

what they can do every day to control their own cancer risks.

Vincent T. DeVita, Jr., MD  
Director  
National Cancer Institute

### **PHS Task Force Seeks Volunteers To Cope with Famine in Africa**

The Public Health Service is being called on for assistance in coping with the drought-related disaster unfolding in Sub-Saharan Africa. Millions of people are starving. Thousands have lost their homes and become refugees. U.S. officials decided that the Government should make a humanitarian response to the international emergency. The Agency for International Development asked Secretary Margaret M. Heckler for Public Health Service personnel to provide stopgap aid to private voluntary organizations in the field. To fulfill this request, I formed the Public Health Service Working Group on the Famine Emergency in Africa and named as its director, Dr. Robert Graham, Administrator of the Health Resources and Services Administration. The group, which consists of representatives of all Public Health Service agencies, will select appropriate volunteers. The group is looking for physicians, nurses, nutritionists, sanitarians, public health advisers, transportation specialists, camp administrators—anyone with skills needed in providing emergency health services.

Volunteers will be asked to serve for up to 90 days. Most will work with voluntary agencies such as Save the Children, International Rescue Committee, or United Nations International Children's Education Fund (UNICEF). Some will work with host governments. The first volunteer, Dr. Gershon Bergeisen, an Indian Health Service medical officer stationed in Bemidji, MN, left April 8 for Chad. Assistance also is needed in Sudan. Neighboring countries with similar problems are Burkina Faso, Ethiopia, Mali, Mauritania, Niger, and Somalia. Up to 20 more volunteers may be needed. Further calls may be expected.

Applicants must complete a 4-page form with questions about their health, ability to work under adverse conditions, skills, language proficiency, and work experience in the United States and foreign countries. Interested Public Health Service personnel should contact Kay Strawder at (301) 443-6152, Rm 14-18, Parklawn Bldg. 5600 Fishers Lane, Rockville, MD, 20857.

James O. Mason, MD, DrPH  
Acting Assistant Secretary for Health

## **LETTER TO THE EDITOR**

### **Fighting Malaria in Texas, 1949-51**

The article in your November-December 1984 issue, "Fighting Smallpox on the Texas Border: an Episode from PHS's Proud Past," was especially meaningful to me as a former PHS officer. I commend Dr. Michael and Dr. Bender for reminding your readers of the professional way PHS assignees have traditionally served State health departments when called upon.

In the fall of 1949 I was transferred to the malaria surveillance program in Texas at the request of Dr. George W. Cox, the State health officer, whose approval was necessary before any move could be made (as in 1895 with the assignment of Dr. George M. Magruder). My prime objective during that period of 1949-51 was to investigate each reported case of malaria in Texas by interviewing both physician and patient, reviewing the malaria smears (sometimes my own), discussing with engineers and entomologists the possibilities for transmission in that particular area, and making a final report to my superiors at CDC.

Texas, Arkansas, and South Carolina were the last strongholds of malaria in those days, but it was often wrongly diagnosed. This had certainly been the case in Mississippi, where I had collaborated with (and learned from) Dr. Archie Lee Gray in exorcising the "ghost of malaria" by offering \$5 for each laboratory-proven case.

Dr. Alexander D. Langmuir, CDC's Chief Epidemiologist and an invaluable "father figure" to those of us assigned to the States, supported my efforts in the malaria surveillance program and encouraged an interest in other fields such as a study of health problems of migrant workers and the whole subject of public health on the border.

The so-called wetback (as opposed to "bracero," or legally admitted agricultural worker) was both misunderstood and unfairly maligned at this time. I was occasionally able to speak with and examine those "wetbacks" who had been recently rounded up. Eventually there was a regular program of health screening that included an interview, a cursory physical, a malaria smear, and a smallpox vaccination. When I was working in Cameron and Hidalgo Counties, the branch lab at San Benito, run by Dr. Eddie Klaboch, proved invaluable.

In an attempt to relate this to the article by Michael and Bender, I might observe that smallpox was a constant concern to us, although I never actually saw a case in the Lower Valley. The "wetbacks" used to oblige us by describing outbreaks of the disease, usually down in the vicinity of Guadalajara. In many ways, I am grateful that I did not have the same problems as Dr. Magruder in 1895, and was able to move on to malaria control in Thailand at the conclusion of my work in Texas.

—Maynard H. Mires, MD, MPH, Deputy State Health  
Officer, Sussex County Health Unit, Delaware  
Department of Health and Social Services