MEMORANDUM FOR: DISTRIBUTION LIST

SUBJECT: Correction of Minutes, General Meeting of the AFEB, 29 February - 2 March 1968

Attached are pages 23-26 to insert in place of pages of the same numbers in the Minutes.

Encl
Correction

DISTRIBUTION
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LTC Joy (2)

PROOFREAD:

SIDNEY A. BRITTEN
Captain MC, USN
Executive Secretary
remained in operation during the hostilities by the Egyptian professional staff and work continued uninterrupted, through agreement with the Minister of Health; its field facility at Addis Ababa, established about a year ago, is conducting some surveys of the distribution of malaria with special reference to drug resistant infections, and a collaborative study with AFIP is in progress concerning onchocercosis (an Army pathologist reported there about 6 months ago and it is intended to assign another Navy parasitologist to assist in this program); the Addis Ababa facility also intends to do some studies on louse-borne relapsing fever and to document the distribution and incidence of various parasitic diseases, particularly leishmaniasis, onchocercosis, malaria, and so forth.

The Navy Psychiatric Unit at San Diego, he continued, is conducting research in preventive psychiatry; recent studies have included the evaluation of psychiatric screening for special programs such as Operation Deep Freeze in Antarctica and longitudinal studies of behavioral adjustments among first enlistees in an attempt to develop predictive factors of value in various types of naval operational requirements.

He concluded by showing and discussing graphs of respiratory disease incidence among recruits illustrating the dramatic effect of live adenovirus vaccine.

Dr. Dammin thanked Capt. Gundelfinger, invited him to continue participating in the discussions and then asked Dr. Albert B. Sabin to speak about his trip to Cuba.

Dr. Sabin's Trip to Cuba

Having gone to Cuba following repeated invitations from the Ministry of Health, since the mass use of polio oral vaccine in 1962, and with the approval of the State Department, he had opportunity, he reported, to talk with the Minister of Health, the Vice-Minister in Charge of Epidemiology and other officials of the Ministry of Health, a former colleague of Rockefeller Institute who is now Professor of Parasitology at the U. of Havana, a brother of the latter who in 1951 was Minister of Health & Welfare and now is the leading neurosurgeon, the President of the Cuban Academy of Sciences, representatives of the Pan American Health Organization, as well as many physicians in hospitals and research institutes. He visited a number of hospitals, the Institute of Hygiene, the new Center for Scientific Investigations, and the Cuban Academy of Sciences.

He said that he was tremendously impressed with the organizational aspect of the Ministry of Health which seemed to have many qualities of a good military organization. Everybody in the Ministry has his opposit
number in the provinces and lesser regions right down to units of about 5,000 people; directives were apparently passed along a definite chain of command and people who were made responsible did not last in the job very long if they didn't meet their requirements. Real advances, he felt, have been made in public health and preventive medicine in recent years.

The main activities of the Ministry of Health were first of all directed to supplying medical facilities and especially there was an increase in numbers of hospitals, polyclinic services and dispensaries, with a final emphasis on supplying medical services to the rural areas which previously had been deprived; in the rural areas these hospitals are fairly large and well staffed. There was an increase in number of childrens' hospitals, maternity hospitals and rural dispensaries from none to 55, for instance.

As for physicians, the number in 1958 was about 6,286 of whom 2300 emigrated, and there is a continuing emigration; notwithstanding this, at the end of 1966 there were 6,862 physicians. Physicians are being turned out from 3 universities; in 1967 about 500 were graduated; in 1968 there will be 754; in '69 and '70, the figure is expected to approach 1,000. Fifty-three percent of physicians are still concentrated in Havana; the method used to staff the rural services is compulsory assignment there immediately after the year of interneship for 2 years. Following the 2 years, the young doctor can remain there with increased pay, go into specialty training for at least 3 years or go into training for academic medicine. Physicians are the only persons in Cuba who get more money with increasing responsibilities.

Nurses, he continued, have increased from 719 in 1958 to 6,000 and more.

He described a medical school near Havana where there are more than 2100 medical students, now in their preclinical years; students are paid and live in dormitories or married quarters.

Another important function of the Ministry of Health is immunization against infectious diseases; smallpox, DPT, typhoid, and polio are given routinely. Polio has been eliminated from Cuba; for a most extraordinary method of mass vaccination which is repeated every year they utilize the Committees for the Defense of the Revolution which in some respects are a little like the old block organizations in Japan; the vaccine is brought to the people at a given hour, at 6:00 AM on a given day; every block leader knows how many
children there are in his area, gets the vaccine the night before, keeps it in the refrigerator, distributes it in the morning and, in the cities at least, within 30 minutes everybody has had his vaccine; in the rural areas they have farmers' organizations and women's organizations that work the same way. They also use the same organizations for tuberculosis elimination campaigns.

He said that he was unable to find any records of paralytic polio, although he searched hospital records himself.

There has been difficulty with the Russian vaccine; some of it during the past year had no potency; a serological survey showed that 70% of the children vaccinated during the last 2 years had no antibody for Type 1. About a month ago, he received samples of a new shipment of Russian Type 1 and Type 3 vaccines from Cuba and they proved to have full potency.

He then said that the National Institute of Hygiene has very poor facilities, supplying mostly diagnostic services, diagnostic reagents, control of food and water, and so forth; but it makes its own typhoid vaccine. The typhoid vaccine is a very simple one; the live organisms are frozen and thawed and filtered and then inoculated; they say it causes very little reactions; during an epidemic in 1964 they said they had very good control; and now the incidence of typhoid is low; the vaccine is given every year.

He said there is almost no research going on, but for some reason they have established a fairly good and rather large arbovirus laboratory with some people from the Soviet Union. The reason given for establishing this facility is that a great deal of progress is being made on irrigation and expanding rice production, and they are making surveys of the presence of various arboviruses in areas where they expect there will be an increase in mosquitoes and possibly development of epidemics.

An extensive *Aedes aegypti* eradication campaign is being waged.

Malaria is practically eliminated; tuberculosis is showing a continuous decrease with a very active control program; typhoid continues to decrease; infectious hepatitis shows no change in trend, about 9,000 cases a year; amebiasis shows no change either; and infantile diarrhea has been markedly reduced, traceable, they said to activities directed against malnutrition.
Antibiotics, not manufactured in Cuba, are imported from Spain, Switzerland, England, Canada and France.

The population continues to increase at a 2.2% annual rate; the total now is over 8,000,000. A larger population is desired, and family-control data, information, or help is not available until parents have had 3 children, except under special circumstances.

In reply to a question, he said he drank water at the hotels and ate all the food and had no gastrointestinal trouble while in Cuba.

In reply to another question he said that he had not received a specimen of the typhoid vaccine for examination, although he has asked for one. Dr. Woodward offered to test a sample.

Following the taking of group photographs, the meeting recessed for lunch.

Resuming the meeting at 1400 Dr. Dammin, after announcing that the proceedings of the September AD HOC meeting of the Board would be reviewed tomorrow beginning at 1400, asked Dr. Harvey Blank, Director, Commission on Cutaneous Diseases, to speak.

Commission on Cutaneous Diseases

Dr. Blank said that the Commission has known for some time that skin problems and venereal diseases were becoming increasingly important in military personnel, especially in Viet Nam; in addition there was the new problem of immersion foot. The Commission's problem was to find out more about the precise nature of these conditions and see what could be done to reduce the disability or to prevent it. Military dermatologists in Viet Nam were completely inundated and had no time to investigate the problems, and the patients they were seeing were those who had been referred from various sources rather than what could be called front line problems; information was not being developed upon which the Commission and the contractors could base planning for work; the Commission was really interested in pinpointing the problems along the lines mentioned by Gen. Blumberg. So the Commission welcomed the opportunity to send a team to Viet Nam.

Dr. Blank said he was sorry that the draft of the team's report, because it contained some restricted information, could not be distributed now, but he distributed copies of the general recommendations that have