MINUTES OF THE FIRST MEETING

Legislative Council Chambers
Thursday, 5 September 1963 at 8.15 a.m.

CHAIRMAN: Dr R.F.R. Scragg

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First Meeting

Thursday, 5 September 1963 at 8.15 a.m.

PRESENT

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<td>VIET-NAM</td>
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II. Representatives of other inter-governmental organizations and of non-governmental organizations

INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF BLINDNESS
Dr J.J. Loschdorfer

INTERNATIONAL COUNCIL OF NURSES
Miss V. Bignold

INTERNATIONAL DENTAL FEDERATION
Dr T.E. Hubble

LEAGUE OF RED CROSS SOCIETIES
Mr H. Buchanan

SOUTH PACIFIC COMMISSION
Dr R.A. Chappel

WORLD MEDICAL ASSOCIATION
Dr C.J. Ross-Smith

III. WHO Secretariat

SECRETARY
Dr I.C. Fang
Regional Director
1. FORMAL OPENING: Item 1 of the Provisional Agenda

The fourteenth session of the Regional Committee for the Western Pacific was formally inaugurated at the Legislative Council Chambers by the Right Honourable, Sir Robert Menzies, Prime Minister of the Commonwealth of Australia. The Honourable Minister of State for Territories, Mr Paul Hasluck, and His Honour the Administrator, Sir Donald Cleland, were also present. The Prime Minister was introduced by the Honourable Minister of State for Health, Senator Harrie Wade.

1.1 Address of welcome by the Honourable Minister of State for Health, Senator Harrie Wade

The address of welcome by the Honourable Minister of State for Health is contained in Annex 1.

1.2 Address by the Right Honourable the Prime Minister of the Commonwealth of Australia, Sir Robert Menzies

The address by the Right Honourable the Prime Minister of the Commonwealth of Australia is contained in Annex 2.

1.3 Message from the Director-General: Item 3 of the Provisional Agenda

The REGIONAL DIRECTOR conveyed to the meeting the greetings of the Director-General who regretted exceedingly that he was unable to be present.

The Regional Director then stated that WHO adhered to the concept that the protection and improvement of health were essential elements
in any attempt to raise national standards of living. These principles had, in fact, been strongly asserted at the launching of the United Nations Development Decade, when it had been declared that the widening of man's horizon through education and training and the lifting of his vitality through better health were not only essential pre-conditions for development, they were also among its major objectives.

In the annual report presented to the Committee a year ago, he had emphasized that governments in the Region were now becoming increasingly aware of the intricate relationship between the development of a sound national economy and that of adequate health services. Recent events had shown the truth of this statement and it was against this background that one should view the significance of the meeting being held in Port Moresby. All present were active participants in the great drama of change that dominated the contemporary scene in the Region. They could, therefore, appreciate and perhaps profit more from the achievements they would see during their stay in the Territory of Papua and New Guinea.

Since his arrival he had seen evidence of the tremendous task being undertaken by the Government of Australia on behalf of the people of the Territory. After the forthcoming tour to the remote parts of the country he was sure that everyone would echo the words of praise of the United Nations Mission which had made a visit in April 1962. This group had stated that the magnitude of the undertaking which Australia faced in New Guinea presented a challenge and opportunity with few parallels in the history of under-developed areas. Australia had tackled this task with courage, enterprise and drive and had soon produced remarkable results. The Mission had also spoken of the
admirable progress in the field of public health and of the high standards of hospital construction and administration. In the span of a decade and a half, roads had been built and airline services established. School-buildings had been constructed and education had made big strides. Plans had already been made for a University of Papua and New Guinea. The recent economic survey made by the World Bank indicated the concern of the Australian Government for the economic development of the Territory and he was happy that WHO had participated in this survey.

All these developments served to confirm the seriousness and dedication with which the Australian Government undertook its obligations and international commitments. On this score the Regional Director could speak from personal experience. The Regional Office in Manila had received excellent co-operation from the Australian Government. Leading scientists and public health officials from Australia were members of WHO's brain trust for medical research and WHO's expert committees. The Australian people themselves were contributing much to international understanding through their acceptance of WHO fellows from other parts of the world. He hoped that this would result in even greater participation on their part in international health work and looked forward with eagerness to the day when more Australian public health experts would join WHO.

In the past the Australian Government had requested little assistance from WHO for the Territory, as it had preferred that the limited resources available should be directed to those Member governments which needed them most. This generous attitude was much appreciated. However, if more assistance were required in the future, WHO would be most happy to do all it could to meet any such requests.
In closing, the Regional Director conveyed the thanks of the Director-General, Dr M.G. Candau, as well as his own, for the most generous hospitality extended by the Government.

With the completion of the formal opening, the Committee adjourned for a short intermission.

2. ADDRESS BY RETIRING CHAIRMAN: Item 2 of the Provisional Agenda

In the absence of the retiring Chairman, Dr Duque (Philippines) and the retiring Vice-Chairman, Dr MacKenzie (United Kingdom), the speech of the retiring Chairman was read by the REGIONAL DIRECTOR.

Dr DUQUE stated that presiding over the thirteenth session of the Regional Committee had been a privilege and a pleasant experience. Last year, after having been elected chairman, he had planned to join the Committee in Port Moresby. First, because he wanted to meet health workers who were performing herculean tasks in combatting disease and infirmity under the most trying conditions. Second, because he wanted to visit Australia and learn from and profit by the experiences of its health workers. He had, however, been asked to serve his country in another capacity and he regretted exceedingly that he was thus unable to be present at the fourteenth session of the Committee. As retiring Chairman, he wished to extend his most sincere and warm wishes for a successful meeting.

In the last Regional Committee Meeting, he had emphasized the need to eradicate the communicable diseases, which he had referred to as the challenge of the 1960s. That need was perhaps
even more pressing today following the resurgence of such diseases as cholera and smallpox in a number of countries in the area. Many other communicable diseases were still the cause of the high morbidity and mortality rates in the Region and millions of dollars would certainly be spent by governments to bring about the early control, if not eradication, of these diseases. The individual efforts of Member countries within the Region to promote and protect the health of their peoples represented an effective contribution to the attainment of international health. WHO had also contributed its share in improving the health of the people and had, in fact, taken the initiative in undertaking global activities to bring about the control and/or eradication of some communicable diseases.

He was pleased to know that the Committee would discuss the role of the local health services in the control of leprosy, the disease that had not only caused social dislocations and family problems from biblical times, but had retarded economic life as well. The recent trends in leprosy control were indeed encouraging. The eventual acceptance of leprosy patients in society had been brought a step nearer realization through the new attitude being adopted in many countries concerning the abolition of segregation.

While these developments seemed promising, he wished to caution health authorities and health workers against the temptation to oversimplify the problems of leprosy and especially the means of its control. There was still much to be learnt about the disease. The mode of transmission, its incubation period, the future of sulphones as the drug of choice, etc., were some of the areas that required further investigation. The situation called for even more intensive research activities, all aimed at bringing about an early understanding of the various epidemiological unknowns.
He suggested that WHO might consider making funds available for leprosy research purposes. There was an army of leprosy workers all over the world who, because of lack of financial support and lack of facilities, were unable to proceed with their very important and far-reaching studies. These people should be encouraged by the Organization through grants-in-aid. Their findings would result in a better understanding of the disease, and health authorities would be able to plot a course of action that would ultimately resolve their leprosy problems.

He hoped that the Committee's discussions on the role of the local health services in the control of leprosy would bring forth new knowledge and new areas of agreement on the methods of control and how they might be achieved in any given area. It was also his hope that the experiences in the Region would be pooled and used to advantage in areas where present control activities for leprosy left much to be desired.

In concluding, Dr Duque thanked the representatives of the Committee, as well as the staff of the Regional Office and its Director, Dr Fang, for the support and assistance given him, and congratulated the incoming Chairman on his appointment.

3. **ELECTION OF NEW OFFICERS: Item 4 of the Provisional Agenda**

3.1 **Election of Chairman**

Dr DIN (Malaya) nominated Dr Scragg (Australia) as Chairman; this was seconded by Dr CHANG (China).

**Decision:** Dr Scragg was elected with acclamation.

The CHAIRMAN expressed appreciation of the honour paid Australia and Papua and New Guinea by the holding of the meeting in Port Moresby and also
the honour paid him and the Territory by his election as Chairman.

3.2 Election of Vice-Chairman

Dr KENNEDY (New Zealand) nominated Dr Thieme (Western Samoa); this was seconded by Dr WAKAMATSU (Japan).

Decision: Dr Thieme was elected unanimously

3.3 Election of Rapporteurs

Dr WATT (United States of America) nominated Dr Ferron (France) as Rapporteur for the French language; this was seconded by Dr GURD (United Kingdom).

Dr FERRON (France) noted that at previous meetings representatives of France, Portugal and Laos had served as French rapporteurs but no representative of Viet-Nam had ever been elected to this position. As Viet-Nam was a French-speaking country, its representative might perhaps be elected as Rapporteur for the French language.

Dr TRUONG (Viet-Nam) thanked Dr Ferron for proposing his name as French rapporteur, but stated that he was very busy with matters connected with the Technical Discussions. He wished, therefore, to support the proposal to appoint Dr Ferron as French rapporteur.

Dr YUN (Korea) nominated Dr Uyguanco (Philippines) as Rapporteur for the English language; this was seconded by Dr DOWNES (Australia).

Decision: Dr Ferron and Dr Uyguanco were unanimously elected Rapporteurs.
4. ADDRESS BY INCOMING CHAIRMAN: Item 5 of the Provisional Agenda

The CHAIRMAN requested that his address should be postponed until Friday morning. He then informed the Committee that information had been received that neither Cambodia nor Laos were able to send representatives. The Portuguese representative would arrive tomorrow. (See minutes of the third meeting, section 1.)

5. ADOPTION OF THE AGENDA: Item 6 of the Provisional Agenda

The CHAIRMAN moved the adoption of the agenda. This was seconded by Dr GURD (United Kingdom).

Decision: The agenda was adopted.

6. STATEMENT BY THE CHAIRMAN OF THE TECHNICAL DISCUSSIONS: Item 7.1 of the Agenda

The CHAIRMAN announced that, in accordance with the resolution adopted by the Regional Committee at its eleventh session, the Regional Director, in consultation with the Chairman of the Regional Committee, had selected Dr Le-Cuu-Truong, Director-General of Health and Hospitals in Viet-Nam, as Chairman of the Technical Discussions.

Dr TRUONG (Viet-Nam), Chairman of the Technical Discussions, expressed his appreciation of the honour paid both to him and his country by this appointment.

He then presented the proposed arrangements for this year's Technical Discussions. As already known, the theme was "The role of the local health services in leprosy control", which had been selected by
the Regional Committee at its thirteenth session. Documents WP/RC14/TD1, 2 and 3, which had been distributed, gave the general scheme of the discussions, as well as the guidelines. Three sessions had been set aside for the discussions, Saturday morning, Monday morning and afternoon. In addition, on Sunday, there would be a tour, designed for those interested in rural leprosy problems, consisting of visits to two Hansenite colonies, a field leprosy control unit and village clinic facilities.

(For consideration of the report on the Technical Discussions, see minutes of the fifth meeting, section 2.)

7. ACCEPTANCE OF THE PROGRAMME FOR TECHNICAL DISCUSSIONS:
Item 7.2 of the Agenda (Document WP/RC14/TD2)

Dr TRUONG (Viet-Nam), Chairman of the Technical Discussions, moved the adoption of the programme for the Technical Discussions. This was seconded by Dr WATT (United States of America).

Decision: The programme for the Technical Discussions was accepted.

8. ESTABLISHMENT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET:
Item 8.1 of the Agenda

In accordance with the principle of rotation, it was agreed that the membership should be composed of the representatives of China (Taiwan), Japan, Malaya, New Zealand, the United Kingdom and Viet-Nam. It was also agreed that the Sub-Committee would meet at 2.30 p.m. on Friday, 6 September, and that, if necessary, discussions would continue on Saturday afternoon. (For consideration of the report of the Sub-Committee on Programme and Budget, see minutes of the fourth meeting, section 4.)
9. ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 9 of the Agenda

The CHAIRMAN stated that progress reports on health activities had been received from Australia, British Solomon Islands Protectorate, Brunei, China (Taiwan), Federation of Malaya, Japan, Korea, New Zealand, North Borneo, Philippines, Singapore, Territory of Papua and New Guinea, Viet-Nam and Western Samoa. In addition, the Commonwealth of Australia had submitted the Report of the Director-General of Health for 1 July 1961 to 30 June 1962; Japan had submitted A Brief Report on Public Health Administration in Japan, 1963; the Territory of Papua and New Guinea had submitted the Annual Report of the Department of Public Health for 1962-1963; Sarawak had submitted the Annual Report of the Medical and Health Department for 1962.

10. ANNOUNCEMENTS

The CHAIRMAN suggested that the Committee should follow its usual practice and meet from 9.00 a.m. to 12.00 noon, with a break at about 10.30 a.m., and from 2.30 to 5.00 p.m., with a break at about 3.30 p.m.

It was so agreed.

It was further announced that official cars would carry representatives between their hotels and the conference chambers. Unless otherwise notified, cars would depart from the Boroko Hotel at 8.30 a.m. and 2.00 p.m. and from the Papua Hotel at 8.45 a.m. and 2.15 p.m. on meeting days.

The meeting adjourned at 11.20 a.m.
ADDRESS OF WELCOME BY THE HONOURABLE MINISTER OF STATE FOR HEALTH, SENATOR HARRIE WADE

The Prime Minister, Honourable Hasluck, His Honour the Administrator, very distinguished guests, ladies and gentlemen. It is my very great privilege and honour this morning to extend to delegates from thirteen countries a very warm welcome to this neck of the woods. You have come from the four corners of the Pacific, from as far north as Japan, from as far south as New Zealand. In the east you have come from Fiji and Hawaii and from the west as far as Malaya, and each of you has come with a purpose, come with a desire to make a contribution for a better way of life for mankind, each of you has come to give and expect no reward; and with that quality of purpose of course your deliberations must succeed. You have come a long way since WHO was launched in 1948, or should I say WHO as we know it today, and during that period of time you have been able to catch something of the spirit and the vision of the men who launched this grand organization, men who had a very real appreciation of the human rights of the individual expressed so adequately in the second principle of the Constitution. May I quote it to you, this is how they express themselves. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. I think that adequately indicates to the man in the street, to those who would be cynical as to what you may be accomplishing, that here is a charter that demands that the individual shall have the best that human endeavour can provide, and although you are comparatively young in years you have a magnificent record of achievement, not only in the control of disease, but what I believe
is by far the more important, in its prevention. There I believe the challenge today is even greater than before. Yet in spite of your success, every time you meet around the council table, you face new problems as well as the old, you meet new challenges as well as the old, but because you come to face these problems, to accept these challenges, your conferences must succeed and, therefore, I say to you, deliberate and conclude with confidence because all men throughout the world applaud your efforts. This time, Sir, too I think one should pay a tribute to those 2000 odd people who represent the World Health Organization, the men who transplant your thinking into action, the doctors, the administrators, and those who labour in the field, they too have a record that surely is a monument to them. So, Sir, I would like you to know that my country, Australia, is proud to be associated with WHO, and to prove my sincerity if such proof is necessary, we bring to you today our number one citizen, the Right Honourable Robert Gordon Menzies, Prime Minister of Australia, to open your Conference. Of course, you all know him as a world statesman, a man who has made magnificent contributions to affairs of the world. He has striven unceasingly to make the world a better place in which to live for the common man and we Australians recognize him as a man in his own right, as one who has great human qualities, a man who has devoted a lifetime and very exceptional talents to improving the lot of his fellow men. And so, Sir, to you and to Dame Pattie Menzies, we extend to you a most cordial welcome and I know, that when you rise to speak, the people assembled here will show their appreciation of what you have done to make this conference a success. So, Sir, finally may I say this to the delegates. We are delighted to have you here, we believe
that your coming to this part of the world is an indication that you recognize that this part is going to take its place in the sun, and so I say to you, I do hope, and I am sure, that your deliberations will be successful and I hope you may have a very happy stay while you are here. Thank you.
ADDRESS BY THE RIGHT HONOURABLE
THE PRIME MINISTER OF THE COMMONWEALTH OF AUSTRALIA,
SIR ROBERT MENZIES, K.T., C.H., Q.C.

Sir, distinguished representatives of your various countries,
Ladies and Gentlemen. My colleague Senator Wade has rather gloried me this morning. He attributes my presence entirely to virtue on my part. I would like to tell you that the last time I was here, though not in this building, they did their best to kill me. They cooked me, they cooked me, they ran me around and I agreed to come this time on the strict condition that the weather would be better and so it is. So it is not only a matter of pure virtue but of adulterated personal comfort. Sir, the Constitution of the World Health Organization not only contains those splendid words that were quoted by my colleague but they also contain the definition of health and I read this with great interest. They described health as a state of complete mental, physical and social well-being and not merely the absence of disease or infirmity. I think most of us must be rather unhealthy. The state of complete mental, physical and social well-being, well, give those words an extensive interpretation and they would discover almost all of the material problems of mankind, wouldn't they, and therefore they would tend to defeat themselves. But what I like about the work of the WHO is that it has not lost itself in generalization, it has rather concentrated its mind upon the proposition that health in the nations and among the people does not represent merely the absence of disease, but includes these great activities to which my colleague has referred. In brief, the World Health Organization has not been just academic in
its approach to problems. On every occasion it has sought to give a practical application to the work of medical scientists and discoverers, and to give that practical application in particular places for particular purposes. I was informed before I came here that 100 health projects had been assisted by the World Health Organization in the Western Pacific, a hundred different and specific projects. Now, Sir, having said that to indicate that I do understand the essentially practical purposes that you have, I perhaps ought to remind those of us who are not medical men that it is a pretty modern idea that public health problems are capable of solution. I don't think that people troubled much about public health problems as we understand them, a couple of centuries ago. In Great Britain the eighteenth century has become known as the century of good taste, and indeed it was in many ways, but it must have produced many bad tastes in its fashion, because public health as we understand it was entirely unknown and indeed the practice of medicine in any of its forms was extraordinarily primitive. Indeed, one has only to go back to the middle of the nineteenth century - a period which was well remembered by people like my own parents so that we are not so far removed from the middle of the nineteenth century - up to that time when the Red Cross was created, when the great figure and genius of Florence Nightingale became known, nursing as we understand it, treatment of the wounded as we understand it, was almost entirely unknown. For the most part, in the dreadful occurrences of war the wounded were left to die, casualties which turned out to be fatal were enormous compared to what they would be under similar circumstances today. And it was a good long time after that before it was realized by the hard economic elements in the community that disease is
economically wasteful, that no country can afford to have any disease in its country which skill and effort can avert, that economically this wastage of the economic contribution made by the individual is not to be tolerated. That is a very modern idea, and so we have entered what we are pleased to believe to be the modern and enlightened era, of which the World Health Organization is a manifestation with 115 Members and a record of immense vigour and practical quality. But Sir, the health work of the modern world and the health work of the WHO cannot be done in a vacuum, they cannot be done extra-territorially. What we all need to do, what you have shown that you understand you must do, is to get down to cases, not to be too abstract, not to regard any problem as being capable of being solved in an office or a laboratory somewhere else in the world, and, therefore, as I understand the WHO, its main function is to stimulate activity in specific areas and to a great extent in relation to specific diseases of great endemic or epidemic proportions. Your topic for this conference is an illustration of this fact, and when you have a conference you are not merely engaging in a series of abstract remarks, you are concentrating your attention on the particular problem and pooling experience and skill, as it turns out here from thirteen or fourteen different countries. Now, Sir, you happen to be in Australian Territory and I happen to be by the grace of the electors of Australia, though only narrowly, the Prime Minister. Now in these territories, Papua and New Guinea, we in Australia have accepted great responsibilities, responsibilities much too great to be passed off our shoulders lightheartedly or in a spirit of pure theory; we have immense responsibilities in these territories and we propose of course to discharge them. We look forward to the
time when these territories, the people of these territories, will be completely, politically and economically independent, where they will be a living, vital country, controlling their own destiny. This is the great objective of intelligent people in the twentieth century, but in the meantime we the Government of Australia have tremendous responsibilities and we will carry them forward to the conclusion, not slowly, not in a wild hurry, always with the understanding that the paramount consideration is the welfare of the people of the Territory and not a mere desire to satisfy somebody else.

Now this is a Health Organization Conference and, therefore, I should tell you that in the pursuit of this duty to which I have referred, the Administration, while very far from satisfied - none of us can afford to be satisfied, if you were satisfied about the state of health in the world, you would not be here, this is something about which you will never get satisfaction and therefore the Administration is not satisfied - but I venture to say that it can be very properly proud of what has been done, remembering always that these territories embrace hundreds of different types of people, literally hundreds of different languages, stages of civilization or of uncivilization which perhaps are not to be found very easily in any other part of the world, ranging from what you see around you in Port Moresby to what we might see if we had the time, and took the trouble, and had the endurance to go into some of the more remote parts of Papua and New Guinea. This is a tremendously difficult place and yet, I repeat, the Administration may be very proud of what has been done. So far as we have been able to discover, there was simply no evidence of any established medical system in this great tract of country until European settlement first occurred.
The indigenous inhabitants, as was not uncommon perhaps at that stage in the world's history, believed that disease was the product of some mysterious fault, perhaps a sorcerer, perhaps some form of witchcraft - they were rather obscure, almost instinctive and superstitious ideas about how illness came about and how it ought to be dealt with. In other words, there was a state of affairs here only a decade, three-four decades ago, five decades ago, which strongly resembled the state of affairs which existed in a great number of our countries hundreds and hundreds of years ago, so that the task was a difficult one and had to be concentrated into a fairly short period of time. Well, by 1923, that is only forty years ago, there were in these territories, fourteen hospitals and thirteen medical officers, no great matter was it? Fourteen hospitals, thirteen medical officers represented an enormous improvement on what had been, but it was still no great matter, and then the progress that followed that was interrupted by war, because this country saw war and saw it in a destructive form. I have been reminded that the war destroyed every hospital, except those at Port Moresby and at Samarai. Here is a splendid example, if that is the right word to choose, of the destruction that war can bring about; only two hospitals left standing, but of course the war also - by the strange irony of fate or the not always understood wisdom of Providence - the war brought great advances in medicine with the antimalarials and the insecticides and the antibiotics and the vaccines. I suppose that two of the remarkable effects of the war were that in medical science the discovery of how to fight disease was accelerated beyond words, while at the same time in the world of the physicist we saw results following upon the splitting of the atom, which has up to now rather
increased the apprehensions of mankind, but may in due course, properly understood, add enormously to its resources. So there was a plus, there was a minus. Well, Sir, when all the war was over, the Administration resumed and has pressed on with increasing activity ever since. Great territory-wide campaigns by 1957 were being waged against yaws, against tuberculosis, against malaria, leprosy, there was an increasing medical examination of schoolchildren - and after all, it isn't so long since there were hardly any schoolchildren because there were hardly any schools, this has been a tremendous development that I won't take time to speak of this morning - but there has been over this period an increasing medical examination of schoolchildren and a dental health service. In 1962/63, the last financial year, there was an extensive procurement of vaccines against what - very interesting to recall the diseases that were being attacked - against tetanus, against whooping-cough, which in some of our countries is regarded sometimes as a sort of juvenile eccentricity, regarded with indifference by husbands and causing immense trouble for wives, but still whooping-cough in a country not so well developed can be a dread disease and it was attacked. Diphtheria, poliomyelitis, smallpox, cholera, tuberculosis, all these things being attacked by the procurement and use of vaccines, with tremendous personal work being done by regular health patrols and, of course, by the improvement of nutrition. I said then by regular health patrols. You look at the relief map out in the foyer outside, somewhat exaggerated no doubt for the purposes of demonstration, you will realize that this is, in many respects, a tremendously mountainous country, with here and there a road, with here and there a track, but for the most part presenting the most tremendous difficulties of access
and, therefore, perhaps enabling more and more small communities in small valleys or in remote corners to be suffering from some disease, to be almost extinguishing themselves without access from the people who might be able to help them. If anybody ought to go down in history here with immense fame, it is the people who have gone out on patrols, who have put up with all these hardships, who have reached these inaccessible places, in order to bring medical help and apply medical resources to the needs of the country. That goes indeed in Papua and New Guinea for almost all the activities of administration. We are living in an age in which bringing the ordinary instruments of peace and progress and benefits to the people requires immense personal courage on the part of hundreds and hundreds of young men out on the trail. Now, Sir, I hesitate to speak about money, because I find that sums of money that I think are quite big are regarded by opponents as trivial and so I hesitate to speak about money, but I think I should say that health services as you all know, are costly, indeed it is because you realize this that you have these regular meetings in order to produce more and more efficacy in the treatment of disease because the more efficient then the more justified is the expenditure of money. Now since 1953, that is ten years ago, the health services in these countries have cost us thirty-three million pounds. I had forgotten to add up the figures, all I remembered in a hazy way was that my colleague and friend, Mr Hasluck, who is the Minister for Territories in my Government, has a very beguiling way of getting more money for the Territories than the rest of us at first thought proper and looking back on it, there it is, thirty-three million pounds. In the last financial year which closed only the other day, five million pounds on health services,
that amounts to fifty shillings per head of the population and to all
that you must add in these territories the immense work, the devoted,
the skilled work of mission medical workers so that you will see just
at a glance that what has been done here has really been done generously,
enthusiastically, and of course when I say that, I am the first one to
realize that what looks like a big figure this year, will look like a
fairly small and comfortable one before we are another five years older.
If you add together the work of the Administration here and the work of
the missions - and this is the last fact I want to put before you - if
you add those two together, and you have in mind that after this last
war there were two hospitals left standing, a mere handful of medical
people immediately available, and then listen when I tell you that in
June of this year there were 100 government hospitals, 100, and a very
large number, which I don't have by me, of mission hospitals, there
were 528 maternity and child welfare centres, there were 1693 aid-posts
or medical centres, 1693, there were 148 doctors and there were 4400
other medical personnel, all this on June 30th of 1963; and you will
see that you have come here representing all your talent, devotion,
experience, to a country which affords a splendid example of an
administration with the co-operation of the people going forward along
the lines that you have been so much concerned with, bringing to the
people a new chance of prolonged life, higher medical standards, better
living, a better future, taking them out of the primitive and
superstitious darkness before the medical era and giving them the
benefit of the best that the world can provide. This in other words,
is a great experimental area in the world and I am delighted that you
should have come here in order to bring your minds together on a disease
well known in these territories, so that the sum of knowledge may be added to, so that the enthusiasm of those on the spot here will be refreshed, so that our determination to go forward may be made stronger. It is in that spirit and having in mind all these things, that I welcome you on behalf of the Government of Australia and I have pleasure in declaring your Conference open.