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INSTITUTE OF CURRENT WORLD AFFAIRS

JBG-13
WHO Conference

Silver Springs Hotel
Kampala, Uganda
East Africa
6 December 1950

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Institute of Current World Affairs
522 Fifth Avenue
New York 18, New York

Dear Mr. Rogers:

The atmosphere of our languid little town has been much enlivened this past week. There has been more hustle and bustle during the day, more 'party petrol' burnt during the night. Morning and afternoon, cars with assorted official flags pull up in front of Town Hall and passengers, whose pin-striped and creased attire mark them as foreign to this land of khaki shorts and open shirt collars, climb out, pushing horn-rimmed glasses and carrying brief cases. Inside the airy, modernistic hall they sit for hours and speak in two languages plus a medical and entomological jargon full of terms like malignant and benign tertian, anopheles, hyper-endemicity, and so forth. The Kampala evenings have been enriched with an increased number of sundowners and dinners; and at drink time the lobby of the Imperial is crowded with the distinguished visitors. It now takes as long as fifteen minutes to edge past the snooker table and buy a whisky at the stag bar, which, in the words of a BOAC mechanic, is now "packed to the gills with Sawbones and Butterfly-Catchers."

The newspapers, of course, explain everything. Headlines in the Uganda Herald and the East Africa Standard, bearing the strange abbreviations WHO and CTCASS, tell of the convening of an anti-malarial conference under the joint auspices of the World Health Organization and the Commission for Technical Co-operation in Africa South of the Sahara. A number of mimeographed "fact sheets" also have been passed out by the WHO public relations officer. These pamphlets tell the Kampala residents that 75 countries belong to WHO; that membership is open to all states; that the headquarters is located in Geneva with regional offices in Delhi, Alexandria, Washington, Hong Kong, and with one soon to be established in tropical Africa, too. The statement of WHO 1950-51 budgets, totaling $12,450,000, was prominent on the first page. The functions of safeguarding international health, stamping out epidemics, coordinating innoculation programs, etc. were also outlined.

It was interesting that the fact sheet made no mention of the connection of WHO with the United Nations. The yellow banner of WHO has been shown all over town - with the azimuthal equidistant world map of the UN behind the caduceus of WHO - but in general the affiliation has been much played down. Reason one, the East Africa officials are still chafing over the criticisms of the

Trusteeship Council Mission sent to Tanganyika Territory during September and October of 1948. Reason two, the Tanganyika administration has not been entirely happy over being required to submit reports to the Council and the General Assembly, or over being subject to criticism by 'a group of delegates from the Latin American governments.'[1] Reason three, the distinction between the technical and political sides of UN organization is being emphasized; WHO seems to not want itself identified with what is going on in the Security Council and the General Assembly. With the two central bodies tied up in power politics there is a tendency for the moral child to disown the immoral parents - and to try to keep its own affairs above political issues.

However, this intention was scotched from the start. The opening speeches by the Governor of Uganda and the WHO Deputy Director General revealed pretty clearly that even the Science of Mercy is subject to political compromise at the international level.

His Excellency Sir John Hathorn Hall came into the assembly room a minute or two late, accompanied by Lady Hall. The delegates and gallery (all colors and creeds represented) came to their feet and stood until the couple took seats behind the rostrum. The atmosphere, in the delegates pit as well as the gallery, was informal; the architect of the Hall had created - with tall windows, modernistic railing, blond-finished woodwork - an effect of comfort and efficiency not often seen in colonial towns. After a brief introduction by one of the delegates the Governor arose and delivered a finely composed speech, reading from a manuscript.

The Governor's first point was that anti-malarial measures had to be particularly adapted to each locale; methods succeeding in one area, if applied unaltered in another, would most likely fail. Speaking of his own area he strongly emphasized the value of immunity acquired through continual re-infection inside the hyperendemic districts, and expressed pessimism regarding the outcome of hurried insect-eradication programs throughout wide areas and populations, like Uganda with its 5,000,000 natives. While admitting the proven effectiveness of very local eradicative efforts he strongly suggested the unwisdom of any hasty, widespread DDT application, saying that the full effects of such new eradicating agents are presently unexplored - the good insects are killed with the bad.[2] An enumeration of the more serious obstacles in tropical Africa followed: the impossibility of isolating areas for treatment; the necessity for a much higher degree of international and interterritorial cooperation; and the profound danger of carrying on an incomplete program which would temporarily clear areas, deprive the populations of acquired immunity, and make them subject to

1. Report: Tanganyika, London, His Majesty's Stationary Office, 1949 (Colonial 242), p. iv.
2. At this point I wondered why the Governor failed to mention bees, and the thousands of hives placed in trees which the delegates would surely have noticed.

more serious epidemics later on. He said that statistics of returned service men had indicated that immunity can be lost, with serious effects. The speech was closed with a quotation of Churchill, naming the area of Uganda a "Poison Paradise"; and the Governor expressed a hope that this Conference might mitigate at least one aspect of the poisoning.

After a long wait for the translator to repeat the speech in French, Dr. Pierre Dorolle, WHO Deputy Director General, delivered a lengthy address. Appearing much less austere, and shorter than the Governor, he was dressed - contrasting with the other delegates - in tropical white. With his dark hair, pale complexion, thick glasses, and nervious gestures, he came near to filling the Hollywood concept of the Continental diplomat-intellectual. He spoke rapidly, in English when addressing the Governor and other dignitaries, and in French through the body of the speech. It was a long wait to hear the translation - longer than before.

Dr. Dorolle's first point, after considerable polite beating around the bush, was a statement of the discriminatory nature of anti-malarial measures thus far implemented in tropical Africa. Little had been done, he said, outside the urban and industrial areas; the rural populations had largely been left as they were. Equally contra to the vein of the Governor's speech was his next statement - that in many extensive and formerly infected areas malaria no longer constitutes a public health proplem; and that this is true not only in wide areas in temperate Chile, Italy, and Greece, but also in large sections of tropical Venezuela, British Guiana, Argentina, Brazil, Ceylon, etc. At the end he asked the Conference to please define the term 'Hyperendemic Area': the definition would be important, since arguments for abstaining from positive anti-malarial measures were put forth in regard to these areas only. (I took this as another indication of hostility towards the ideas of his hosts).

These two speeches hinted a division of the Conference into two schools of thought. One might be called the "conservative," or "pessimist," or "defeatist"; and would espouse the local administration's view that a high value should be placed on acquired immunity and that eradication programs should be undertaken only after the most thorough investigations, with assurance of success. The opposed might be named "aggressive," or "positive," or "hurry-up" school.

The political aspect of this cleavage was obvious: the proponents of 'hurrying to save the lives of native children' could claim humanistic, democratic motives, and they would be able to asperse the more conservative approach as cold blooded - calling for hesitation when people were dying. The conservatives, on the other hand, would have to stick to science, and leave ethics out except in terms of long-run betterment.

The division has become even more clear after the first ten days. Dr. P. C. C. Garnham, Reader in Medical Parasitology, be-

came the most outspoken defender of the cautious approach; and Professor G. MacDonald, Director of the Ross Institute at the same Institution, emphatically took the other side. They disagreed violently on facts and statistics as well as views.

A Chairman, Professor N. H. Swellengrebel, Director of the Institute of Tropical Medicine, Netherlands, was elected; and Dr. L. J. Bruce-Chwatt, senior malarial service advisor, Nigeria, was designated rapporteur. There were side issues - like the debate on the merits of prophylactics, where it was decided that quinine was too expensive and that paludrine had proved less effective than hoped; and there were interesting statements like General Sir Gordon Covell's quoting a malaria campaigner as having said "I spend one tenth of my time fighting malaria, and nine tenths of my time fighting people trying to prevent me fighting malaria" but the conservative-aggressive argument remained pivotal.

Dr. Garnham insisted that children in hyperendemic areas had had an appearance of well being, had not lost weight during the immunizing attacks in serious degree. Lt. Colonel Jaswant Singh, speaking from experience in India, warned of complications of the problem by migrant labor practices and consequent continual conveyance of parasites from one area to another. A Dr. Trowell produced a graph on native malnutrition, and said that there was no way to statistically separate the effects of malaria from those of malnutrition, and other blood diseases; and that the "aggressive" approach could not be taken sensibly against malaria alone. Research in anemia had led him to believe that many blood diseases would remain, and perhaps increase, after malaria had been eradicated.[1]

Professor MacDonald left it that the immunity of the African was purchased at too great a cost in mortality and morbidity; that there is a grave responsibility involved in withholding control measures - in short, that we have the devices of control now, so why don't we use them? A Dr. Dowling lent some support here with some statistics of reduced infant mortality after an anti-malarial campaign in Mauritius (to which Dr. Garnham retorted that malaria in Mauritius had not been hyperendemic).

The Chairman Professor Swellengrebel broke a long silence to come to the defense of Dr. Garnham and the conservative approach, citing his first hand, recorded observations in Surinam, where he felt that he had seen the value of acquired immunity proven quite

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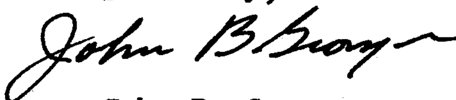
1. Here I had recalled to mind the practices of Dr. Seagrave and a few other medical men in northern Burma. In some cases they regarded the high fevers caused by malaria as a sort of automatic safeguard against the more damaging effects of syphilis on Chinese troops fighting in malarious areas.

strongly. Nearly 100 per cent of the younger children and 25-50 per cent of the adults were parasite carriers in the village he studied, while nearly 80 per cent were free of enlarged spleens. The village had increased from 700 to 900 in 13 years; infant mortality was 113 per 1,000; general mortality had been 21 per 1,000, equalling corresponding figures in Holland, years 1881-1890. This was a bush negro village, and the surprising state of well-being of the inhabitants had then convinced him that this tolerance of the parasite was a racial characteristic of the negro, which had qualified him more than any other race to be transplanted to the South America jungles. The Doctor ended by saying that he had a very high respect for the value of acquired immunity.[1]

This was as far as things had gotten by yesterday, 5th December; and it appeared they would get no further until the meeting of Experts to follow. About the middle of the month the last of the thirty-two delegates will have departed or gone back to his local job; and WHO will turn out a report of findings and conclusions. I rather think that the most definite of the findings will be that statistics in tropical Africa are inadaquate and vague. Maybe there will be a definition of hyperendemicity and an assessment of the value of immunity acquired through continual infection.

It's a pretty sure bet that the lives of the anopheles mosquitos a few miles away from the Township will not be much affected. But the native night-watchmen, who desert their posts to run out and gather handfulls of frying-grasshoppers under the main street lights, will not be bothered by so many passing automobiles, bringing delegates home from evening entertainment. And my friend the BOAC mechanic will be able to get his evening glass of Tusker Beer in something less than fifteen minutes.

Sincerely,



John B. George

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1. The facts in this paragraph are as straight as it is possible to make them. In the original English minutes of the Conference (WHO/Mal/65 Afr/Mal/Conf/20/Min.11.), pages 9 and 10, the events recounted by Professor Swellengrebel are poorly worded, and do not definitely locate the village concerned.

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