

GENERAL
ASSEMBLYASSEMBLEE A/AC.17/SR.7
GENERALE 7 September 1948 81

ORIGINAL: ENGLISH

NON-SELF-GOVERNING TERRITORIES
SPECIAL COMMITTEE ON INFORMATION TRANSMITTED UNDER
ARTICLE 73 (e) OF THE CHARTER.Summary Record of the Seventh Meeting, held at
Geneva, on Tuesday, 7 September 1948, at 10.30 a.m.

Present:

Chairman:	Mr. Cheng Paonan (China)
Rapporteur:	Mr. H. Lannung (Denmark)
Members	Mr. P. Rycknans (Belgium) Taha Bey el Sayed Nasr (Egypt) Mr. R. Garreau (France) Mr. B. Shiva Rao (India) Mr. J. W. de Stoppelaar (Netherlands) Mr. J. S. Reid (New Zealand) Mr. I. D. Lifschitz (Nicaragua) Mr. S. J. Söderblom (Sweden) Mr. A. G. Kulagenkov (Union of Soviet Socialist Republics) Mr. J. Fletcher-Cooke (United Kingdom) Mr. B. Gerig (United States of America)
Specialized Agencies:	Mr. Bluelloch (ILO) Mr. E. Grzegorzewski (WHO) Mr. Cortesao (UNESCO)
Secretariat:	Mr. Victor Hoo, Assistant Secretary-General Mr. Benson, Committee Secretary.

SEP 14 1948

UNITED NATIONS

mf

Item 6 (a) of the Agenda (Continued)

Mr. FLETCHER-COOKE (United Kingdom) pointed out that the apparent extremely sharp drop in the number of pigs in Kenya and Barbados between 1946 and 1947 as shown in document A/588 was due to an error of the Secretariat. No figures had been transmitted on the number of pigs in these territories for the year 1947, and the figure given in the document for 1947 was actually part of the figure given for 1946.

After an exchange of views between Mr. Garreau, Mr. Kulagenkov and Mr. Gerig on the re-opening of the discussion of Item 6(a), the CHAIRMAN invited the Members to proceed to Item 6(b), on the understanding that an opportunity would be given at a later stage, as during the discussion of the report, for any intervention which the representatives thought needed in the light of the observations of the representative of the Union of Soviet Socialist Republics under Item 6(a).

Item 6(b) of the Agenda

Mr. RAO (India) suggested that parts of sections (A), (B) and (C) of Part I of the Standard Form might be transferred to other Parts since it was necessary to know about the geography, history and people of a territory in order to understand fully the information transmitted on economic, social and educational conditions.

As regards Health Mr. RAO advocated that more attention should be devoted to vital statistics and particularly to those dealing with maternal mortality in the Non-Self-Governing Territories. Information should be transmitted separately on (a) mortality among infants under 1 year of age; (b) mortality among children between the ages of 1 and 5 years; and (c) mortality among children between

the ages of 5 and 10. Information should also be transmitted on the expectation of life in the territories, and, again, on the different types of hospitals, e.g. maternity, children's, opthalmic, tuberculosis, venereal disease and cancer hospitals. There should be a classification of eye diseases as blindness was common and some of it was preventable by modern scientific methods. In the Non-Self-Governing Territories the emphasis should be on the preventive side of medical work rather than on the curative side.

He noted the importance attached to the training of native staff for medical work by the United Kingdom Government and hoped that other administering authorities would do the same. Native physicians, because of their knowledge of local conditions, would be more useful than non-native doctors, but the medical training of natives was only possible if there were a sound system of secondary and higher education. This was equally true of the other indigenous technicians whom it is necessary to produce. It would take time to bring this about, but the subject should receive the close attention of the administering authorities.

High death rates, Mr. RAO continued, were, like a high infantile mortality rate, associated with poor economic conditions. The poor state of health reported upon by the French Planning authorities applied equally to many Non-Self-Governing Territories; here was a field for investigation by W.H.O.

Mr. GARREAU (France) pointed out that health difficulties in French overseas territories were due mainly to the climate. He agreed that education must be developed up to the highest levels and natives trained to become

physicians to co-operate with European doctors. There were no universities in the new overseas territories but native students were being sent to French universities under scholarships. Two hundred and four such medical scholarships were at present held by students from French West Africa, French Equatorial Africa and Madagascar. A medical school was functioning at Dakar.

Mr. GARREAU traced briefly the history of French medical work in France's overseas territories and, as an example of the progress made in fifty years, stated that energetic measures had been taken to control sleeping sickness, yellow fever and malaria.

Mr. FLETCHER-COOKE (United Kingdom) mentioned that the vital statistics were not as complete or as accurate as the British Government would wish but he pointed out how difficult it was to obtain vital statistics in territories with scattered settlements and cited figures to demonstrate the fall in infant mortality between 1939 and 1946 in Lagos Town, British Guiana, Jamaica, Singapore and Fiji. West Indian figures also showed comparable improvements in the health situation and it was hoped that the inertia of the people, which constituted one of the main difficulties of the administering authority, would be removed.

Mr. FLETCHER-COOKE also added that ante-natal and maternal welfare services were being expanded and midwives were being trained in ever larger numbers. The figures given in document A/592 on public expenditure on health did not include expenditure on the construction of hospitals and clinics which were usually set down under Public Works Department expenditure. The United Kingdom Government had made provision for funds amounting to £100,000,000 for

development projects in the Colonies; £1,000,000 a year for medical research; £500,000 for tse-tse research; and further sums of money for malaria research. In Cyprus a malaria eradication programme had now been completed and a similar scheme had been envisaged for Mauritius. Modern insecticides were being experimented with and health research surveys were being undertaken in areas outside of the big towns.

Sums up to £1,000,000 were being spent on university colleges in the West Indies and Nigeria, and improvements were being made to medical schools in Uganda, Malaya and Hong-Kong. It was difficult to recruit enough European staff to train native health staff as in the United Kingdom teachers were in short supply and expensive, and in addition they were reluctant to engage themselves on the short-term contracts which were available.

The United Kingdom Government was equally alive to the importance of preventive as compared with curative medicine as it was to the problem of infant and maternal mortality.

Mr. RYCKMANS (Belgium) explained that it was difficult to obtain maternal mortality figures for the Equatorial zone as where maternal mortality was high the natives had no confidence in modern medicine. In Africa, child mortality in age groups over 1, even up to age 7, was as important as in the case of infants under 1 year, and this was due to intestinal diseases, particularly those resulting from uncontrolled feeding once a child could crawl.

Mr. RYCKMANS described the training of native medical assistants, pointing out that after five years instruction in a secondary school they spent four years in a medical school and after a further year's training were put to work in hospitals under the supervision of European doctors.

Mr. RYCKMANS stressed the importance of paying attention

to endemic diseases and stated that in order to clean up sleeping sickness it was necessary to spend 4 or 5 years in the preliminary work of examining the population so as to isolate the carriers of the disease. In the Belgian Congo, doctors had tended to show a preference for curative medicine over preventive medicine as the former was considered more interesting from the professional point of view.

Mr. GERIG (United States) considered that some of the suggestions made by the representative of India should be taken into account when the Committee comes to consider the Standard Form.

Mobile hospital units had been employed for years in many United States territories and would be found useful in other territories as well.

The training of native doctors was largely a question of finance as many territories had not enough revenue to provide for all the training facilities desirable. The admission of foreign doctors and teachers who were unemployed in their own countries, or who were in refugee camps, might be considered.

With reference to document A/592, page 8, Table 2, Mr. GERIG suggested that this table might be extended to include other territories in the future. The figures for private doctors given on page 18, Table 4, might be set out next to the figures for government doctors. Information on the training given and on how it varies from territory to territory would also be useful.

Mr. STOPPELAAR (Netherlands), speaking from Indonesian experience, suggested that intensive propaganda, especially by native agents, was the most effective means of fighting high infant mortality. Medical courses were provided for native

doctors in two universities in Batavia and in one university in Surabaya. There was also training schools for dentists, pharmaceutical chemists and nurses in Curaçao.

Mr. GARREAU (France) stated that there had been restriction on the entry of foreign doctors into French overseas territories but that now doctors among displaced persons were being allowed to practise in these territories. He pointed out that mortality among doctors in Central and West Africa had been high. Mobile medical units had been employed in French West Africa and in Morocco. Large numbers of the people in the French overseas territories had been vaccinated against smallpox or inoculated against other diseases.

Mr. KULAGENKOV (USSR) complained that much had been said about plans for the future but little about the situation as it existed to-day. Documents before the Committee, he continued, showed that health conditions were bad, medical facilities insufficient or non-existent, and that little had been done to improve health conditions in these territories. He referred to infant mortality figures for Uganda, the Gold Coast, Nigeria, Sierra Leone and Kenya, and compared them to the United Kingdom figures. He also referred to the number of hospital beds available in Morocco, Uganda and Nigeria in relation to the total population of these territories, and drew comparisons with similar conditions in the United Kingdom, pointing out that far less care was being expended on the provision of medical facilities for Non-Self-Governing Territories than for the Metropolitan countries. Sierra Leone with a population of 1,700,000 had only 12 midwives and French Equatorial Africa with a population of 4,300,000 had only 15 midwives. These facts shed considerable

light on the infant mortality rates of these territories. In Nigeria there was one physician for every 113,000 persons, and this was equivalent to having only one doctor for the whole of the City of Geneva. In the Belgian Congo there was only one physician for every 8,000 square kilometres. In the Belgian Congo, Nigeria and other territories the health position was bad and the population was decreasing. The basic reason was that economic conditions were so bad that they were bound to lead to the spread of disease. The situation was catastrophic and it was up to the United Nations to take action.

Mr. KULAGENKOV agreed with the representative of India that more native medical personnel should be trained and stated that in this matter there had been the least progress.

Mr. GARREAU (France) regretted that the representative of the Soviet Union had failed to take notice of what other speakers had said about positive achievements in medical work in the Non-Self-Governing Territories. He, Mr. Garreau, had traced the history of medical work in French Africa, and he had made no reference at all to plans for the future, although his Government did have such plans.

He denied that the population of the French overseas territories had declined and quoted figures to show that in Morocco and other territories the population had, on the contrary, greatly increased. The figures showed that much progress had been made in improving conditions of life in the various territories. Conditions in territories overseas could not be justifiably compared with conditions in European countries.

Me. FLETCHER-COOKE (United Kingdom) in commenting upon the observations of the representative of the Soviet Union asked whether infant mortality would be lower and whether there would have been many more hospital beds in the Non-Self-Governing Territories if there had been no Administering Authorities. It was unreasonable to compare health conditions of Non-Self-Governing Territories with those of the United Kingdom, where geographical and other conditions were entirely different. Liberia with an infant mortality rate of 700 per 1000, and other sovereign states with similar conditions would provide a much better basis for comparison. He repeated that various improvement schemes were actually being carried out and that his Government was not concerned only with future plans, as his reference to the completion of the Malaria Eradication programme in Cyprus showed.

Mr. RYCKMANS (Belgium) asked how could useful comparisons be made between Belgium and the Belgian Congo when the size of their respective budgets was so different. He pointed out that in the Belgian Congo expenditure on native health was in 1948 more than twice the taxes paid by the natives, and that it would be fairer to consider what the situation was on the spot and find out whether the available resources were being properly administered or not before arriving at a conclusion. It was absurd to compare conditions in the Belgian Congo with conditions in Belgium. When the medical budget for the Belgian Congo equalled that of Belgium then the Belgian Congo could be regarded as deserving of self-government. It was impossible to take arbitrarily the number of doctors to a given area of country and come to a

right conclusion. Many sovereign states did not have any doctors in certain areas of say 200 sq. miles. It should be remembered that one doctor could supervise the work of several assistants and achieve satisfactory results.

Mr. KULAGENKOV (USSR) said that he understood the dissatisfaction of certain Administering Authorities because he was offering serious criticism and that was what they did not want to hear. All his conclusions had been based on information transmitted by the Administering Authorities and on documents submitted by the Secretary-General. He insisted that it was reasonable to draw comparisons between medical services in Non-Self-Governing Territories and Metropolitan countries, as the aim must be to raise the standard of health in Non-Self-Governing Territories to that of metropolitan countries. As for a comparison between health conditions in the Soviet Union and in European countries which had been suggested, although the suggestion was irrelevant it was a fact that health conditions in USSR were the best in the world. He was still un-impressed by the fact that after 20 years of work there were only 15 midwives in French Equatorial Africa. The comparison of the number of physicians to a given area was valid in order to judge of the true availability of medical services to the native populations of the Non-Self-Governing Territories, who were dying out because of lack of medical facilities and poor economic conditions.

Mr. BENSON (Secretary) summarised the directives and instructions to the Secretariat that had emerged from the work of the Committee. These included certain corrections to be made in the documents submitted by the Secretary-General; indications of the method of treatment to be

employed in future analyses; comparisons to be made through the use of statistical information available to the Secretariat; special studies to be made; interchange of information with the specialized agencies; modifications of the Standard Form by means either of addenda to the Standard Form or other revisions; and the question of investigations regarding the availability of foreign doctors for employment in Non-Self-Governing Territories.

The Committee adjourned at 1 p.m.