

February 2 1962

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

Dear Joe:

The Public Law 480 funds were received as anticipated and have been deposited in Dacca.

I have before me the  
Report of Visit to Pakistan-SEATO Cholera  
Research Laboratory by the NIH Cholera Advisory Committee, January 1962,  
and have in mind your comments at the breakfast table in Lahore. The following comments are, in part, prompted by your statement that the representative of the Director of the NIH would present this report for the consideration of the Directing Council at its first meeting. I shall undertake to indicate why this should not be done; such effort of mine were unnecessary had the NIH Cholera Advisory Committee had an opportunity to discuss with the Director of the CRL, as I proposed to you on January 22, the administrative implications of the Revised Agreement of December 30, 1961.

I was shocked to learn from a member of the Advisory Committee, after his arrival in Dacca, that he was unfamiliar with the revised agreement. I thereupon distributed copies of the agreement to the members of the committee, preparatory to a general discussion, which you rejected, out of hand. I submit that no legally untrained person can, in a casual reading, get the full implications of a document of this type.

The proposal to present to the Directing Council the report of the NIH Cholera Advisory Committee is not in accord with the Revised Agreement. This agreement provides for a CRL Technical Committee, "preferably of not more than three to five persons, including at least one person from Pakistan", whose report shall be "taken into consideration in preparing the annual report and in drafting recommendations to the Directing Council for the ensuing budgetary period." (This to be done by the Director!)

I might not feel so strongly about this matter, were it not for the fact that during the latter weeks of negotiation before the signature of the Revised Agreement, there arose a demand by the Pakistani negotiator for the appointment of two Pakistani members of the CRL Technical Committee. This demand was finally withdrawn but is still fresh in memory; the presentation of a Report of a Technical Committee of six members, none of whom are Pakistani's is certain to rankle.

To Comment on the Report itself:

The occurrence of the name of the Director of the NIH among the signatories of a document prepared for his consideration, leaves no margin for contrary recommendations.

Paragraph II. 1. The phrase 'one of the world's renowned public health experts' should not be used. If Soper be renowned, everyone knows it already; if his present performance be unsatisfactory, his past should not be

dragged in to gloss over present inadequacies.

2. The statement, "Through his efforts, the administrative staff have been put on a working basis", is unrealistic on two counts: a) the work has largely been done by Dr. Joe L. Stockard, and b) the 'working basis' disappeared with the resignation of the secretary at the end of December and of the chief administrative officer and another well qualified employee within a week of the arrival of the American Administrative Officer on January 13.

3. The statement regarding the Revised Agreement may be a deliberate understatement for some special audience but implies something much less than what was fought for and won. The so-called 'greater autonomy' would not have to be much, since there was none under the previous agreement.

Paragraph III 1. Reference to one of Dr. Gordon's age and youthful appearance as 'one of the senior investigators of the NIH' will be misunderstood.

2. The statement beginning "These two have created" is an overstatement and leaves out of consideration the yeoman work Dr. Stockard has done in connection with getting work done in the hospital under much more difficult conditions than those which have existed since Dr. Mansur has been Director of the Institute of Public Health.

Paragraph VI. The example of 'increasing interest of other governments' in the CRL, viz., the contribution of £ 10 000 by the UK is misleading and open to criticism by those who know that the contribution of the UK was announced officially in December 1960.

Paragraph VII. The statement regarding the Proceedings of the International Conference on Cholera will surely lead to criticism of those workers not represented at the conference.

Paragraph VIII. The first statement is contrary to fact; the fact is that the Revised Agreement creating the Pakistan-SEATO Cholera Research Laboratory as an autonomous agency, was completed by signature of the Governments of Pakistan and of the United States on December 30 1961.

2. The statement that great credit is due Dr. Soper in this connection is ill-advised in a document for international circulation- It will be assumed by those unfamiliar with the facts that all of Dr. Soper's 'skill and patience' were devoted to solving questions relating to acceptance by Pakistani authorities.

Paragraph IX. This sentence should read, "As funds become available under the Revised Agreement of December 30 1961, it will be possible to organize and staff the Cholera Research Laboratory properly and develop its scientific and field programs." Let's admit freely and frankly that we are starting now!

Paragraph XI. 1. The creation of the position of Scientific Director, in addition to those of Director and Deputy Director, would seem to produce a situation with all chiefs and few Indians. In case it be considered necessary it should be worked out within the organization itself and not as a matter for action by the Directing Council. The structure of the administration should be left as fluid as possible, to permit adaptation from time to time according to the qualifications of the personnel available at any given time.

2. The proposal by the Advisory Committee of names of individuals for given posts within the CRL, and the submission of this recommendation to the Directing Council can only lead to administrative anarchy. (It should be remembered that the GOP proposed, that the nomination of the Director should be made 'in consultation with the Government of Pakistan.' This proposal was of a serious nature and difficult to overcome; it was I have reason to know stimulated by the youthful appearance of Dr. Gordon.) The Director, and not the Directing Council, is according to the agreement, to 'appoint and remove

personnel. (All personnel of the CRL should be under the leadership of the Director of the CRL; leadership by Advisory Committee is impossible, and individual recommendations to, through or by the Directing Council should not be countenanced.)

Paragraph XII. 1. The statement that the position of Deputy Director should be retained, reveals ignorance of the Revised Agreement, which specifically provides for a Deputy Director, who may be assigned by the Director to carry out any of his duties and responsibilities any occasion may demand---the recommendation of Dr. Joe Stockard by name is ill advised for the reasons mentioned above. The proposal to limit his activities to those which do not interfere with his primary duty as Epidemiologist is not realistic at the present time.

Paragraph XIV. The recommendation by the Committee, in a document to the Directing Council, that Dr. Mansur the Director of the Institute of Public Health of the Government of East Pakistan, should be retained as a consultant with appropriate remuneration, might if carried out set a dangerous precedent. To have a Government Authority, that is a Government Official, who is in a position of authority with regard to the affairs of the CRL, and who is the logical person to be the Pakistani member of the CRL Technical Committee, on the payroll of the CRL, is surely open to misinterpretation. (I have previously discussed the matter with Dr. Mansur, since I am anxious to have his continued collaboration; I now believe it may best be solved through preliminary discussion and possibly by partial secondment from the Director of Health Services.)

Paragraph XX. Collaboration with institutions and agencies in other countries is most important. Collaboration can most readily be developed with authorities and institutions of those countries participating officially in the CRL. The Cholera Advisory Committee has failed to consider the question of how, countries other than the United States and Pakistan may participate in the CRL. This is the principal question for discussion with the authorities of the SEATO nations; the suggestion that Dr. Soper should discuss with them at this time their participation in the international aspects of cholera control is not in order since it would be an obvious invasion of the WHO's field. The CRL must work to develop its program and its relationships in such a way that it becomes almost automatically involved in the solution of cholera problems as they arise. Surely the recommendations beginning "With the latter point in mind" and continuing on to the end of the paragraph, are not for the consideration of the Council.

Paragraph XXI. It came as a surprise to find the Advisory Committee making the selection of areas for study and giving specific instructions as to certain details of operation in East Pakistan. The Revised Agreement provides that the GOP will furnish "A Coordinating Committee to advise the Director of the CRL in the coordination of cholera research activities with those of agencies of the Provincial Government, especially in connection with field studies and with evaluation of the results of preventive measures."

It will come as a surprise to many to learn that the NIH Cholera Advisory Committee proposes a program emphasizing an intensive nutritional survey without mentioning the possible importance of water in the epidemiology of Cholera. (Although cognizance is taken early in the report of the accession of a water laboratory no recommendation is made regarding its use nor regarding the appointment of a water biologist to supplement the work of the present staff.)

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Since I joined some members of the Advisory Committee on the 17th in HongKong and was present throughout the visit in Dacca, Lahore and Karachi, it will be assumed that I had participated in discussions of the Committee on the points covered in its report.

Were I to be present at the presentation of this report, I could not in conscience fail to cry out against its injustice, its inaccuracy and its implication that administrative detail can be dictated by a Committee or handled from a distance. I have no desire to cause any apparent rift in the NIH front; but on the other hand I cannot stand by and watch the Advisory Committee present a report that is in effect a mandate of the NIH to the Directing Council. The Advisory Committee seems to have forgotten that East Pakistan is a proud Province and that Pakistan as a whole is not many years away from colonialism. I am convinced that almost anything can be done here that can usefully be done anywhere; but it is essential that the Director of the CRL, whoever he be, be given the freedom to act, and be given full authority over all persons assigned to work at the CRL. It is fatal to assign staff here, with instructions as to what they are to do, instructions unknown to the Director.

I keenly resent your statement with regard to Dr. Stockard. In my considered opinion, Dr. Stockard has ably carried out the tasks given him, especially considering his unfamiliarity with administrative detail. Your insistence on his development of an epidemiological program, and your disappointment with his failure to do so first came to my attention through the second hand remarks of Dr. Cummings last May....In spite of this knowledge and my own interest in epidemiological work I found no opportunity to push into epidemiology, so long as the CRL had no money and no means of hiring staff with which to work. When some ICA funds finally became available in August, Metzner, who had by then been around long enough that he might have been useful, packed up and returned to the United States, leaving with Dr. Stockard the full detail of searching out interviewing hiring and breaking in the office staff. The arrival of Gordon and MacIntyre in October failed to lighten the load in any way; only tended to make it more difficult.

It must be remembered also that I was away from Pakistan, ie from Dacca, for a month in September and for five weeks and half in November and December; it is obvious that the load was carried by Stockard. I have worked under varying conditions abroad, but have never been any place where in spite of the good will of the authorities, it took so much time and energy of the Administrator to get things done. There is no one on the NIH Advisory Committee who has any conception of the difficulties of setting up a self contained unit in East Pakistan. And this in spite of the support of the ICA; with all of the good will in the world the ICA was simply unable to meet our request to send some one out to aid in the organization of our office routine.

As the Director of the CRL, the one thing for which I must take full responsibility is for the work and activities of Dr. Stockard; at no time has he neglected the essential work to be done because he knew that epidemiology was expected of him. If fault there has been, as I emphasized for you in Lahore, it is mine; the experience Dr. Stockard has had during the last sixteen months can be invaluable to the CRL and to the NIH for many years. Stockard did a noble job of negotiating the final terms of the Revised Agreement, under pressure, and with disturbing interference from Gordon. You may well be proud of his performance, as am I.

There are times when it is well to remember the Spanish adage,

Despacito se va lejos.

Sincerely yours,

Fred L. Soper, M.D.