there which would be tremendously valuable. It would seem to me that this field service division might offer a more effective approach to a problem like this. I agree with Mr. Barnard that that is mainly an administrative matter rather than for decision by this group. (3) One final thought was in regard to finances, pointed out in talking about medical care. When you tie general policy statements to dollar commitments it occurred to me it might be useful and constructive if one could have reference to funds in this pioneer field -- agriculture and human ecology program. In undertaking a new area or new emphasis it does require a certain amount of shifting. One has to recognize that in the policy statement and in the allocation of funds. As I re-read the report recently and as I listened to the discussion this morning I felt there was nothing I had in mind basically different from what is in your minds but it was almost entirely a need of emphasis. Whether it is practical to bring that type of emphasis into the report I don't know, but it has been on my mind for some time and I wanted to take advantage of this opportunity to speak of it.

Prof. Fair: Thank you, Mr. Rockefeller.

Dr. Halverson: I must say something about medical care. I am in the process of going out to my council. They take a look at me and say what has that Committee of the APHA done? That sets the stage. Seriously, I think the great danger in

this field of medical care is that there will be such a continued conflict between the opposing forces here that sometime there is going to be a revolutionary change in the distribution of medical care. I don't share Dr. Clark's feeling that the Committee on Medical Care did not accomplish anything -- I believe it did and I think he does, too. I feel that the Foundation has the prestige, foresight, and insight which might try to bring together the opposing groups rather than conducting studies which might by implication indicate inferior to various plans. I would hope it might be possible to consider whether certain studies might be made in the fields or with organizations which meet the approval of the medical associations such as the Blue Cross or Blue Shield. What are the advantages and disadvantages of providing medical care on that basis? Some of us have our minds made up and some of us do not. I would like to see a greater attempt made by the Foundation to study this thing in lines that would tend to reconcile rather than divide.

Prof. Fair: Are there further comments on these first four sections of the report?

ADJOURNED FOR LUNCH

Afternoon session.

Prof. Fair: In regard to finances, the most important (thing) I believe you will find in the projected budget for 1952 on Page 55.

Mr. Osborn: If we are coming now to a consideration of finances might I be allowed a few remarks. I would like to speak with considerable informality and express my thoughts in a completely relaxed way. I went through an experience at luncheon and I think Dr. Morison and Dr. Gregg will agree ----- cannot easily express one's thoughts. Toward the end of luncheon I happened to be the recipient of a strong impression of thought which I would like to define and express. This Commission, as I see or know it, is met to make recommendations to the President and through him to the Board as he deems well. At various times during these meetings we have approached what I believe is the future work of the IHD, but have not gone into it full face should look at it four square. It has been in the consciousness of everyone-- and has been in the back of the minds of all -- to what extent is the health work of the Foundation responsible for what is world-wide population pressure. I personally believe that I myself would feel that I had quite largely failed as a member of this Commission by being a party to turning in a report to the President which did not give more acute facing the fact of health in fixing(?) population. It is a thing to call attention to facts that are at least partially recognized. I would dare to say that in the next 5 to 10 years the whole matter of world populations is going to receive greater attention by the force of world-wide facts. I believe there will probably be conferences either under the aegis of the UN or such conferences now (meeting) in India where the population problem would be to the fore. It is the complete faith of each one of us and certainly the outstanding possibility of the RF to be a pioneer. I believe further, and this has a bearing on Mr. Weaver's brilliant memorandum of yesterday, that it would not be sensible to go into accelerated problems in agriculture, that it would seem not to be intelligent not to enter into the one in agriculture without a consciousness of the facts which is that of population, which is not only static but growing. If I happened to be in Mr. Barnard's

shoes and brought to the Board of the Foundation proposals that the Foundation interest itself more actively and that it is interested in the population problem, I imagine there might be questions from those members of the Board who have not thoroughly enough considered the population problem as it exists today. I have a letter here which happened to come in yesterday and I have had 24 copies made. If you approve I think it would be worth everybody's reading. It is written by a man known by a great many in this room, A. Vivian Hill of England who has been Secretary of the Royal Society. I think it has a bearing on the thing I am trying to express and I think it has a bearing on the policies of the IHD before we close the books and go to finances. I wrote to V. Hill about two weeks ago because I wished to inform him that the Conservation Foundation was doing everything it could to bring about a UN meeting on this problem. I am not recommending that the RF set itself up as an organization to promote birth control clinics nor that it adopt any immediate program in regard to population pressures. I am strongly recommending that it take openly into its consciousness this matter of population pressures. Might get away from this divine term human ecology which is meaningless to a great majority of people. This is a world problem -- we don't know the answers yet, but we are going to take steps to see what we are going to attempt.

I suggest that it not be left out of present consideration insofar as the IHD is concerned. (He referred to the abortion problem in Japan.)

Prof. Fair: We felt in writing the report that by saying that all of these problems could be viewed with interest in human ecology we were taking care of this particular phase of the matter which you bring out. Probably the statement could be strengthened to a certain extent. I know it is in the minds of the officers to pursue this problem. Mr. Barnard, have you any comments?

Mr. Barnard: I think you might put a paragraph in somewhere here that the real usefulness of either this new Division or of any program that develops in agriculture is highly speculative as long as the population problem exists. That would probably strengthen the report. I think it is time we could do it while we cannot get into propaganda or specific birth control methods in a place in India you now have a report by a strongly Hindu Committee which recognizes all of these things. I think you are almost in the position where the formal opposition is apt to be in the Western part of the world and the Catholic world. It is one thing to make a statement and then get people to behave that way. We are not out of tune to state what we think so long as we keep it down to the point where it is not propaganda. From my point of view it would strengthen the report if you could put in a paragraph about this subject.

Prof. Fair: If my information is correct we may be on the verge of the solution of the problem. (Referred to pill reputed to defer ovulation for 2 weeks.)

Dr. Warren: But that is not the answer to the problem.

Prof. Fair: We will very definitely keep this discussion in mind.

Mr. Osborn: Does that mean a paragraph such as defined by Mr. Barnard?

Prof. Fair: (Than read Dean Myers' letter to Dr. Warren.) This is quite in line in bringing out many things discussed this morning. I would like to see someone attached to the agriculture program in Mexico along this line. One of the problems in Mexico to increase protein -- fish -- which raises a malaria problem, which unless carefully watched may increase the malaria problem. Here would be a very simple way to make a start in Mexico. We shall see to it that greater emphasis is given to the question of population and perhaps stress the cooperative opportunities. A broader base may establish itself without changing the present pattern of the RF.

Mr. Weaver: I think perhaps a couple of brief remarks might be made in regard to the relationship of the activities in agriculture to this broader base of activities. I think it is the last paragraph of the memorandum you have seen that speaks of the fact that in considering the large number of activities available all of the agriculture group felt that preference should be given to the development of a broader program. It seemed to us to be one of the entering wedges just as public health was. I think it is only fair to Dr. Harrar to say that he held the strongest views of anyone of our group about the larger emphasis on a rounded program and particularly on the desirability of doing it in Mexico.

Prof. Fair: There is no objection, is there, to assigning a man from the MPH to an agricultural program?

Dr. Warren: I don't see any obstacles that could not be overcome.

Prof. Fair: A man like Sasse, for instance, dealing with this problem now in Chile.

Mr. Barnard: You can do most anything you want to if you know what you want to do. What goes on simultaneously and what goes on in the..... is the of the whole I think you have to regard the map pretty closely. You have to take into account political and sometimes religious factors which would be the real bottleneck. In Crete the system of taxation was the bottleneck. When in the areas where you find that kind of thing would be the bottleneck and the RF by any method could do anything is quite remote from any experience we have had. The people have agreed more on health than on anything else, especially when they are sick. Whether you can do anything politically is a question. As Dr. Kimball suggested, if we are to do anything on broader lines, Mexico would be the place where we are already operating and also where we have been working in public health for many years. But as the executive here I would want something more than fine sentiments or quick action before spreading this program very much, and to what extent the capacities of the people we have could cover the wide range of interests and whether a sufficiently good man would work to attain it when the agricultural people were saying strongly that you could not make an agriculturist work under a public health man We did not take quick action on the agriculture program. It was done very carefully. When we try to expand we have got something new in techniques to learn.

Prof. Fair: The experience of the RSC might reverse itself.

Dr. Warren: It all depends on the area in which you propose to work. I think it is true you can start public health work in a country less developed than you could I think Mexico is a good illustration. We started in public health there in 1918. Until 1913 there were only 2 classes in Mexico -- the very well-to-do and the poor. From the fall of Porfiro Diaz a period of political instability ensued and under that it is difficult to develop economically or make progress. From 1910 to 1920 approximately there was a series of revolutions in Mexico. In 1923 there came into the presidency He did a lot for Mexico which has resulted in political stability, etc. Since became President there has not been an overturn of government by military revolution. For the last 23 years there has been political stability -- it has resulted in improved economic and improved social status of the whole. During all this period the IHD had a public health program in Mexico beginning with yellow fever, then hookworm, with the hope that some of them would develop into full-time health units. The death rate has been reduced and where previously the National Department of Health served only the district in Mexico it now has a pretty good public health service. In 1918 I doubt if it would have been possible for the agriculture program to attain the success it has in the time it has. In considering the broad program there are a lot of other things to be considered. I doubt if both could have been begun simultaneously and operated simultaneously. I think the development of agriculture has been a natural development of the other.

Prof. Fair: Is there further discussion before going on to the financial part?

Dr. Gregg: It seems to me that in very broad terms as you diminish the infant mortality you then have an increase in population and an increased demand for adequate food. The increased population has two results: (1) geometric increase and (2) having people interested in staying alive. If having raised the population over one period of time, we go on to raising the food supply, it is logical and practical at the moment but I don't know that you have met the problem. Perhaps raising the food supply is not the only thing to do; maybe the thing to do is to only mankind on the globe. The residual problem is the control of population.

Dr. Muench: It seems to me that there are other things involved than food supply. If there is nothing for the population to do but be interested in adequate food supply they will compete for the food supply. There are other things young couples want besides children. A part of this general ecology problem certainly goes rather largely into sociology.

Mr. Barnard: I think we would have to look out, having gotten ourselves into a very broad position in population problems and ecology, that we don't paralyze our efforts in a direction in which we don't know how to work. When the panel of international control of atomic energy -- attended atomic committee of the Senate -- some were isolationists but Tydings became fanatic -- only interested in world government, and Vandenburg said what you are saying is if you cannot control scarlet fever you should not solve diphtheria. We have to keep the old maxim in mind that you do not do harm and some things which in themselves are not good a little different approach because it was taken for granted that to do all of the things we have done was good, but it is not necessarily so. What I am putting before you is not intended to be discouraging but is pretty. What has been said about population is a good thing to put in this report and is not going to me while I am around here.

Prof. Fair: Further discussion?

Mr. Stewart: the social sciences put what is an increasing burden on public health. There was a when the position was supposed to be a social science problem. A long way from Malthus to Lord Keynes -- relation of population -- . Has become completely abstruse but there is another which addressed itself and could address itself to some of the issues under discussion here. Certainly it could be related and coordinated. I am not this is going to solve itself. Some part of this population problem could be brought into the Social Sciences for attention. It is part of this that could be expected to be borne (?) by other divisions of the Foundation.

Mr. Osborn: I don't think you could get through unless the SS were interested.

Mr. Moe: The master of the finances is not me but Dr. Warren. There is only one thing I can say that Dr. Warren cannot say, but on the day the Finance Committee met Dr. Warren let us look at some of his hopes and I think I speak for the Finance Committee when I say that he convinced all of us that we would be delighted to commit a budget of \$3,600,000 to him. He also showed himself to be a master of his staff situation. As Mr. Osborn said, finances follow policy. Program and Policy determine finances and therefore I hope that Dr. Warren in discussing finances and the budget will expose to this whole Commission some of the thinking you let us look at the day that the Finance Committee met.

Dr. Clark: Are a and b part of the budget on Page 55?

Dr. Warren: A part of it. This projected budget I hope you will not regard as a very tight one. What has been attempted here is to itemize in a way what the officers in the Division can foresee at this time as reasonably possible for 1952. The Professional Education item, \$800,000, we would not like to guarantee that we would stick to these figures. The \$800,000 was estimated approximately as follows; of the two old divisions was \$400,000. Fellowships would be about half of this. The other \$400,000 is to provide for other fields -- medical education, public health education, sanitary engineering and in the field of nursing. I think this is more adequately explained in the forepart under professional education. Medical education is really the foundation on which all activities in the field of medicine must rest. We go into an underdeveloped country and undertake public health -- successful as long as our staff is there but the ultimate success hoped for would have a direct relation to the quality and character of medical education in that country. It would be pretty difficult to develop a broad program much in advance of the standards of medical education in the country. It would seem to us to be logical to revert again to the real base on which all programs must be based and in public health we use disciplines other than medicine. The training of an anthropologist would never be a responsibility of ourselves but of the Humanities or SS.

Under the heading of Medical Care we have listed a modest sum. At the present time we have before us requests for \$250,000 in this field. It would be relatively easy to spend a large amount of money in this field. It seemed to us in this period of reorganization (best) to begin on a modest scale and I was pleased to have Dr. Clark say he thought this sum was a satisfactory one. As I stated this

morning, the Foundation is in a unique position to make available some objective and factual data which would give a basis of fact for some of the questions debatable in the field of medical care in the realm of opinion. (AJW repeated his ideas for N.C. in a briefer form than at the Finance Committee. For details see AH's notes). (AJW concluded as follows). At the present stage it is nothing more than an idea and it will not be developed until we get a little authority from this Commission, from the Scientific Consultants and from the President of the Foundation and the Trustees. A sample survey would cost from \$3 to \$5 per capita. That type of project would be a long term project -- unless willing to think of it for at least 5 years, should not think of it at all.

Mr. Moe: At this point (at the Finance Committee) Dr. Morgan said that this proposal crystallized a little the discussion he had heard before but had not understood re human ecology and that it cut across your whole budget, probably less across the virus section.

Dr. Warren: (Explained viruses and promotion of health sciences - represents prior obligations, firm commitments and moral obligations inherited from the IHD and MS). \$850,000 for staff is a firm commitment. This budget of \$3,600,000 actually represents the exact sum of the two previous divisions. It would seem to me that this budget would represent the minimum on which we could operate.

Mr. Osborn: How does that compare with approximately 7 years ago?

(CIB called attention to what he considered a correction on page 29).

Dr. Clark: May I ask a question about C.M.B. endowment.

Dr. Gregg: At a meeting last week the C.M.B. considered a series of things that could be regarded as interests of the C.M.B. that they could do.

(Prof. Fair asked Mr. Moe if he had further comments and he did not).

(Dr. Reed asked for clarification for the final report).

Prof. Fair: First to the Drafting Committee for its approval and to all members of the Commission for final approval by them. (Prof. Fair invited their correspondence relating to any matters in the report and would like any statements which will lend more youthful enthusiasm than it seems to have presented up to the present time). If you will communicate with Dr. Warren or me I would welcome all suggestions.

Mr. Stewart: One suggestion I repeat, that in presenting the report to the Trustees the budget be annotated so that the Trustees will know whether they are dealing with new or old.

Mr. Barnard: Question of methodology, Mr. Chairman, as I get it the sense of this group as a whole is that you are for the report. We are very conscious here that we are taking the time of a lot of busy people and if you get the draft here would it be satisfactory to make a note of comment or dissent rather than to call you all here together again. A method which Dr. Gregg used effectively could be used (circulating) and it would save your time if you are sufficiently agreed on this.

Mr. Moe: All I have to say is that probably it is useful to have 2 copies of the report -- one to keep and one to return to Dr. Warren.

Dr. Parran: For the record I would move that the Commission accept the suggestions made by the President as to procedure. (Moved, seconded and passed).

Mr. Barnard: I want to thank you all very much and to repeat what I said this morning. I think not only the document that comes out of this is very valuable, but your views have been valuable and so far as I am personally concerned you have contributed greatly to my own orientation and I am sure that is true of the other officers. Thank you very much.

Prof. Fair: I want to thank you all for the assistance you have given and I think we should not forget the tremendous amount of labor on the part of the members of the RF staff.

ADJOURNED 3:30 p.m.