

number of other countries, amongst which he named Australia and New Zealand, to take as many of the displaced persons as they possibly could. The high cost of resettlement, both as regards transport and expenses incidental to settlement, were also stressed by Mr. La Guardia and others. Any such expenditure would, of course, not fall on UNRRA, but on the budget of the new IRO, assuming it is set up. Not only is the date of coming into operation of IRO uncertain, however, but it cannot even be assumed that a sufficient number of Governments will support the proposal in the General Assembly of the United Nations to ensure its establishment at all. In any case, its satisfactory functioning will depend upon adequate funds being made available to it.

This consideration and the limited prospects of resettlement within any reasonable period, the extremely high cost involved, and the fact that many of the older people, the physically unfit, &c., would probably not prove acceptable to any potential country of resettlement, coupled with the very great cost to the controlling Powers of maintaining the displaced persons' camps, were among the factors which led to the acceptance, as common ground between the proponents of the minority and majority views, of the necessity for giving every possible encouragement for repatriation, as quickly as possible, of the large numbers of displaced persons whose attitude was one of indecision rather than implacable hostility to going home.

The special problem of the Chinese and other Eastern peoples displaced by the war from their former countries of residence was barely touched on by the Council, but remains as one of the problems which will confront the IRO if and when it comes into being.

HEALTH

By common consent the work of UNRRA in this field has been of outstanding value. It was therefore with great satisfaction that the Council learnt that the new Health Organization of the United Nations was likely to be in a position to take over at least the greater part of UNRRA's health work by 31st December, 1946, or possibly even earlier in the case of some branches. UNRRA's health activities were described by the Director of its Health Division as falling into four main categories:—

- (1) Epidemiological intelligence and work connected with the carrying-out of the International Sanitary Conventions of 1944. These would be the first which could be handed over, quite early and simply, to the Interim Commission of the World Health Organization.
- (2) Medical and sanitary services in connection with displaced persons, mainly of an administrative and supervisory character. This work, in the main at least, would probably be transferred to the IRO (or other body taking over the displaced persons work) working in association with the World Health Organization.
- (3) Medical and sanitary supplies. The uncompleted UNRRA programmes in this respect will be completed, even after the end of 1946, in the same way as other supply arrangements of UNRRA. Thereafter the responsibility will fall on national health administrations.
- (4) The giving of technical advice and assistance to Health Divisions of the devastated countries, "to stand ready like a fire department to fight any epidemics which might arise," and help in the training of personnel which may be short in various liberated countries. The Director of Health considered that the Health Departments of these countries were now in a position to assume responsibility for these tasks, provided supplies already approved under UNRRA programmes were delivered and that the new World Health Organization would be ready by early 1947 to give advice when called on.