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HON PETER W. RODINO, JR.
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FURTHER TO MY RECENT MESSAGES TO YOU CONCERNING THE INTERGOVERNMENTAL COMMITTEE FOR EUROPEAN MIGRATION (ICEM) PROCUREMENT OF SOUTHEAST ASIAN REFUGEE AIRLIFT, BY COPY OF THE UNDERNOTED CABLE OF 27 JULY TO ICEM, AM SUBMITTING TO YOU A COPY OF OUR 3RD MEDICAL TEAM REPORT. WORLD'S POSITION REMAINS THAT A MEDICAL TEAM SHOULD BE MADE MANDATORY ON ALL PLANELOAD CHARTERS. OUR MESSAGE OF 27 JULY FOLLOWS.

QUOTE

TO PROMIGRANT GENEVA
TLX 22155 ICEM
ATTN: MR. JAMES L. CARLIN/DIRECTOR ICEM-GENEVA
CC: MR. TOM HUGHES V.P. EUROPE/WORLD AIRWAYS
CC: MR. VAR GREEN V.P. FAR EAST/WORLD AIRWAYS
CC: MR. COOK AND MR. PATTERSON

RECEIVED
JUL 30 1979

URGENT REPEAT URGENT

FOLLOWING IS REPORT FROM VOLUNTEER MEDICAL TEAM ON FLT NBR. 6 WHICH ARRIVED TRAVIS AFB FROM KUALA LUMPUR ON JULY 25: DR. M. HARVEY M.D. AND DR. J. MAYER M.D.

AA. THE FLIGHT HAD 412 VIETNAMESE REFUGEES. OF THESE, APPROXIMATELY 150 WERE INFANTS AND CHILDREN UNDER THE AGE OF TWELVE. WE ENCOUNTERED THE FOLLOWING MEDICAL PROBLEMS:

1. FEVERS GREATER THAN 101. WERE RECORDED IN 30 TO 40 PERCENT OF THE CHILDREN. ONE INFANT HAD A FEVER OF 106. AND REQUIRED FIVE HOURS OF MEDICAL INTERVENTION TO CORRECT HIS FEVER. NO SOURCE OF FEVER WAS IDENTIFIED. SEVERAL CHILDREN HAD PROBLEMS WITH DEHYDRATION SECONDARY TO HIGH FEVERS AND INABILITY TO FEED. THESE CHILDREN REQUIRED REHYDRATION IN FLIGHT.
2. WE ENCOUNTERED MANY SKIN LESIONS, PARTICULARLY AMONG THE CHILDREN. MOST WERE IMPETIGO. ONE CHILD HAD FEVER TO 104, CERVICAL ADONOPATHY, AND A PUSTULAR SKIN LESION ON HER EXTREMITIES. THE NATURE OF THIS LESION WAS OBSCURE. ON ARRIVAL AT TRAVIS, THIS CHILD WAS SEEN BY THE CHIEF OF PEDIATRICS MEDICINE AT TRAVIS. HE PERFORMED CULTURE AND SCRAPINGS OF THE LESIONS AND IDENTIFIED THEM AS STAPHYLOCOCCAL PYODERM. THE CHILD AND THE FAMILY OF NINE MEMBERS WAS DEPLANNED AND TREATED IN

ISOLATION BEFORE LEAVING FOR THEIR DESTINATIONS IN TEXAS.

3. ONE TWENTY-TWO YEAR OLD VIETNAMESE GENTLEMAN REQUIRED OBSERVATION FOR A POSSIBLE ACUTE ABDOMEN.
4. A SEVENTY-EIGHT YEAR OLD VIETNAMESE GENTLEMAN WHO HAD HAD A STROKE THREE OR FOUR DAYS PRIOR TO DISEMBARKATION DEVELOPED ACUTE URINARY RETENTION ON BOARD THE FLIGHT AND REQUIRED TREATMENT.
5. SEVERAL ABSCESSSES WERE IDENTIFIED DURING THE FLIGHT, ONE OF THESE BROKE OPEN DURING THE FLIGHT AND REQUIRED INCISIONS AND DRAINAGE PROCEDURES BEFORE LANDING AT TRAVIS TO PREVENT SPREAD OF THIS INFECTION TO OTHER PASSENGERS.
6. THERE WERE MANY PROBLEMS ON BOARD WITH NAUSEA AND VOMITING, THESE WERE EASILY CONTROLLED WITH ANTIEMETICS
7. UNDERSTANDABLY THE FLIGHT CREW WAS GENERALLY UNEDUCATED IN PUBLIC HEALTH MEASURES ON HOW TO MANAGE PATIENTS COMING FROM ENDEMIC AREAS OF TYPHOID, CHOLERA AND TUBERCULOSIS.

WE DID APPROXIMATELY ONE HOUR OF BRIEFING TO EACH FLIGHT CREW ON HOW TO MANAGE RESPIRATORY SECRETIONS AND HOW TO MANAGE FECAL AND URINARY SECRETIONS IN POSSIBLE CONTAMINATED PATIENTS.

- BB. I FEEL THAT THE PRESENCE OF MEDICAL PERSONNEL ON THE WORLD AIRWAYS FLIGHTS THAT ARE TRANSPORTING THE VIETNAMESE REFUGEES ARE EXTREMELY IMPORTANT FOR THE FOLLOWING REASONS:
1. FOR EDUCATION OF THE CREW IN MANAGEMENT AND HANDLING OF PATIENTS WITH POSSIBLY INFECTIOUS DISEASES.
 2. FOR MANAGEMENT OF MEDICAL PROBLEMS INVOLVING INFANTS AND YOUNG CHILDREN.

THE INFANTS AND YOUNG CHILDREN WHO ARE ON THESE FLIGHTS ARE INVOLVED IN TWENTY TO FORTY-EIGHT HOUR JOURNEYS, AN INFANT OR CHILD WITH FEVER GREATER THAN 101, WHO IS UNABLE TO FEED FOR THIS PERIOD OF TIME CAN BECOME SEVERLY DEHYDRATED AND THIS DEHYDRATION CAN BE LIFE THREATENING. IT IS ESSENTIAL THAT THESE PROBLEMS BE IDENTIFIED AND INFANTS WHO ARE SO COMPROMISED SHOULD BE DEPLANED AT TRAVIS OR OKINAWA AND TREATED PRIOR TO BEING SENT ON FOR ANOTHER TEN HOURS OF TRAVEL WHICH MIGHT BE LIFE THREATENING FOR THEM.

3. THE PHYSICIANS IN THE KUALA LUMPUR CAMP ARE DOING TWO HUNDRED PHYSICAL EXAMINATIONS A DAY. THIS IS MEDICALLY IMPOSSIBLE, A HIGHLY TRAINED INTERNIST IN SAN FRANCISCO WOULD NOT CONSIDER SEEING MORE THAN FORTY PATIENTS PER DAY. THEREFORE, THERE ARE MANY PROBLEMS WHICH WILL GO UNNOTICED BY THESE PHYSICIANS PRIOR TO DISEMBARKATION.

SECONDLY, THE GENEVA REPRESENTATIVE AT THE CAMP HAS REPORTED TO US THAT THE FAMILIES THAT GO FOR PRE-EMBARKATION PHYSICALS HAVE BEEN SUBSTITUTING HEALTHY FRIENDS FOR THEIR SICK CHILDREN OR SICK RELATIVES. THEREFORE, THE PHYSICIAN WHO OKAYS THE FAMILY FOR THE FLIGHT MAY NOT BE SEEING THE ACTUAL PASSENGER WHO IS GOING TO BOARD.

ON OUR PARTICULAR FLIGHT, AND IMMEDIATELY PRIOR TO EMBARKATION, THE GENEVA REPRESENTATIVE HAD NOTED THAT ONE FAMILY THAT HAD BEEN CLEARED THE NIGHT BEFORE WAS ABOUT TO BOARD THE FLIGHT WITH A CHILD WHO WAS JAUNDICED. IT IS HIGHLY LIKELY THAT THIS CHILD HAD INFECTIOUS HEPATITIS AND HIS TRANSPORT INTO THE UNITED STATES ON A CROWDED PLANE COULD HAVE BEEN DISASTROUS.

IN ORDER TO COVER FLT 10, MEDICAL TEAM WILL HAVE TO DEPART SATURDAY JULY 28.

AWAIT YOUR CONCURRENCE BY RETURN CABLE FRIDAY FOR ASSIGNMENT OF VOLUNTEER MEDICAL TEAMS ON FLTS 10, 11, AND 12.

UNQUOTE

EDWARD J. DALY
PRESIDENT AND CHAIRMAN OF THE BOARD
WORLD AIRWAYS INC.
OAKLAND INTERNATIONAL AIRPORT
OAKLAND, CALIFORNIA
TELEX 335479

21:07 EST

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