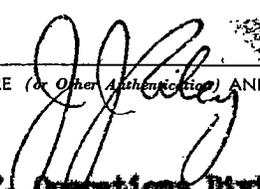


# PCSB I Human Subjects Protection 1 Archives

## RECORDS COVER SHEET

<b>Designation</b>	<b>Holding</b>	Record Group 14
	<b>Series</b>	16
<b>Provenance</b>	<b>Depository</b>	National Archives & Records Administration, National Personnel Records Center St. Louis, MO
	<b>Compiler</b>	Public Health Service
	<b>Collection</b>	Parran, Thomas

## NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.) <b>PARSON, Thomas (Mr.)</b>		2. DATE OF BIRTH <b>9-28-92</b>	3. IDENTIFICATION (Optional) <b>DFG-29</b>
4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.			
5. NATURE OF ACTION (Standard Terminology Must be Used) <b>Termination from Excepted Appointment                  NAE Interimment</b>	6. EFFECTIVE DATE OF ACTION <b>c.o.b.                  5/26/60</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM— <b>Consultant</b>  <b>\$50.00 per diem</b>  <b>Deputy Director for Operations                  Office of Public Health                  Health Advisory Committee                  Washington, D. C.</b>	8. POSITION TITLE AND NUMBER  9. SERIES, GRADE, SALARY  10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED  11. DUTY STATION	TO—	
<input type="checkbox"/> Yes		12. APPORTIONED POSITION <input type="checkbox"/> Yes <input type="checkbox"/> Apportionment Waived STATE: <input type="checkbox"/> Proved	
13. VETERAN PREFERENCE No.    5-pt.    10-pt. Disab.    10-pt. Other		14. TENURE GROUP	
15. POSITION OCCUPIED IS IN THE: <input type="checkbox"/> Competitive Service <input checked="" type="checkbox"/> Excepted Service		16. APPROPRIATION <b>Payroll #134</b> From: <b>023-11-000-12-01-01 72-1161000</b> To:	
17. PAYROLL DEDUCTIONS CSR    FICA    FEGLI <b>EXCLUDED</b>		18. DATE OF APPOINTMENT AFFIDAVITS (accessions only)	
19. REMARKS: <input type="checkbox"/> a. Subject to completion of 1 year probationary (or trial) period commencing _____ <input type="checkbox"/> b. Service counting toward career (or permanent) tenure from: _____ Separations: Show reasons below, as required. Check, if applicable: <input type="checkbox"/> c. During probation <input type="checkbox"/> d. From appointment of 6 months or less  <b>Completion of Assignment.</b>  <b>Mailing Address: Graduate School of Public Health                  University of Pittsburgh                  Pittsburgh 13, Penna.</b>			
20. EMPLOYING DEPARTMENT OR AGENCY <b>INTERNATIONAL COOPERATION ADMINISTRATION</b>		22. SIGNATURE (or Other Authentication) AND TITLE  <b>Chief, Operations Division</b>	
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER (if different than item 10, above) <b>IEA/W - Office of Personnel</b>		23. DATE: <b>June 10, 1960</b>	

4. Personnel Folder Copy

Dr. Thomas Farran  
Director, Avalon Foundation  
713 Park Avenue  
New York 21, N. Y.

Dear Dr. Farran:

You will recall that in 1954 ~~you were asked by~~ Harold E. Stassen, <sup>ASKED YOU</sup> at that time Director of Foreign Operations Administration, <sup>to serve</sup> as Consultant, Member of the Health Advisory Committee. Your distinguished service <sup>IN THE FIELD OF PUBLIC HEALTH</sup> in the field of Public Health made you admirably suited to assist us in ~~our health program~~ <sup>INTERNATIONAL HEALTH</sup> as a member of this group.

Although the Committee has been inactive for some time, your name has continued to be carried on our rolls. Since we are frequently required to report the names of all our consultants, it has been administratively determined that our list should consist of only those who are actively engaged in work for the International Cooperation Administration. Accordingly, we ~~are removing your name~~ <sup>SECRET TO INFORM YOU</sup> from our rolls as a consultant. <sup>OF THE NECESSITY FOR THIS ACTION</sup> ~~OF THE NECESSITY FOR THIS ACTION~~ <sup>ASSIGNMENT WITH THIS AGENCY</sup> ~~OF THE NECESSITY FOR THIS ACTION~~ <sup>SECRET TO INFORM YOU</sup> of notification of personnel action affecting your termination, is enclosed.

*Put in data A copy*

We sincerely appreciate your contribution to our health program and are proud to have had ~~your name~~ associated with the work of this Agency. I hope that we may call upon you for ~~your~~ advice in the future should ~~the need arise~~.

*SHOULD THE NEED ARISE.*  
Sincerely,

Harry A. Hinderer  
Director of Personnel

M/PERS  
7/24/59  
MPool  
*[Signature]*

Clearance: \_\_\_\_\_  
Dr. Eugene Campbell

cc: Dr. Campbell  
Martha Laney  
Mr. Hinderer  
Parran  
Read File

*52 cancelled -  
This was to be  
termination because  
of being over 66  
[Signature]*

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Mr. Harry A. Hinderer, Assistant Deputy Director  
Office of Personnel, Room 321 Lafayette

DATE: March 3, 1959

FROM : Eugene P. Campbell, M.D., PHD *epc*

SUBJECT: WAE Appointment of Dr. Thomas Parran

The attached letter to Dr. Parran, who was appointed some years ago by Mr. Stassen as a member of the Health Advisory Committee, was forwarded to me for clearance. The reasons stated in the letter may appear valid ones, but I assume we really mean that it is necessary to drop him from the rolls because of his being over the stated age limit.

In view of Dr. Parran's prominence in the medical field in which he has served with distinction for many years, both in the government as Surgeon General, and with private foundations and medical groups, I am quite concerned about the action to drop him from our rolls. There appears to be little possibility that the Health Advisory Committee will be reactivated, and we have no immediate plans to call on Dr. Parran. We would, however, like to feel that he might be called upon sometime in the future.

I can not see any disadvantage to the Agency in continuing to carry Dr. Parran's name on our roster of consultants while I suspect that we might bring some problems upon ourselves by summarily dropping him. I would, therefore, suggest that nothing be done to alter his present status.

Attachment

Health Advisory Committee  
of  
Foreign Operations Administration

*Thomas Parran*

GENERAL CHARACTER

Group of highly qualified individuals advisory to the Director, FOA, in relation to his responsibilities and programs in the field of health.

FUNCTIONS

- 1) to advise on broad health program policy;
- 2) to receive and consider such summary progress reports on health programs as the Committee may desire;
- 3) to advise on most effective participation of voluntary agencies in health programs;
- 4) to interpret health programs to interested professional groups and to the public.

STRUCTURE

Composition -

Members - Fourteen, to include:

- 1) 12 persons professional concerned with broad health programs outside the Federal Government;
- 2) Surgeon General of the PHS;
- 3) one member of the International Development Advisory Board specially qualified in health.

Chairman - to be designated, from among members, by Director of FOA

Appointment - members to be appointed by Director, FOA, after consultation with PHS

Secretariat - to be provided by FOA (Health Division), in conjunction with Public Health Service (Division of International Health)

Meetings - to be held quarterly

Finance - meeting and secretariat expenses to be met by FOA.

Parran

October 14, 1955

Mrs. LaVerne Cheek  
M/PERS

Irene Snyder  
DD/S

Transfer of Health Committee to Office of Deputy Director  
for Technical Services

The Health Committee, established on March 25, 1954, under the Office of Public Services, (Payroll Account #122) was transferred to the Office of the Director in October 1954, although no formal record was made of the transfer. We now request transfer of the Committee to the Office of the Deputy Director for Technical Services (Payroll Account #120). A list of the Committee members follows:

Topping, Herman \*  
Anderson, Gaylord W. \*  
Bauer, Louis \*  
Coggeshall, Lowell T. \*  
Dent, A. W.  
Foster, Jr., George M.  
Freeman, Ruth B.  
Gotsas, Harold B.  
Halverson, Wilton \*  
Horning, Benjamin G. \*  
Leavell, Hugh R. \*  
Molner, Joseph G. \*  
Parran, Thomas \*  
Scheels, Leonard A. \*  
Stare, Frederick J. \*

23860

\* N.D.

CC: Mr. Berkebile - DD/M  
Mrs. Reeder - ACC  
Mr. Moss - BUD

I/Snyder:ew  
DD/S: 10/14/55

**FOREIGN OPERATIONS ADMINISTRATION  
 NATIONAL SECURITY AGENCY**

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>Dr. Thomas Farran</b>		2. DATE OF BIRTH <b>9-28-92</b>	3. JOURNAL OR ACTION NO. <b>5</b>	4. DATE <b>3-22-54</b>
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Exempted Appointment (Indefinite) WAE Intermittent</b>		6. EFFECTIVE DATE <b>3-24-54</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>P.L. 400 82nd Congress &amp; P.L. 472 Sec. 104(e) 80th Congress</b>	
FROM		TO		
		8. POSITION TITLE <b>Consultant</b>		
		9. SERVICE, SERIES, GRADE, SALARY <b>\$50.00 per diem</b>		
		10. ORGANIZATIONAL DESIGNATIONS <b>Deputy Director for Technical Svcs. Office of Public Services Health Advisory Committee</b>		
		11. HEADQUARTERS <b>Washington, D. C.</b>	<i>29 80 703</i>	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE			14. POSITION CLASSIFICATION ACTION	
NONE	WWII	OTHER	5-PT.	10-POINT
				DISAB. OTHER
15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION <b>Payroll #122</b> FROM: <b>211-100-4</b> TO: <b>72-1141000.141</b>		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) <b>No.</b>
				19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <b>SP-61 3-25-54</b>
				20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<b>Subject to loyalty and security check.</b>				
<b>Home or regular place of business: Pittsburgh, Pennsylvania</b>				
<b>Not to be covered by Social Security.</b>				
ENTRANCE EFFICIENCY RATING:				
<b>Director of Personnel</b>				
22. SIGNATURE OR OTHER AUTHENTICATION				

4. PERSONNEL FOLDER COPY

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

FOREIGN OPERATIONS ADMINISTRATION      OFFICE OF PUBLIC SERVICES      WASHINGTON, D.C.  
(Department or agency)      (Bureau or division)      (Place of employment)

I, Thomas Parran, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

3/24/54  
(Date of entrance on duty)

Thomas Parran  
(Signature of appointee)

Subscribed and sworn before me this 25<sup>th</sup> day of March, A. D. 1954,  
at Wash (City) D.C. (State)

[SEAL]

W. R. [Signature]  
(Signature of officer)  
\_\_\_\_\_  
(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.



(1) I certify that I have seen the Attorney General's list of subversive organizations, and of organizations proposed for inclusion in that list, and I am not now nor have I ever been a member of any such organizations.

(2) I have seen M.O. 400.02, "Private Business Activities of MSA Employees," and will conform my actions to the requirements set forth therein.

  
SIGNATURE

March 13, 1954  
DATE