

1961?
June 27 Dacca Tuesday. Morning starts at the office with an attempt to clear up many old notes which have been neglected all too long.

An interruption comes about eleven o'clock with the visit of Mr. William Blackie, the local representative of FAO; a man who spent many years of his life in Hong Kong in government there. WB comes in to discuss the ways and means of bringing about the participation of his native New Zealand in the CRL...B says that in general NZ has insisted in bearing its part in the international programs (he recently learned almost by accident that his country had recently contributed two sugar mills to Pakistan through the Colombo plan.).NZ has been particularly active in the fields of agriculture, education and medicine..it seems unusual that NZ is not participating in the cholera project which is of basic interest to so many of the commonwealth countries. JLS points out that the idea of a SEATO cholera program was mooted at the SEATO Conference of 1958 at Wellington NZ. There Thailand newly infected with cholera after a decade of freedom was responsible for bringing the matter to the attention of the conference. As a result of this action the USA and SEATO signed the agreement of May 29 1959 by which the USA set up a sum of four hundred thousand dollars to be spent through the NIH on this problem. I give WB the story of the development of the program up to the present time and also give him the details of the dealings with the GOEP during the past months in getting the decks cleared for further action. I am frank with WB regarding the attitude of the USA in its recent communications to the INCAP type of organization and take out time to give him the story of INCAP.... In telling him about the present proposal before the MINISTER I point out that the only country other than the USA and the GOP considered is the UK which has already taken action through the contribution of the ten thousand L to associate itself with the CRL. ...Under the present agreement the third country should negotiate with the GOP in agreement with the United States for terms of participation..My suggestion has been that the USA and the GOP should join in inviting the UK to participate. In the case of NZ it would seem appropriate for the NZ authorities to make official inquiry as to the possibility and terms of participation. WB proposes to ventilate the matter informally with his government.

July 1, 1961. Dacca. Saturday. With JLS to talk with Big. Hyder for the first time since my recent trip to Karachi. I report that 1) Brig. Sherif has seen the draft revision given to the Minister under date of May 10; 2) word has been received from Washington of some reservations regarding my proposal; 3) a document has been prepared for the ministry of finance proposing that the CRL function through Trust Funds during the interim until the revision is completed; 4) that the CRL is interested in getting direct collaboration with the Health Services in epidemiological studies to determine where and when cholera is occurring organized in the immediate future (Hyder indicates that Telakudar ? will be his contact man for this purpose); 5) that plans have been made for Dr. Gordon to come out in Sept. to undertake physiological chemistry and clinical studies; 6) that there is no need yet for the appointment of the bio-chemist since the material for the chemical laboratory has not arrived; 7) that the equipment for the water laboratory is being transferred this week end to the CRL laboratory building; 8) that I am interested in seeing something of East Pakistan and of the conditions under which cholera occurs (Hyder says there is nothing better than going down to see the most recent suspect area on an island off the coast of NOAKHALI; I agree to be ready to leave on Tuesday or Wednesday and be gone for four or five days; and so we close the most friendly meeting with H for some time past.

Last evening at the home of the Bloods I met the Chief Controller of the GOEP: Mr. Jafari ?

JLS and I call on Muazzam Hussain who is very much interested in everything connected with the development of the CRL. M rather approves the move to operate under the Trust Fund during the interim period and predicts that this period will be a year. I assure him I believe it can be much less than that if I have an opportunity to follow it through the various Government departments to which it may be referred; that I am not ready to begin pushing it until I have the full Concurrence of Washington to all details of my proposal. MH asks for and I agree to give him copies of my revision draft and of the proposal for the use of trust funds.

July 2, Sunday.

At home all day.

July 3.

Mrs. Haynes, Dr. W. Griffiths, Dr. Dimarchi and Dr. Paltinieri visited the Cholera Research Laboratory and all came to dinner. Mrs. Haynes and Dr. Griffiths are here from the University of California, Berkeley, working on the Family Planning Programme, under the auspices of the Planned Parenthood Organisation with which Balfour and Jack Gordon were working in India. This organisation is a child of John D.R. III which has been helped also by the Ford Foundation! Family Planning was not heard of in Pakistan under the previous government when the Mullahs had control but under the present government the Mullahs have been told to keep out of trouble by not opposing the campaign being set up by government.

Dr. Shimmel has moved to Dacca to be the local representative of the effort here; the work will be done under the supervision of a committee which has sanctioned an administrative officer at Rs.500.00 a month. This already seems inadequate to Mrs. Haynes and Dr. W. Griffiths. The budget for the office is, I believe, Rs.50,000.00 with a possibility of its getting upto Rs.1,00,000.00.

Dimarchi is making his first visit here since coming to Pakistan as Area Representative of the WHO (Dimarchi was here during the war as a P.O.W. taken prisoner very early in the war in the North African Campaign; he was back here some years ago working with WHO on the problem of tuberculosis. Dimarchi understands all of the difficulties of working with the Government restrictions on staffing and on spending; agrees that no one can understand the situation here unless he has experienced it.

Dimarchi learns that the Government of East Pakistan has permitted the budget for the microbiological laboratory in which the WHO was to have participated to lapse; this leaves the WHO with some \$.30,000.00 of equipment, with Dr. Woolfe of the Netherlands and Dr. Yen of China contracted to come in the next few months with no provision being made for their reception here.

It seems that Brig. Hyder, who is not himself a research man, has decided that having already spent money to fix up the Cholera Research Laboratory, it would be duplication to have another microbiological laboratory supported by the Province. Brig. Hyder apparently does not understand that a highly specialised laboratory like the Cholera Research Laboratory is not prepared to take over the functions of a general microbiological laboratory and that both are needed here. While the Cholera Research Laboratory can, and should be willing to, help, it is not to be considered as a Teaching Institute nor as a general laboratory for routine work.

July 4th.

J. Cassanos arrives says he came from Karachi to Calcutta with J. Killen; that J. Killen apparently talked with Jes. but had no comment to make! (So that gambit failed) (J. Killen is to leave Pakistan in August; where he will go no one knows?)

July 5th.

C.M. not present in the morning; is taking the day off for discussions on nutrition with Kamaluddin and the Vice-Chancellor of Dacca University.

Water Laboratory materials from Parsons Co. were delivered on the 30th of June and on the 3rd of July. The problem now is to get it unpacked and installed.

July 5...Dacca.... Enroute to the office JLS advises me that Cm is not coming to the office this morning but is going with Kamaluddin Ahmed to see the Vice-Chancellor of the University of Dacca (really the Chancellor since under Pakistani usage the Governor is the Chancellor). A call to Cm caught him at the staffhouse before leaving for the University; Cm pointed out that the visit was with regard to the Nutrition Program being sponsored by the NIH and had nothing to do with the delivery of the \$24 000 NIH grant for the study of antibiotics and medicinals which the University is getting for work to be done by KA.

I expressed surprise that Cm had agreed to go with KA to discuss this program with the Vice Chancellor and indicated that I thought that KA should not be allowed to free-wheel with NIH interests at the Provincial level.In the afternoon Cm reported that he had had a talk with J Cassanos with regard to the developments in Karachi in the negotiation of the Nutrition Agreement; that apparently Ted Owens has been busy with other matters and has not acted in this matter (over looking entirely that this is not an ICA project; that nothing is actually happening and that everything is at the moment on dead center.Cm reports that JC is returning to Karachi in a few days, that Brigadier Sherif will be back in Karachi Monday, and that he Cm proposes to go to Karachi to see what can be done. When I insist on knowing specifically what he expects to do in Karachi, Cm says that he expects to talk with the disbursing officer about the possibility of making payments directly to Dacca University for their part of the program instead of routing all of the money through the National Government (that is the disbursing officer of the Embassy, which will be the channel through which funds will emerge)...that he expects to discuss the situation with Sherif and inquire as to the acceptability of certain changes in wording in the agreement... and that he expects to talk with others who may have experience in writing agreements with the Government of Pakistan.....After all this, Cm will write in to the NIH making recommended changes in the agreement now being drafted in Washington, so as to avoid some of the pitfalls Cm has begun to recognize here.

I indicate that I see no reason for ^{his} going to Karachi at this time; that he must be careful not to become the cat's paw in a struggle between the national and the provincial authorities; that he has no basis for suggesting alterations with CSherif unless he has written approval of these alterations from Arnold Schaeffer; that Sherif is not able to agree to any alterations without consulting the Economic Board which I understand has finally after consulting with Ted Owens given its approval..... (Cm has forgotten that the Vice-Chancellor is the one who should take up the matter of direct receipt of funds with the National authorities and not an administrative officer

Dacca...July 5 page 2

of the NIH. Cm also seems to forget that in the hierarchy of the Orient he is not in a position to negotiate as person to person with the Vice-Chancellor and with the Director of Health Services, even though he may have a letter from Arnold Schaeffer asking and authorizing him to look after details here for the Nutrition Program. I suggest that Cm should act by reporting to the NIH and should make no move here until instructed specifically to do so.....I further suggest that he might find it useful to suggest to Dr. Schaeffer that he see Joe Smadel, read the CRL agreement and my voluminous correspondence on it since March 14th, in Smadel's files.) I indicate to Cm that if it takes my authorization for him to move to Karachi at this time that he will not go.....

In the evening, JC comes to dinner with the Stockards and the three of us have an opportunity to discuss the Nutrition Program and Cm's relationship to it. JC says that Cm had talked with him in the afternoon and that he had indicated to him what the present state of affairs is in Karachi, that Ted Owens has been busy with pressing matters for Killen and had not been able to give Pavcek immediately his analysis of the Nutrition Agreement but had not suggested that there was anything to be gained by going to Karachi at this time. JC was surprised that Cm had been to see the Vice-Chancellor; and said that he was sure that no one in Ica would want to see him talking things over informally with Brigadier Sherif.

In the above account I failed to list among the things Cm proposed to do in Karachi was to talk things over with Major Siddique, the national authority who signed the agreement with Schaeffer, and the head of the entire program.

⁴ reason for going to talk things over with Siddique is that S has no one in East Pakistan representing him, in spite of the fact that as things are now being planned most of the work on this program ~~gigging~~ during the first two years will be in the east wing... I suggest that there are postal services.. and that in any case it is not the function of a representative of the NIH to act as messenger boy ~~for~~ *to* Siddique, *for K. Ahmed*

July 6...certain correspondence from Washington regarding other matters and an indication that correspondence is taking six days to reach the DC but no indication that my letters since the second of June have been received....

Talk with Dr. Dimarchi regarding boats about which he seems to know a lot.. (D returns on the 7th and reports that there are United Nations advisors here telling the Gov't of Pakistan what to do about boats for best usage in different parts of the country. D has made arrangements for one of these UN men to call on us...In looking at the map with D, it appears that we may have been a little hasty in saying no to the 8 ft draft quarantine boat.....

D reports that he has made arrangements to have the biological (public Health)laboratory here activated and that he is proposing that the CRL have an intimate relationship with it. I assure him that we will do everything possible to collaborate but that he must remember that neither JLS nor I are essentially laboratory men.

July 7th..get authorization to have 150 rupee cash advance for minor expenditures...Sayyed Ahmed is responsible for this...he asked for 200 but got cut back to the smaller amount until such time as a year's experience may indicate that the need is for a greater sum. ...authorize the attempt to get the offices on the top floor fixed up for operations. It is believed that the administrative offices should leave the second floor space for laboratories which may desire access to the patients to be on the ground floor.

It should be noted here, that as usual, there were certain misunderstandings, or at least varying positions taken when a lengthy discussion occurred regarding the Nutrition affairs. It now seems that Cm did not see the Vice Chancellor as he had expected but did talk at length to Kamaluddin, who was able in spite of my admonition to Cm to be on his guard to convince Cm that it was Cm's place to propose that funds should come directly from the American Embassy to the University for the work in KA's laboratory and Cm was so far convinced that he wanted to talk with the disbursing officer of the Embassy regarding this possibility...JLS and I both insist with Cm that he should under no circumstances become the cat's paw in the contentions between the national and the provincial authorities...That Cm is not in a position to discuss any changes in the signed agreement with the GOP until such time as he has definite instructions from the NIH.CM has begun to realize some of the difficulties which are just around the corner for the nutrition project and would like to prevent some of them if possible,,I repeat the suggestion that Arnold Schaeffer should go to Joseph Smadel, read the CRL agreement and then look over my letters to JES'

an autonomous agency operating under a committee of interested individuals from the Ministry of Health, the Ministry of Agriculture, the Ministry of Education, etc.....

July 12 1961 Dacca to Karachi. Enroute to the airport JLS gives me letter of July 6 from JES..This indicates that there may be some possibility of getting a independent status established for the CRL....Talk with Mr. Mayhew, a construction man from Chittagong on the PIA 101 flight.. M assures me that an interested organization can get immediate delivery and shipment of goods and equipment from Chittagong....he has been doing it for the past four years. ...ICA transport leaves me abandoned at the airport for some time..find Caleb just ready to go home as I arrive at JC's flat.

July 13 Talk with Ted Owens indicates that he hopes to get action from Ministry of Finance on the modification of the CRL agreement tomorrow...conversation later with Mr. Dhamee indicates that this optimism may not be justified since, although the Ministry of Health has given its approval in writing, nothing has been heard from the Provincial authorities in Dacca. (D says that he is all for the program as I have outlined it, now that he understands what it is that the NIH has in mind.. that is to say my mind.) I promise D that I shall stimulate a reaction from Dacca. (This I do later on July 15 by calling on Additional Chief Secretary Haque and asking him to check on communications from the Central Government relating to the amendment and to the $\frac{3}{2}$ Revision.)

Consult Iffy Rogers about the possibility of ICA taking over the receipt and transportation of UK materials at Chittagong for our account as part of ICA support..IRogers says this can be done...

JC and I have a session with James Killen who says he backed my position with JES, insisting that there must be something more than had been indicated by Cummings Grant and Mills..JK admits that JES admitted that some of FLS measures were not entirely those which might have been expected of a properly respectful subordinate. JK advises if possible to go to the Minister next with a final document ready for GOV'T approval..

Visit the Director of Health Services, Brigadier Sherif. At one point Sherif asks me if I feel that eventually the work of the CRL might expand to the point where a special building might have to be constructed to house its activities. I assure him that the probabilities are that, once a base for research has been established, expansion will occur, and the government being willing such expansion would obviously not be limited to what can be carried out in the present quarters. I also indicate that we cannot afford to be indifferent to the plans for the construction of a teaching hospital (communicable diseases) on grounds close to the Institute of Health. The CRL and the NIH would be interested in seeing such construction being adapted to the needs also of medical research.

Haque and ask his attention to the matter of getting an answer back to the Central Government on the queries from GOP on amendment and revision of the CRL agreement.

Week of July 16 to 23. Dacca..

No effective diary kept during the week week. Items remembered;

a. Cassanos reported on Saturday that Ted Owens had finally gone to the Under Secretary of Finance M.... and found that he knew nothing of the proposal to use Trust Funds for Cholera Research; that the papers had been sent back to the Health Dept to inquire if it was fitting and proper for these activities to be financed from Trust Funds. Of course Dhamee had not seen the papers but promised to do so; of course Dhamee had to choose the next day to be ill, etc...but the papers are now back at the Ministry of Finance and may well be signed soon.....

b. Additional Chief Secretary Huque tells me of his interest in one of the candidates who is to work with the CRL; also reports that he has sent the proposed revision back to Karachi with a note of approval. (Apparently the Trust Fund papers never came to the Provincial level)

cc. No further communication from JES of proposed SEATO agreement; I finally write pointing out that at a time when the newspapers are reporting President Ayub's adverse comments on SEATO to President JFK, it may not be highly propitious to push the tie up with SEATO. But even more fundamentally, there are good reasons for not getting the technical CRL too closely tied in with the actual mechanism of any political organization. Attention is called to the fact that INCAP is really a legal entity and that there is nothing to prevent the USA the UK and the GOP from making the CRL equally independent and able to operate unaided its own steam.

1961
July 26. Dacca.. As planned I go with KAMansur to visit the laboratory for the manufacture of cholera vaccine. This laboratory under the direction of Aatur R Rahman is supposed to be geared to the production of 8 crores (80 million) doses of vaccine annually. Recently it has been decided that the vaccine produced should be a four-fold vaccine with T A B and cholera! AR has protested that he is not equipped for such increased production and KA M has been asked to look over the installation and come up with recommendations. (AR says that his present production of TAB is about 50 000 doses monthly as a maximum, but varies in accord with the demand. The TAB vaccine is produced for sale whereas the distribution of cholera vaccine is free.) The visit starts quite naturally at the bottle washing service, where flasks, sealed ampules, and ex-beverage bottles of all kinds are washed. The ampules are made locally from glass tubing imported from INDIA; the local packing is not too good with the result that about 2% of ampules are broken before washing begins. Broken ampules are discarded.... Beverage bottles are purchased from contractors for 8 or 9 annas each and then have to be thoroughly cleaned, inside as well as out....the ^{one} are of course irregular in size and shape and color....Their use as culture bottles means they have to be rolled by hand to get a wide surface for bacterial growth; KAM insists also that the amount of agar needed for these bottles for a given amount of surface is much greater than is the case with the wide flat bottles made for the purpose which also have the advantage in stowage. The round bottles are rolled by hand on cakes of ice for cooling. The collection of autoclaves in use, and in disuse is very striking; many in use are electrical; some which were electrical are now being heated with kerosene burners. Other dry heat sterilizers are being heated with burners in a room which is too hot...really too hot for humans to work more than a few minutes at a time. (Since the containers are known not to be air tight sterilization which should take one hour is being continued for two, three and in some cases four hours.) There are now 26 sterilizers or autoclaves in operation, fired electrically or by kerosene burners. Considering this operation and the cost of electrical current, together with the needs of other parts of the INSTITUTE it is difficult to justify the absence of a boiler room and the distribution of hot water throughout the Institute. Inoculation of the culture material occurs in three rooms...During the Monsoon season of high heat and humidity about twenty percent of the cultures are discarded because of contamination....The filling of ampules occurs in a ~~vacuum~~ vacuum tank and seems adequate...The attempt to label the ampules is primitive and the packaging is woeful; 5 % breakage in transportation to the field. (It is obvious that East Pakistan cannot afford to continue with the manufacture of vaccine under the present conditions; nor is there any reasonable way in which to get the 4-fold vaccine under production here without making arrangements for reorganization of the laboratory and the installation of considerable amount of imported equipment.)



Dacca - East Pakistan

July 18 1961

Dr. Berwyn F. Mattison MD.
Executive Director
APHA New York N.Y.

Dear Dr. Mattison:

Some days ago I received your note requesting recommendations for recognition of workers in the health field for use by Dr. Leona Baumgartner, who is apparently on a committee for a new award to be granted by the APHA.

Without knowing too much about the conditions of the award I am coming up with the names of two citizens of the United States who have done outstanding work with the international health organizations. I say organizations because I am under the impression that one has been on the payroll of the PASB and the other on that of the WHO.

The first name I would propose is that of Nevin Scrimshaw, M.D. Ph.D. M.P.H. who joined the staff of the Pan American Sanitary Bureau in 1949 as the Chief Consultant in Nutrition, just at the time that the PASB was beginning to function also as the WHO Regional Organization for the Americas. Dr. Scrimshaw was assigned immediately to the position of Director of the Institute of Nutrition of Central American and Panama. INCAP had been dreamed up in 1946 with a somewhat limited program in biochemistry in which the Kellogg Foundation and the countries of CA and Panama were to collaborate in ~~seeing~~ the bio-analysis of local foodstuffs under the administrative guidance of the PASB. When I learned of this project after becoming Director of the PASB in 1947, it seemed much more important to me to develop INCAP on as wide a scale as possible, rather than to use the limited resources of the PASB in attempting collaboration with the countries of the Americas in programs on the basis of then existing knowledge. Scrimshaw proved to be a tremendous combination of technical training, inspiring leadership, and salesmanship; the record I feel justifies the decision to concentrate very largely the efforts of the PASB during a full decade in the INCAP development. It is to be noted that Scrimshaw developed the program almost entirely with personnel from the member states; also it should be emphasized that although Incap has become known all over the world for its scientific work in tropical nutrition, it has served over the years as the coordinating and stimulating center for nutritional work in the six memberstates...It seems appropriate at this time, when Dr. Scrimshaw has finally acceded to the pressures of MIT, to give some recognition to the outstanding work he and the PASB have done in helping six countries to develop a program which none of them could have attempted alone. (I believe it is sound to recognize from time to time outstanding work done by international civil servants at levels below that of Directors-General.)

The second name I would suggest is that of Ruth Puffer, who had an outstanding career in statistics in the US before joining up with the Pan American Sanitary Bureau about ten years ago. (I frankly do not know whether Ruth's salary is paid by the PASB or by the WHO; Ruth has served the interests of both organizations with hearty zeal wherever and whenever there was an opportunity to promote the production of statistical activities.) Dr. Puffer has during the decade done more to develop the collection of

worthwhile statistics on mortality and morbidity throughout the Americas than I had ever imagined could be done. An outstanding development has been the creation of the International Statistics Service (I have forgotten the exact title) in Venezuela which is now financed by the Venezuelan Government. (Over)

As an additional responsibility Dr. Puffer has been active in the preparation of vital statistical material for the PASB, for the WHO, for Congressional Committees and for International Conferences such as that of the Organization of American States being held in July or August 1961. Ruth has been able to get more interest in and more funds for the development of statistical work in the health field than any one else. The importance of book keeping for health services is of essentially the same importance for banks! I believe this is a suitable occasion to recognize the outstanding work that Dr. Puffer has done in the international field. I would suggest that more detailed information could be readily supplied by Dr. Myron Wegman, who during his years with the PASB was thoroughly familiar with Dr. Puffer's activities.

Please advise Leona that her letter requesting information or suggestions on Brazil reached me by slow mail with the result that she was in Brazil before I knew she was going.

Sincerely yours,

Fred L. Soper, M.D.

July 31:

Received suggestion that the Cholera Research Laboratory should be a SEATO project with SEATO writing a research agreement with the NIH. At his request I discuss this matter with Mr. Archer Blood; I agree to write out a note for discussion.

Telephone call from J. Cassanos in Karachi who says that he will wait to hear from me before taking any POSITION... on the SEATO recommendation.

J. Cassanos says ~~the~~ document regarding the use of Trust Funds is in his hands; a copy will be sent to us this week.

Visit of Brig. Hyder and Col. Mallick and 4 of the administration chiefs of the Health Services, as well as doctors Ataur Rahman and Sayyed Ahmed for discussion of Cholera studies. I indicated that we are interested in knowing where Cholera is when it is there, and also where cholera is when none is being reported. As the first step in this epidemiological observation it is proposed to have in the hands of each health officer, some bottles of culture medium which can be very simply inoculated with a rectal swab. Once the inoculation has been made the bottle is to be placed in a mailing tube and sent by post to the Cholera Research Laboratory for diagnosis; Cholera or Not Cholera. (Since the culture media is selective, no other diagnosis will be attempted.)

B.H. seems very much interested in the opportunity to get diagnosis of suspect outbreaks (Not cases) and asks us to meet with the large group of Health Officers called for the 18th of September.

After visiting the various parts of the laboratory we go to 640, Dhanmondai for fruit-juice and cake.

August 1st:

Yesterday JLS and I called ~~I invite~~ ^{ON THE} Consul General, Mr. O'Donnell. CWE returns from the USA.

Talk with ~~8.1000~~ ^{8.1000} once more and given him more definitely my reaction to the SEATO proposal. I ~~leave~~ ^{leave} with the impression that he is more favourably inclined than ~~me~~ ^{am} I _____ to go along with it. I draw a diagram for him which I am unable finish because there is no logical way to bring 3 countries to ~~come~~ ^{GETHER} under an agreement here with one of them making a separate agreement with SEATO regarding the entire operation!

August 2nd:

Talk with CWE regarding SEATO proposal. CWE thinks as had I ~~That this is not~~ ^{That this is not} a workable agreement and that probably I should have a face to face encounter with those who have made the proposal.

Telephone call from J. Cassanos regarding Trust Funds which cannot be ~~realised~~ ^{RELEASED} according to Curtis, the controller, without the preparation of a budget of some ~~action~~ ^{KIND.}. (I ask for the instructions in writing as to what is wanted.)

I tell J. Cassanos of CWE suggestion and get from him Siegel's opinion that the D Council I would set up would be a very legal body. Indeed.

FLS DIARY NOTES

August 10, 1961
DACCA.

Spent most of the morning with the Deputy Secretary of Health, Mr. Zaman, completing a working document covering the revised draft Agreement of May 10, 1961 for discussion by the Provincial Authorities concerned viz. the Additional Chief Secretary and representatives of Health and Finance.

At the Deputy Secretary's suggestion, I write to the Additional Chief Secretary suggesting an early meeting of the interested parties and offer to attend in order to clarify any points which may seem obscure.

Discussed with the Financial Liaison Officer, Mr. Moazzam Husain, a resource of Public Law for H80 (104-K) Funds. The basis of our discussion was a copy of " C.1. AGRICULTURAL TRADE DEVELOPMENT AND ASSISTANCE ACT OF 1954, AS AMENDED dated Sept. 21, 1959" from the Consulate and a copy in his possession of the Agreement between the Government of Pakistan and the United States of America authorising the utilization of certain funds including 104-K as the United States might decide. A thorough study of these documents seemed to convince MH that the subject did not require further consideration by us!!!

August 10, '61.

DACCA (E.F.)

FLS DIARY NOTES

Spent the morning at the Eden Building.

Deputy Secretary of Health Zaman and I completed the draft of a working paper for discussion by Provincial Authorities of the Revision of the Agreement of October 14, 1960 proposed by FLS on May 10, 1960. (This working paper is in general in line with my opinions although I had to give in 2 or 3 points. One of these was of course the matter of ownership of equipment after the agreement ends and the other was with regard to the administration and operation of the hospital which I fully realize must be in the hands of the Cholera Research Laboratory.) Zaman writes a very strong ^{plea} ~~people~~ ^{to} for making it possible /attract Doctors in Government employment into service with the Cholera Research Laboratory.

I write a note, ~~at~~ Z's suggestion, to the Additional Chief Secretary (Haque) telling him we have worked together on the draft paper and offering to be ^{available} ~~valuable~~ for discussion of the revision and the working paper any time he may desire.

Discuss question of PL 480 funds 104 K with M. Hussain and we finally agree that PL 480 K funds really do belong to the USA to do with as the USA may desire.

& 15
August 14/ 1961.

FLS DIARY NOTES

D A C C A.

August 14, '61.

National Holiday, Independence Day.

Spent the day largely on the "Eradication of tuberculosis" paper.

August 15, '61.

In the A.M. attend an opening meeting of the Conference on Communications Media. The present government is taking many useful measures in developing means of communication with the population, especially the rural population.

C.M. advises by telephone from Karachi that he did not leave on the plane which came down in Jaipur as we had thought; that he did see Arnold Schaffer on Monday and is remaining in the West until Thursday in an attempt to get the nutrition agreement signed.

Meeting in the evening at the home of the Schimmels: Moore and Thomas of the Ford Foundation. Also Dr. Rab who confirms my impression of the X-ray I saw last week.

In the afternoon I received the official copy of my letter to the Additional Chief Secretary of August 10, proposing a meeting for the discussion of the proposed revision of the agreement of October 10, 1960, and a call for such a meeting in the Office of the Additional Chief Secretary tomorrow morning at 0830.

August 16, 1961.

FLS DIARY NOTES

D A C C A.

Aug. 16 :

Meeting at 0830 in the Office of Additional Chief Secretary, K.A. Haque, the others present being the Additional Chief Secretary, Brig. M.G. Hyder, Mr. S.A. Khan, the Secretary of the Finance Department.

During the discussion of the 5 page document the Deputy Secretary of Health and I prepared together last week, I pointed out that a full line has been omitted from the first paragraph of P.5; the line omitted was the 5th line from the bottom of the paragraph which proposed the exclusion of the employees of the CkL from the application of the Government Regulations relating to approval by a committee for rates of pay for persons seconded to foreign organizations.

I also called attention to the fact that sub-paragraph 5 contains a statement which is true but is not mentioned in the revision as stated.

In the discussion of the revision Hyder says that there will be no occasion for hiring field staff for the CRL since he has more people than he knows ^{what} to do with. I am not convinced that his people will be able to get all of the specimens we want ~~in order to~~ / ^{(nor particularly} those specimens adopted to the needs of the epidemiological section.

Brig. Hyder and the Additional Chief Secretary converse at length over a short document which B.H. had apparently prepared after which the ACS spoke of impossibility of giving control of a hospital to someone other than the Health Services. The ACS has the idea that we need a committee to control operation of the hospital but Zaman, who ~~is~~ has joined the group shortly after the discussions start gets BH to say that what he really wants is a voice in the operation of the hospital himself.

Contd. from August 16, 1961 FLS Diary Notes.

Z and I agree to work up a draft on this point and we get an agreement from the group on the other points discussed, namely, ownership of equipment and the payment of bonuses to employees of the CRL.

In the discussion of the hospital administration it becomes apparent that Z and I came out of the meeting with different understandings. So we returned to BH's office and found indeed that there is a misunderstanding! However, it seems to be all cleared up when I learnt that the real cause of BH's interest in this problem is in being able to use the hospital for a certain amount of training of his own personnel. I pointed out that if he gives us the best he has, we can do something for them in periods of a year or longer, but that with poor personnel, we have no opportunity to help ~~himself~~ or help ourselves. We agree ~~that~~ the choice of personnel to be seconded to the CRL hospital will be selected by BH and the Director of the Laboratory.

August 16, Contd:

I finish the draft of the Provincial Government position at the CRL in the afternoon.

FLS DIARY NOTES

August 17, 1961.

D A C C A.

Early to the office of ~~_____~~ Dr. Zaman, the Deputy Secretary of Health to present the result of my efforts yesterday in drawing up a position paper for the Government of East Pakistan on the proposed revision (dated May 10th) of the Agreement of October 14, 1960.

I find Zaman pushing really hard to force us to pay for the further costs of adaptations of the building for the hospital and for the laboratory. Zaman calls on his financial man and shows papers indicating that there has already been spent some 280 thousand Rs. against a commitment to spend 220 Rs; Zaman says that he does not know whether to get the money for the new changes asked for which he says will amount to some 3 to 4 hundred thousand Rs.

I pointed out that, ~~any~~ compensation for the additional expenses on building, the government has not made the Rs5000 monthly available to the Director and that the balance of the 150000 Rs., for last year (fiscal) must be very large.

I pointed out that nothing was done about the hospital between December 1960 and March 1961; that I was seriously promised to build ^{ready} for the hospital during the third week of March but that only very recently has the work on the electrification been more or less completed.

Z and I try to find a way to justify this expense from Rs. funds including the present use of government funds during the interim period but fail to find a loop-hole. (I insist to the end I cannot lay down the bars and spend US Congress appropriated ~~buildings~~ ^{funds} for building construction.)

Continued from August 17, 1961 FLS DIARY NOTES

We finally make minor changes in my document, changes which in no way alter the ~~intent~~ ^{intention} I had in writing the revision and the draft position paper.

E says he will get immediate action on this paper and that it should start to Karachi on the 19th.

FLS DIARY NOTES

August 17, 1961.

D A C C A

News item in yesterday paper reports cholera in Sarawak; some days ago the voice of America reported cholera in China.

A Moscow news item in the Dacca paper : Moscow, August 12th.
" The USSR conquest of malaria, smallpox, dracunculosis and other parasitic diseases will be the subject of an International Health Conference in Tashkent next month.

Public representatives from India, the UAR, the Sudan, Kenya, Ethiopia, Afghanistan, Japan, Chile, Cuba, Brazil and Venezuela have said they want to attend."

Another interesting news item refers to the PL 480 agreement with Pakistan which has been altered again to include 125000 tons of wheat, (\$7,700,000), Vegetable Oil (\$3150000) with transportation costs of \$1,750000. " As usual about 80% of the sale proceeds of the commodities in Pakistan Rs. will be given in the form of loans or grants in project assistance." (The report does not say so but the PL 480, ~~2~~

^{no 9} 104 K funds come from the other 20% which is retained for expenditure by the US Government.)

This afternoon we receive a cheque for £.30000 signed by Alice Jackson; this should keep us going for a short period of time considering the fact that we have become accustomed to not spending money.

August 19th, 1961.

D A C C A.

FLS DIARY NOTES

Saturday :

Early to the bank to deposit cheque for Rs.30,000/- from ICA for staff and operating expenses during the interim period.

Dr. Sayyed Ahmed tells me that he still thinks he should be given an offer of a position by the CRL. I tell him we have not made any decision regarding technical staff and will have to do so in concurrence with the Director of Health Services.

Talk with S.A. and learn that he was at one time responsible for the anti-mosquito surveys (Services) in Dacca. He found it impossible to check the work of the men in their areas; finally hit on the idea of judging their work entirely on the basis of field checks of mosquito ~~all~~ breeding rather ^{than} ~~by~~ direct checking ^{all} ~~of~~ the workers while at work!

Says he is not in ~~accord~~ with the present anti-smallpox campaign which claims to have eradication as its aim. SA would make it necessary for everyone to have a certificate of vaccination in order to receive pay, purchase, transportation or any official action whatever. Also he would pay ~~to~~ vaccinators according to the number of persons vaccinated with checks being made in the field as to the number vaccinated.



1961

August 20 Dacca Sunday... Day at duty on the paper; on letter on syphilis eradication to L. Baumgartner whom Terry has made chief of task force to tell how to eliminate this disease as a public health problem!!!!

Jim Cassanos calls to bring news regarding the legal status of the CRL according to the Revision proposed on May 10th. Siegel has decided that the opinion given me by Cassanos by telephone and quoted by me in letter to JES of Aug 3 was not his. (This opinion had been requested by the cable of some weeks ago asking us to proceed to negotiate; I had asked Siegel for an opinion and he had tended to side with my opinion but not firm enough for quotation.) At least JC's quoting Siegel and ~~SOBER~~ quoting Cassanos did finally smoke out an opinion.)... Siegel did suggest that CRL might be authorized under national law as an eleemosynary institution, or by presidential decree; or and this would be better from our standpoint, the Revision of three months ago might be redrafted with a definite declaration of the status of the CRL and establishing ~~the~~ listing its juridical powers as a legal person. Siegel would prefer to see the CRL established under Pakistan law but FLS insists on maintaining maintenance of international status. (FLS would not object to a law authorizing the international organization to operate within the country except that this would establish a precedent which might hamper activities here or in other countries later.

REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

AUTHORIZATION NUMBER

DA 122

DATE

August 22, 1961

INTERNATIONAL COOPERATION ADMINISTRATION

1. NAME AND ADDRESS OF TRAVELER

Dr. Fred L. Soper
National Institute of Health, USOM/P

2. STATUS OF TRAVELER

ADMINISTRATIVE EMPLOYEE
 OTHER (Specify)

NIH Employee

3. OFFICIAL STATION

Dacca, Pakistan.

4. This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

5. APPLICABLE REGULATIONS: Travel and necessary expenses are authorized in accordance with the ICA Manual Order 560.2, Standardized Government Travel Regulations, and the maximum per diem under these regulations is allowable unless otherwise noted in item 6.

6. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION

Purpose: Consultations in ICA/W and NIH* regarding SEATO cholera Laboratory.

Itinerary: Hongkong/Washington/London/Dacca.

Period: Travel commencing on or about August 24, 1961.

Per Diem: Payable by NIH in accordance with SGTR

Baggage: 66# gross accompanying.

and points of travel shown in itinerary.

7. APPROPRIATION LIMITATION SYMBOL 72-PT-891

Dummy TA authorized in accordance with Personnel Officer OM Nov. 4, 1960

ALLOTMENT ACCOUNT SYMBOL

160-50-391-05-69-00
Obl. # 1634 *[Signature]*

REQUESTING OFFICE SYMBOL

Personnel Officer OM

DATE: Nov. 4, 1960

8.

[Signature]
Irlie C. Rogers
(Signature of Approving Officer)

Assistant Director/Management
(Title)

[Signature]
W. G. McNeil - AD/C

Other Required Approval

9. CERTIFICATE OF AUTHORIZATION—I CERTIFY that this authorization has been approved as indicated in item 6

[Signature]
Irlie C. Rogers
(Signature of Authorizing Officer)

Assistant Director/Management.
(Title)

IMPORTANT—Every Voucher and Message Concerning This Travel Must Refer to Authorization Number and Date at Top.

REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

DATE: October 22, 1961

INTERNATIONAL COOPERATION ADMINISTRATION

NAME AND ADDRESS OF TRAVELER

Dr. Fred L. Spat
World Health Project
Geneva

2. STATUS OF TRAVELER

- ADMINISTRATIVE EMPLOYEE
- OTHER (Specify)

3. OFFICIAL STATION

Geneva, Switzerland

4. This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

5. APPLICABLE REGULATIONS: Travel and necessary expenses are authorized in accordance with the ICA Manual Order 560.2, Standardized Government Travel Regulations, and the maximum per diem under these regulations is allowable unless otherwise noted in item 6.

6. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION

Travel authorization to Geneva dated October 22, 1961 is hereby amended to show:

~~Itinerary: Geneva/Bangkok/Bangkok/Washington/Dacca/Bangkok/Bangkok~~

**Itinerary: Geneva/Bangkok/Bangkok/Washington/Dacca/Bangkok/Bangkok
Dacca/Bangkok/Washington/London/Geneva/Karachi/Dacca**

7. APPROPRIATION LIMITATION SYMBOL

ALLOTMENT ACCOUNT SYMBOL

REQUESTING OFFICE SYMBOL

Money is authorized in conformance with
Personnel Order of Nov. 4, 1958

Personnel Order of Nov. 4, 1958
DATE: Nov. 4, 1958.

8. Louis L. Spat
(Signature of Approving Officer)
Louis L. Spat
(Title)

[Signature]
Other Required Approval

9. CERTIFICATE OF AUTHORIZATION—I CERTIFY that this authorization has been approved as indicated in item 6

Louis L. Spat
(Signature of Authorizing Officer)

Special Director/Assistant
(Title)

TYPE OF CURRENCY	FOREIGN CURRENCY ESTIMATE				OBJECT CLASS	U. S. DOLLAR ESTIMATE			
	USE FOR AMENDMENT ONLY		ESTIMATED COST (NET)	USE FOR AMENDMENT ONLY		ESTIMATED COST (NET)			
	INCREASE	DECREASE		INCREASE			DECREASE		
	1170.	00			020 PER DIEM AND TRAVEL				
					030 TRANSPORTATION OF THINGS				
					TOTAL				

IMPORTANT—Every Voucher and Message Concerning This Travel Must Refer to Authorization Number and Date at Top.

Iola Kansz
Saturday Sept 2 1961

Dr. Joe L. Stockard, M.D.
Cholera Research Laboratory
Dacca East Pakistan.



Dear Joe:

Just a line to keep you up to date with happenings outside of East Pakistan....The stop in Calcutta was uneventful except for the last minute discovery that I had failed to have Miss Middleton enter my recent vaccinations, especially the vaccination against cholera on my yellow certificate, although I had made special trip to her bailiwick to get Juliet's vaccination properly recorded...I shall give you later the denouement!!

The Caplans travelled on the same plane with us to Hong Kong as did also Mrs. Wong and the five children...the Caplans spent two days in HK and took the same plane to Tokyo...In Hong Kong airport at time of departure we found Dr. and Mrs. Warren Weaver, previous to retirement a year or so ago a Vice President of the Rockefeller Foundation...and on the plane from Hong Kong to Honolulu, a Mr. McCulloch of the USPHS and ICA whom we had first met in Bangkok some years ago....So you see we felt accompanied most of the way....

In Hong Kong we were not met as the Consulate had requested, because, it appears, my name was given on the cable as Dr. Fred Soper Ming! However, the Hotel Miramar runner picked us up and later in the evening I got in touch with Dr. Colfer of the USPHS on duty in Hong Kong who gave the glad tidings that the next day, August 30, would be a holiday with Gov't offices closed.....So there was nothing to do but get out and look and shop until ones money and feet gave out simultaneously....

At the Medical Service I found Dr. David Mackenzie, to be the same Dr. Mackenzie I had first met in Africa some years ago..we were later together at one of the World Health Assemblies. He appreciated getting the note and the news from the Blackies. Dr. Mackenzie, Dr. Franklin, Dr. Alvarez and others were most helpful and I came away with six cultures, two from the beginning of the outbreak, two some fifty diagnoses later and two of the most recent. I inoculated two of the Mansur cultures from cultures and two with rectal swabs of the most recently diagnosed cases.

When I was in HK there had been 11 deaths in 98 cases: today's Kansas City Star reports 12 deaths in 104 cases. There was a declaration in the Hong Kong paper from Canton insisting that there had been no cholera in Communist China but that there was an outbreak of para-cholera due to ElTor vibrio. The outbreak in HK is all due to the same organism which seems to be a mild OGAWA strain of vibrio. Mackenzie is inclined to believe that the outbreak in China is an extension northward of the outbreak in northern Thailand in January (December) which prevented the appearance of Felsenfeld in Dacca. I believe there was belief that that outbreak may have been due to the ElTor organism. In any case a great deal of interest is attached to the proper identification of the Hong Kong organism.

The flight from Tokyo was via Wake, as I understand occurs quite regularly when PanAmerican is able to sell a large number of seats and thus has reduced capacity for fuel. Thus we arrived in LA two hours late and found the airfield fogged in although the rest of the area appeared clear. We landed at Ontario fifty miles east of LA and drove in by bus getting to bed at 0400, with reservations onward set for 0945!!

Kansas has been cool during August and everything is still green and the cattle all look fat and well fed in comparison with others we have seen recently; none of the corn has been fired and none of it is yellow, between KC and Iola nor between Iola and Wichita.

Enough; Juliet joins me in sending our best to you and Ann.

Sincerely yours

Fred L. Soper.

CRL
Diary ✓

PAKISTAN-SEATO CHOLERA RESEARCH LABORATORY
Dacca, East Pakistan

Astounded to receive two cables same day (October 12th) regarding CRL participation in cholera epidemic in the Pacific; the one suggesting the Deputy Director of CRL be offered to the infected country and asking CRL opinion of sending additional diagnosticians from the USA, the other advising that NAMRU is moving in on the 14th inst., that NIH is moving in with Feeley of NIH and Smith of Jefferson for three weeks bacteriologic research, and that, if feasible, the CRL should participate by sending Stockard for three weeks epidemiologic support to Feeley and Smith.

On receipt of the first cable, it was thought the CRL might send Stockard to take Mansur to aid in organizing field diagnoses with very limited equipment and at the same time establish CRL on the map in such a way that another nation might be interested in participation in CRL. This would also add to KAMs prestige and that of CRL here and might even influence his continuing in cholera research.

After checking to see if JLS could leave for a few days and discussing with Mansur the possibility of his release from commitment to attend the CENTO meeting in Karachi next week, I was prepared to cable suggesting JLS and KAM proceed to the infected area, but that diagnosticians not be sent from the USA.

The second cable indicated clearly that nothing could be gained for CRL relationships with the country concerned and that KAM had nothing to offer since Feeley and Smith are fully cognizant of the details of his medium.

The proposal that Stockard should abandon the CRL for three weeks to give epidemiologic support to the bacteriologists shows a complete lack of understanding of the conditions surrounding the very existence of the CRL, or should we say the Facts of Life of the CRL. CRL is beginning to grow, slowly it is true, but it cannot simply be abandoned for three or four weeks at the moment of making changes in the building, of training the administrative staff, and of getting Government cooperation. Also, the CRL is just now ready to develop some epidemiologic work in East Pakistan based not on chasing epidemics in other countries, nor on chasing in to study reported outbreaks here, but rather on getting systematic routine collection of cultured material from outbreaks of diarrheal disease to determine when and where transmission of infection occurs throughout the year. The CRL is interested in studying the life history of

FLS Notes on Pakistan-SEATO CRL (October 1961)

cholera rather than the life history of epidemics of cholera. (The Rockefeller Foundation in Brazil began to learn the facts regarding yellow fever and to be able to eliminate A.aegypti-transmitted yellow fever only when it ceased chasing and controlling visible outbreaks and introduced systematic routine viscerotomy to show where yellow fever was when it was there. Let us not waste fifteen years, as the Rockefeller Foundation did with yellow fever, and chase cholera in Hongkong, Manila, Sarawak, or wherever it may be until we have something to offer. Study in depth the endemic centers. Probably cholera can be best studied by

- a. Routine school stools when diarrhoea is present,
- b. Concentrated study of limited area in known endemic zone of East Pakistan. Launch trailer census, etc.

(28 April 1965, mnc)

CRL
Diary

Plate at entrance, December 5, 1960.

Bacteriological Laboratory working at that time.

1. Bacteriology, for epidemiology of non-epidemic cholera

Water Laboratory: Help solve question of seedbeds of infection in Delta areas about the Bay of Bengal.

2. Agreement

- a. No longer bilateral-technical aid pattern but working unit devoted to solution of problem.
- b. Mechanism for multilateral participation--DC never planned for 2 country programs, UK and PR representatives here.
- c. Mechanism for international assistance--to countries with cholera and to those threatened with cholera.
- d. Autonomous agency can receive grants and operate freely so long as it has confidence of those with the purse strings.

3. Epidemic of 1961: Macau, Hongkong, Indonesia, Communist China, and PR very useful.

Thailand invasion, 1958-59, stimulated creation Cholera Research Program.

Western Pacific invasion 1961 may well serve to consolidate position.

Yellow Fever in Cear  in 1923 opened Brazil to RF work.

Invasion of Rio in 1928 resulted in development of National Service with linkage internationally with Yellow Fever in all other countries in South America.

Interesting to contrast with Yellow Fever Eradication and Malaria Eradication the two preceding international attempts at Communicable Disease eradication.

Yellow Fever: Began with full knowledge and complete confidence. Learned later that YF was not a simple epidemiological problem. Settling for eradication of Aedes aegypti in the

Americas. (Many years before Yellow Fever Service had its own laboratory.)

Malaria: Began also with considerable knowledge and demonstration of eradicability of malaria. Cholera is beginning with confidence in eradicability, but with confession that we do not know exactly what technique can be used most advantageously.

Renewed interest of WHO.

4. 1962 visit of four members of the NIH Cholera Advisory Committee and two consultants.

"It is vital for the continued development of the CRL that a senior scientist or public health expert with broad experience in administration and in international affairs be recruited promptly to serve as a Director of the Cholera Research Laboratory."

"Experience during the past twelve months with cholera in mainland China, Indonesia, Sarawak, Hongkong, and the Philippines emphasizes the need," etc.

FLS Notes on

CHOLERA RESEARCH LABORATORY

SHL
Diary

Since March (1961)

Recommendations and Requests

- a. INCAP-Type Agreement
(FLS in the middle)
- b. Bacteriologist
- c. Water Biologist
- d. Against April Arrival of Metzner
- e. Information on 3 Horsemen
- f. Against firm orders given by NIH on MC's recommendations.
- g. Not consulted on date of Gordon's arrival, nor on arrangements for MacIntyre and 3 clinical men next year.
- h. Against shipping of Trailer and other supplies at the time.
- i. Dollar expenditures unknown. (Rupees expenditures brought under control except for 35,000 dollars worth of PL 480, but nothing on dollars.)
- j. No Advisory Committee.
- k. MacLeod, Goodner, Woodward, and Smadel. (Too much Americans at this time!! Metzner came when not wanted and left when most needed.)
- l. Metzner instructed to write back to JES.
- m. Gordon sent out with instructions as to what he was to do until he took over as Director!
- n. Gordon had instructions to report weekly to JES. Maintained MacIntyre as his man.
- o. Announced RG as Director; 10 dollar bet. I would not come back.
- p. Countermand order for tape recorders.
- q. Arranged trip in September, Smadel and Mills to negotiate in week or else! Cables sent to Pakistan on trip.

FLS Notes on CRL, 1962

r. FLS against "epidemic" chasing; against Stockard to PI for three weeks. CRL should have brought in NAMRU--Feeley and Smith if needed.

s. Feeley and or Smith should be in Dacca; CRL must be "source" of cholera NIH operations; not a peripheral "source" of things to be studied.

t. Must accept CRL as rapid development to get what CRL has and what it is, where it is! (Gorgas' first trip to Brazil, 1916; RF began YF work there 1923, or seven years later, and only in 1930, after another 7 years, was full freedom of action gotten. INCAP organizational meeting at Tegucigalpa in February 1946; INCAP's first small laboratory inaugurated September 1949, i.e., 3-1/2 years later with only three countries. Present building with six countries participating was inaugurated September 1954, another five years later.

u. Priorities: Bacteriology, Epidemiology, Serology, Water Biology rather than Physiological Chemistry. (Treatment is important but early and careful treatment is doubly important. In most areas early treatment will not be available.)

v. Instructed to teach JLS administration to be ready to take over.

Gordon invaded office and gave letters directly to secretary; KAM's paper, took over sponsorship without consulting anyone; although he had nothing to do with stimulating work to be reported. (FLS knew of no funds with which KAM could be sent to USA; JES immediately approved RG's action and KAM's trip to Atlantic City.

JES approved Mrs. Schuler as secretary at 4500 dollars per annum!! Without consulting as to whether we wanted her or not. Cable authorizing was of course widely known in American offices. I was embarrassed no end.

Director had no function; dollars controlled by JES; Rupees by GOEP. Trust funds only in late August. FLS' resignation really in June; confirmed in August.

Handwritten initials/signature

FLS NOTES ON
CHOLERA RESEARCH LABORATORY

RG has shown no interest in administrative matters
has failed to follow suggestions
has free wheeled
is a free wheeling dilettante

Proposal for study is obviously not fundamental to solution of cholera problem

"DR. GORDON will head the Clinical Research Section and will be in charge of organizing a new ward. He will investigate the possible role of nutritional deficiency in susceptibility to cholera and will also collect data on whether recovery from clinical cholera produces lasting immunity.

(below)

I offered to set program along his lines of thought, asked for plans and program staff

Full week--nothing--unpacked cases--read papers at Medical Society. I learned of their progress at midnight, before reading.

No advantage has been taken of our overlapping periods of service.

Reporting directly to you--not to me.

Attention was called early in 1961 to need for bacteriologist; later I called attention to need for water biologist.

2 men here--never asked for.

Gordon considers MacIntyre his man.

Gordon said he would not work under JLS; JLS is not anxious to have administrative responsibility under Gordon.

Need for senior director.

Leave JLS as Acting.

"DR. McINTYRE will assist in the clinical and research work. He will conduct a number of studies including an investigation of the role of nutritional deficiency and anemia in susceptibility to cholera."

FLS Notes on CRL, 1962?

Director Designate is as ready as I am to take over the laboratory of clinical research.

1. Reaction has been palpable in Bangkok, in Dacca, in Karachi.
2. Demand of "in consultation with Government of Pakistan."
3. Free wheeling from beginning
 - Refused to accept identity of CRL
 - No indication that he ever left his own section in NIH
 - I insisted on communications through Director's Office; has not complied.
 - a. Insisted on going with JLS
 - b. Told Zaman yes, we could get money for building and construction costs.
 - c. Mansur paper
 - d. Has indicated his continual interest in research and desire not to be involved in administration.

The CRL cannot operate as an addendum to NIH under care of Administrative Officer. Must have mature Public Health Service officer whose primary interest is administration.

The CRL, with this agreement, becomes an institute with unlimited possibilities with all phases of cholera!!! NIH cannot leave to uninterested and unexperienced person.

Note of insubordination to be put on the record of RG. I do not care how brilliant RG may be. I will not work with anyone who flouts all suggestions made by me. I shall talk with RG and report further to him regarding the situation; but when I leave someone in my place as I did with Dr. Stockard, I treat what is done with him as having been done with me.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BETHESDA 14, MD.

Resignation

August 15, 1961

NATIONAL INSTITUTES OF HEALTH
O Liver 6-4000

Dr. Fred L. Soper
Director
Pakistan-SEATO Cholera Research Laboratory
Institute of Public Health Building
Mohakhali, Dacca-5
East Pakistan

Dear Fred:

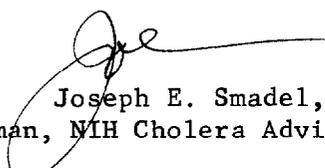
Needless to say, I was sorry to get your letter of August 8 which firmly states your intention of withdrawing from the Cholera Research Laboratory at the end of your year of residency in Dacca or when the new agreement regarding the reorganization and financing of the Laboratory has been signed. For myself and all of us connected with the venture, let me express appreciation for your great help in getting things underway.

While I accept the finality of your decision, I hope it will be possible for you to arrange the timing of your move from Dacca so that it will interfere as little as possible with the smooth, continuous build-up of the Laboratory.

I shall write you in a few days about ideas, suggestions and plans for restaffing the Laboratory. I want some time to think clearly on the matter and to obtain advice from a number of interested persons.

With very best wishes.-

Sincerely yours,


Joseph E. Smadel, M.D.
Chairman, NIH Cholera Advisory Committee

cc: Dr. Shannon Dr. Gordon
Dr. Watt Members, NIH Cholera Advisory
Dr. Cummings Committee

National Institutes of Health
Bethesda 14, Md.
August 15, 1961

MEMORANDUM

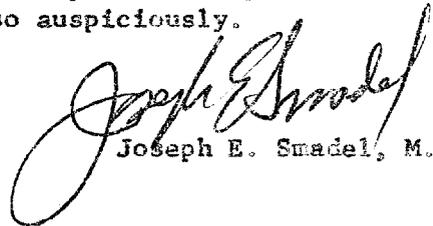
TO: Members, NIH Cholera Advisory Committee
Dr. Burrows
Dr. Cheever
Dr. Goodner
Capt. Kingston
Dr. MacLeod
Dr. Masc
Dr. Pease
Dr. Woodward

FROM: Chairman, NIH Cholera Advisory Committee

SUBJECT: Dr. Soper's retirement from Dacca

I know that you too will be sorry to learn from the enclosed correspondence of Fred's decision to return to Washington late next winter. Indeed, if he is able to accomplish the reorganization and financing of the Laboratory before that time, he wishes to be relieved of his responsibilities in Pakistan this fall.

I would welcome your comments and suggestions on the best arrangements that can be made to carry on the important cholera effort which has been initiated so auspiciously.


Joseph E. Smadel, M. D.

Enclosures

cc: Dr. Cummings
Capt. Phillips
Mr. Jones
Dr. Soper

COPY

Dacca, East Pakistan
August 8, 1961

Dr. Joseph E. Smadel
Chairman, Cholera Advisory Committee
National Institutes of Health
Bethesda, Maryland

Dear Joe:

Some weeks ago I wrote you stating that a family decision had been taken not to continue living in Dacca beyond February or March 1962 and suggesting the possibility of an earlier termination of my association with the Cholera Research Laboratory.

I have attempted to make an objective analysis of the situation here and believe it is for the best interests of the CRL and the NIH effort that a director be appointed as soon as possible after the Revised Agreement is signed to operate under it.

In the meantime, news has come of illness in the family which may make it extremely difficult for us to be outside of the United States.

Please take this then as my formal resignation at the end of my present appointment or as soon thereafter as necessary or desirable when negotiations of the Revised Agreement with the GOP and other nations may be completed.

This is the first real letter of resignation I have ever written; my leaving the Foundation was an appointment to serve with the PASB. I find it difficult to sign off this project which with a little time and patient nursing has great potentialities.

Sincerely yours,

/s/ Fred L. Soper

Fred L. Soper, M.D.

August 15, 1961

Dr. Fred L. Soper
Director
Pakistan-SEATO Cholera Research Laboratory
Institute of Public Health Building
Mohakhali, Dacca-5
East Pakistan

Dear Fred:

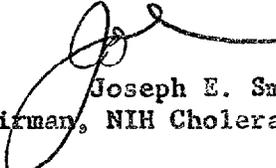
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While I accept the finality of your decision, I hope it will be possible for you to arrange the timing of your move from Dacca so that it will interfere as little as possible with the smooth, continuous build-up of the Laboratory.

I shall write you in a few days about ideas, suggestions and plans for restaffing the Laboratory. I want some time to think clearly on the matter and to obtain advice from a number of interested persons.

With very best wishes.-

Sincerely yours,


Joseph E. Smadel, M.D.
Chairman, NIH Cholera Advisory Committee

cc: Dr. Shannon
Dr. Watt
Dr. Cummings
Dr. Gordon
Members, NIH Cholera Advisory Committee

Dr. Martin M. Cummings, NIH
Dr. Clifford A. Pease, ICA

August 3, 1961

Dr. Joseph E. Smadel
Chief, LVR, DBS

Dr. Soper's letter of July 29

A thermofax copy of Dr. Soper's letter to me dated July 29 is enclosed for your information.

It looks as if in the course of obtaining interim support from the trust account, Dr. Soper may have established a most useful principle in getting the GOP to accept the words as deemed necessary by the Director of the Laboratory in consultation with the provincial Authorities of East Pakistan.

A question is raised in the letter regarding the level of the negotiations which would be required for the Governments of Pakistan, U.K. and U.S. to establish the CRL as a legal entity.

cc: Dr. Soper

National Institutes of Health
Bethesda 14, Maryland
August 11, 1961

MEMORANDUM

TO: Members, NIH Cholera Advisory Committee
Dr. Burrows
Dr. Cheever
Dr. Goodner
Capt. Kingston
Dr. MacLeod
Col. Mason
Dr. Pease
Dr. Woodward

FROM: Chairman, NIH Cholera Advisory Committee

SUBJECT: Interim report

Frustration continues in the effort to make available for cholera research in Dacca the \$400,000 worth of Pakistan rupees which the NIH has for the support of the cholera work in East Pakistan. Despite the difficulties, I expect to resolve the matter before November when some of the visiting scientific groups may wish to begin collaborative studies at the Cholera Research Laboratory in Dacca.

Plans are proceeding smoothly for Dr. Robert S. Gordon and Dr. O. Ross McIntyre to arrive at the CRL in early October. Dr. Gordon will serve as Chief of the Clinical Research Section, and Dr. McIntyre will assist him. The plans encompass the establishment of a physiology laboratory and the activation of the 20-bed cholera ward which is located on the first floor of the CRL wing of the Institute of Public Health. Much will remain to be done in accomplishing these after their arrival in Dacca.


Joseph E. Smadel, M. D.

cc: Dr. Cummings
Dr. Soper
Capt. Phillips

(We sent them copies of the interim amendment.)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

National Institutes of Health
Bethesda 14, Md.
August 25, 1961

Rec in 80
Sept. 5/5 1961

Dr. Fred L. Soper
Director
Pakistan-SEATO Cholera Research Laboratory
Institute of Public Health
Mohakhali, Dacca-5
East Pakistan

Dear Fred:

Since my letter to you of August 15, I have had an opportunity to discuss with a number of persons concerned with the cholera program those moves that need to be made in connection with the completion of your tour in Dacca as Director of the CRL. The group included Drs. Shannon, Watt and Cummings of the NIH, and a number of members of the Cholera Advisory Committee who have intimate knowledge of the entire situation and who were available; this latter group included Drs. Pease, Goodner, Macleod, and Woodward. The consensus of these conversations is given in the following paragraphs.

Dr. Robert Gordon, when he arrives in Dacca, will have his current title of Chief of the Section on Clinical Research, and in addition will be introduced as the Director-designee of the CRL, to take over at the time of your departure. It is to be hoped that a reasonable amount of time will be available to allow Gordon to begin putting his laboratory and clinical organization into shape before he assumes the duties of the Director of CRL.

There are a number of cogent reasons why Gordon is to be named as the Director-designee rather than Dr. Joe Stockard who is the Deputy Director, CRL, and the Chief of the Epidemiology Section. In the first place, Gordon has had more experience in research. Incidentally, he was one of the first group of clinicians of the Heart Institute, and has done much to develop the clinical research program since it first was activated in the new Clinical Center a number of years ago. Moreover, Gordon has the rank of Medical Director which is the equivalent to Colonel in the Army while Stockard has the rank of Senior Surgeon, the equivalent of Lieutenant Colonel.

Dr. Soper - 8/25/61

Equally important, perhaps even more important, is the fact that Stockard should devote almost all of his energy to the development of his Epidemiology Section with its designated job of finding and following one or more Pakistani communities which may be used in the controlled vaccine studies which are so important.

Gordon's prime interest is in clinical investigation, and he is enthusiastic about the prospects, as they were originally conceived, for work in the physiology section and in the ward. Nevertheless, he is willing to take on the additional responsibility of the Directorship of the CRL when the time comes. Both he and I know that the duties of the Directorship will be demanding, but assume that there will be time available for him to supervise the clinical work even though he will not be able to take total patient responsibility himself.

It will be necessary to find another young clinician who can share the patient load with Dr. Ross McIntyre, who will arrive in Dacca along with Gordon about mid-October. We have a reasonably good prospect for this new clinician in Dr. Lindenbaum, whom we may be able to get to Dacca late this year or early next.

The presence of an active young NIH administrative officer at the CRL for several months on each of two occasions during the past year has been so fruitful that it has been decided to add such an individual to the permanent cadre of the Laboratory. It would be most fortunate if Mr. Metzner, who is currently on a temporary assignment as an administrative officer to the Laboratory, might be persuaded to return with his family for a normal tour of duty. On the other hand, if this is not feasible, another young administrator who has recently finished his traineeship in Bethesda might be assigned to Dacca.

We plan to proceed with obtaining the formal approval for the proposals in the preceding paragraphs from the various parties involved in the support of the CRL. We shall go forward with this without waiting for final settlement of the revision of the existing agreement under which the CRL now operates or completion of the agreement for the use of the NIH PL-480 rupees for support of the cholera research. Needless to say, both the matter of the reorganization and that of the rupees must be settled in the very near future, but whatever final arrangements are made they will undoubtedly be supportive of the research plans outlined above.

Dr. Soper - 8/25/61

Within a few days, I hope that it will be possible to offer you ideas and proposals regarding the work and personnel of several visiting scientific groups who are considering studies at the CRL this fall. At the moment, the subjects which have elicited the greatest interest are those concerned with bacteriological and immunological aspects of cholera. One of these has to do with serological surveys including the application of new diagnostic procedures. Another would probe the possibility that a booster phenomenon obtained with a single dose of cholera vaccine in a population in an endemic area might play a significant role in raising the resistance of such persons during an epidemic. Other ideas and plans will undoubtedly come along in the near future. I shall keep you informed.

Yesterday I sent you a cable through the State Department asking that you return in early September to assist in renegotiating the CRL agreement here. We shall have an opportunity to discuss the matters mentioned above at greater length while you are in Washington.

Very best wishes-

Sincerely yours,

Joseph E. Smadel, M. D.
Chairman
NIH Cholera Advisory Committee

cc: Dr. Shannon
Dr. Watt
Dr. Cummings
Dr. Stockard
Dr. Gordon
Dr. McIntyre
NIH Cholera Adv. Comm.
Capt. Phillips

Dacca East Pakistan
August 8 1961

Dr. Joseph E. Snadel, M.D.
Chairman Cholera Advisory Committee
National Institutes of Health
Bethesda Maryland

Dear Joe;

Some weeks ago I wrote you stating that a family decision had been taken not to continue living in Dacca beyond February or March 1961 and suggesting the possibility of an earlier termination of my association with the Cholera Research Laboratory.

I have attempted to make an objective analysis of the situation here and believe it is for the best interests of the CRL and the NIH effort that a director be appointed as soon as possible after the Revised Agreement is signed to operate under it.

In the meantime, news has come of illness in the family which may make it extremely difficult for us to be outside of the United States.

Please take this then as my formal resignation at the end of my present appointment or as soon thereafter as necessary or desirable negotiations of the Revised Agreement with the GOP and other nations may be completed.

This is the first real letter of resignation I have ever written; my leaving the Foundation was on appointment to serve with the PASE. I find it difficult to sign off this project which with a little time and patient nursing has great potentialities

Sincerely yours,

Fred. L. Soper, M.D.