[redacted]

ACC

10000/100/408

[redacted]

000/100/408

PUBLIC HEALTH
JULY - NOV. 1943

5DPP

(23)

JACS

Ref. your (21) above. Para (c): A.M.G.(P) are taking over the problem of unloading the medical stores and allocation to Regions in cooperation with P.H, since the questions raised most nearly concern them. Copies of the documents on the file which refer (13A, 14A, 15A, 16A, 19A, 20A & 21A) will be made for AMG(P) as soon as possible.

Your (c) A.G.S. are unable to give us the information at present.

J. Hendley-Smith
Lt Col R Mar
AS.

16 Oct 43

24

AS Please settle this matter without further reference to JACS. I cannot see why MGS cannot answer (on the telephone) a question which the answer must be yes or no. They have copies of P.D. 7.

16 Oct 43

R.H. Rathbone
Col.

(25)

5107

J.A.C.S. - Ref my 23 above Appx A to 22A has been inserted as 22B

J. Hendley-Smith
Lt Col R Mar
AS.

19 Oct 43

26

AS Thank you - circulate to PH & anyone else interested.

R.H. Rathbone
Col.

21 Oct 43

AS.

(a) Please see 22A. 14 & 15A refer. ~~It~~ 22A needs tying up with them. PH has not yet seen, & shd do so before Brig Parkinson leaves on Thursday. I suggest extracts shd. go to Regions (Staff channels because every Region has not got officers in their PH Divs.), and these shd. go out with ref. to 15A & replies thereto AND to AC/1110/9 dated 8 Oct 43 with which it is closely connected. AMG(P) must of course be consulted about issue to Regions since we can't use PH channels. This is another file that needs splitting: with AMG(P).

(b) Ref. para. 7. – there is a Displaced Persons file (A.C. 1185) with complete information (not attached)

(c) Ref. final para. (also 7!) – this App. is presumably ~~an App.~~ identical with our App 'M' to PD No. 7 but check this with MGS. Please sort out!

12 Oct 43

M D Rathbone
Colonel

(22)

P.H. Please see 22B and return to A.S. to answer (21) above.

14 Oct 43 Seen S.F.

D. Hudleston Smith Lt Colonel
~~14 Oct 43~~ RDSS.
A.S.

(18) continued

may assume large proportions varying with each area. I consider that an Officer should be detailed by name who would be responsible for all medical supplies in his Region to the Officer in charge of medical supplies at H.Q. Somewhere C.C. but would be much more satisfactory if AC of Staff would issue the necessary instructions. With regard to your para 4 as the matter is urgent & I may not be able to see the AC of Staff for two or three days action should be taken as regards my para 1. of 13A with AFHQ saying that a Senior Officer is now available.

[signature] Brig Dir P.H.

(19)

ACofS 1. Two points must have your ruling please.

A. Do you agree to the officer at 1 13(A) being transferred here to be under the Brigadier's directions?

B. Will you agree to Regions nominating an officer who will be answerable to P.H. for the custody, accountancy & distribution of these stores.?

Feb. 28

[signature] Lt. Col. R.C.

20

AS

[illegible] Yes to both questions.

A. Do you agree to the officer dealt with in 13(A) being transferred here, to be under the Brigadier's direction?

B. Will you agree to Regions nominating an officer who will be answerable to A.H. for the custody, accountancy & distribution of these stores.?

Leb. 28

R.C. Lt. Col.

20

AS

Min. 19. Yes, to both questions.
These officers will be in the PH Sub-Commission & Regional Special Divisions from the existing establishment. Please draft necessary instructions for my signature.

24 Feb 43

A/C of S.

Col.

AS.

12A. Lt. Col. McFarland, Brig. Parkinson and a P.H. Officer selected by the latter should attend. Please arrange transport, & see P.H. personally at once.

26 Hfs 43

W Slatterie
Col.

(16)

AG/1. I have spoken to the above personally & have instructed them accordingly.

2. Transp. has been arranged for these 3 officers to leave LONDON at 8.45 am.

26. Hfs. 43.

AG B Stevens
Lt. Col.
A.

(17).

P. H. Tour 13 A.

1. I have spoken to G.1. who is of opinion that you have little chance or none at all of obtaining more officers as at your 2.

2. I suggest that each Section find a suitable officer for such duty. He need not be a M.O., An officer of sound common sense should be able to fill this bill.

3. Would you please consider this first. if

accordingly.

AAL 26/2

2. Transp. has been arranged for these 3 officers to leave LONDON at 8.45 am.

26. Feb. 43.

R G A Stevens
Lt. Col.
A.

(17)

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2. I suggest that Regions each find a suitable officer for such duty. He need not be a M.O., An officer of sound common sense should be able to fill this bill.

3. Would you please consider this first, & if necessary consult Regions accordingly?

4. As regards your para (1) I understand you are seeing A.C.A.S. personally this afternoon - will you please suggest this assignment personally?

R G A Stevens
Lt Col
A. S. 5104

28. Feb.

(18)

A.S. Ref minute 17

If G.1 considers there is no possibility of obtaining more officers & considers the suggestions contained in your para 2 would meet the case, a medical man is not required. As however the distribution of both our own Naval medical supplies throughout Sicily

NAR ACC 61.

Minute #

It is my understanding that the following officers have been assigned, tentatively, to PHHW by the Office of the Chief of Staff, Division of Civil Affairs, Washington, and are enroute from the United States. The records of these men have been discussed with Col. Ora Hiscock, Office of the Chief of Staff, Washington and Lt. Col. Williams, Deputy Director of PHHW, who know a number of these men personally and professionally.

It is imperative that department heads for Region VII be made available at the earliest possible time in order that the necessary basic organization of Region VII and program may proceed without further delay and that a skeleton unit be ready to function when needed. The Division organization chart (tentative) was sent to your office recently. Assignments are proposed as follows:

1. Lt. Col. C.D. Shields, Director, Dept. of Medical Care.
2. Major L.A. Bell, Director, Dept. of Public Health (communicable disease control)
3. " R.E. Hume, " , Dept. of Institutions
4. Capt. J.G. Earnest, " , Dept. of Public Welfare.
5. " J.A. Lewis " Venereal Disease Control
6 " L. Drager " Sanitary Engineering.

The above group represents a request for only 20 per cent of the allocated complement of 36 officers for Region VII. Key men are

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5. " J.A. Lewis " Venereal Disease Control
6. " L. Drager " Sanitary Engineering.

The above group represents a request for only 20 per cent of the allocated complement of 36 officers for Region VII. Key men are badly needed for basic organization and planning. The Assignment Board considers these men suitable for the positions outlined & should be grateful for their assignment to Region VII as soon as possible.

19 Sept. 1943

G.F. Parkinson
for J.P.H.

Sept 21.43 14.

P.H. Ref: min 13.
Lt. Col. C.D. Shields has arrived & been assigned. The question of further personnel is receiving attention.

G-1. 22 Sep. F. Ashworth, Major

Assistant Chief of Staff

Ref 8A This chart is for your information. It should be regarded as a preliminary draft which may need considerable alteration. This proposal is made in such a form that it can be superimposed on any similar existing Services in Sicily or in their absence can convey out the duties of this Division. A duplicate copy is available if required after distribution of Regions and Special Services.

F. F. Parkinson
Brig
P.M.G.

Sept 16th 43

PH

Minute 11 & 8A & B. (has)

(a) A further Planning Directive is being issued shortly on the subject of functions of Sub-Commissions. Any distribution of 8A & B would therefore be premature at present.

(b) The tentative organization seems very sound. As regards the Nurse-Consultant, the whole question of the employment of women in NEC is being taken up with AFHQ.

(C) As regards the suggested channels of communication in 8A. Whether this will be direct from Sub-Commission to Italian Ministry or through [illegible] cannot be decided yet.

P.A.B.

12

PH

Minute 11 & 8A & B. (has)

(a) A further Planning Directive is being issued shortly on the subject of functions of Sub-Commissions. Any distribution of 8A & B would therefore be premature at present.

(b) The tentative organization seems very sound. As regards the Nurse-Consultant the whole question of the employment of women in NCC is being taken up with AFHQ.

(C) As regards the suggested channels of communication in 8A. Whether this will be direct from Sub-Commission to Italian Ministry or through Section HQ cannot be decided yet. Each Section has a Vice President. No doubt however, there will be a channel from Sub-Commissions to appropriate depts within Italian Ministries. The channel to Regions will be either from Sub-Commission head to head of corresponding Regional Special Division (departmental) or from Section H.Q. to Regional HQ (Staff + Policy) in accordance with present Planning Directives.

(d) I agree with your concluding proposals regarding welfare responsibilities.

18 Sep. 43

R D Rathbone
Colonel

Min (7)

ACS.

1. Two required Sicily urgently.
2. Public safety have presumably been confused with the file have not replied to the questionaire 60.

3. I have further interviewed Captain Earnest who informs me he has made direct contact with all concerned with "Sicily" experience, and gets the information required.

4. I therefore recommend that Capt. Earnest should be permitted to go to Sicily under P.O. No. 2 Para 18. in order that he may obtain the answers to his questionnaire.

Lt. 15th. 1943.

H. H.
CS. 4

8

CS(X)
9 agree. (Min. 7).

15.9.43

Col.

[illegible] Recommend that Capt. [illegible] should be permitted to go to Sicily under P.O. No. 2 Para 18. in order that he may obtain the answers to his questionnaire.

[illegible signature]
[illegible] CS. X

Sep. 15. 1943.

8

CS(X)

9 agree. (Min. 7).

[illegible signature] Col.

15.9.43

(9)

A.H.

1. Please note (7) & (8).
2. Return file to Central Registry please.

[illegible signature]
15. Sep. 43.
CS. X

10

CS X

noted

[illegible signature] Brig.

Sept. 15. 43

Lt. Col Spicer
(Coord. Staff "X")

1A, 2A. This is obviously a matter that requires coordination with Finance, Economics & possibly Public Safety. We have as yet no Labour representative. Will you please go into the matter & see how we can help Public Health. Possible sources:-

Reference Library (G-2)
Major Rowell, & any officers from Security we have.
Consult heads of Divisions above named.

If necessary, I will apply for permission for an officer to visit Security, under P.D. No. 2 para. 18.

5 9/43

A B Matheson
Lt. Col.

(2).

Economics Div. (A.2.A.)

1. This file has been incorrectly compiled.
2. 2 A. Enclosure marked "5A" refers.
in the matter in which ACS requires information.
3. Please read, return with comment.

Reference Library (G-2)
Major Rowell, + any officers from Security section.
Consult heads of Divisions above named.

If necessary, I will apply for permission for an officer to visit Security, under P.D. No. 2 para. 18.

A B Matthews
Lt. Col.

5 9/43

(2).

Economics Div. (A.2.A.)
1. This file has been incorrectly compiled.
2. 2 A. Enclosure marked "5A" refers.
in the matter in which ACS requires information.
3. Please read, return with comment.

A&B Shilly Lt.Col.
Group X.

Feb. 9. 1943-

Min. (4).

Public Safety. 1. Please see my minute (1) paras 1. 2 which may prevent you from getting confused with the file. Also Min (3) from Econ.

2. This question of "Relief" calls in my opinion particularly for your views, particularly in view of Lt. Col Briggs' Sicily experiences. Would you please comment and advise.

11 Sep. 1943

[illegible] Lt. Col.
Group. [illegible]

5.

Public Health.

Please see 9a attached

[illegible] Lt. Col.

CSX-Ref. 9A

Min. (6)

~~Public Health~~ -

(1) A P.H. officer should follow assault troops into area as soon as conditions permit. Problems to be met are -

a. Burial of dead - observing local customs as nearly as possible so long as there is no delay in getting job done.

b. Water sanitation and ~~[illegible]~~ waste water - sodium hypochlorite should be available for emergency use. Engineers responsible for immediate and major repairs to water systems. PH officer assuming responsibility for potability of supply, repair of taps causing leakage together with drainage of stagnant pools breeding malaria mosquitoes.

c. Venereal disease control - experience elsewhere indicates at least 50 percent of commercial prostitutes are infected with one or more venereal diseases -

Recommend: 1. Off limits of brothels to everyone as temporary measure. (Infected civilian carries disease from commercial prostitute to clandestine prostitute).

2. Setting up facilities for diagnosis and treatment of all infected persons, regular examination of inmates of brothels. Off limits for civilians may be removed later.

14 Sept '43

W. T. Williams
Lt Col [illegible]

0091

(3)

Refs A and 2.

1) We do not seem to be directly affected. but may be drawn into the picture with regard to applicants, etc (see para (a)). after local resources have been tapped.

~~2)~~

2) No doubt the situation in Italy will be different to that found in Sicily.

3) Para 5 asks for an Advice to go to Sicily from Division of Public Health.

D.M.
9/9. Economics

HEALTH AND WELFARE SUB-COMMISSION. A.C.

MILITARY GOVERNMENT SCHOOL.

24TH. NOVEMBER. 1943.

TO: BRIGADIER. PARKINSON.

FROM: CAPTAIN. WILLCOX.

SUB:- (I) REPORT OF REAR LINK.
(II) INFORMATION REQUESTED REGION IX.
(III) REPORT FROM REGION II.

(I) Since the departure of the Health and Welfare Sub-Commission from the Military Government School, no new assignments have been made to A.C. The assignment of Captain. Ballew, Welfare Officer, anticipated for A.C., was refused by the Assignment Board, because of the urgent need of the Regions. No additional outstanding Welfare Officers have arrived at the school.

The work of the Rear Link has been limited to participation in the Assignment Board interviews; to consultations with Regional Health and Welfare Officers; and to attendance at liaison meetings of the Rear Links of A.C.C.

(II) Frequent discussions have been held with Major Snedeker, concerning policy and organization. The following information, unavailable here or in Algiers has been requested, to facilitate the planning that Region IX recognizes as essential. If this is available at the Headquarters Office, can it be sent to Major. Snedeker of Region IX., at the above address ?

(A) List of Standard Medical or Food Supplies, and the blocks or units in which these supplies are to be handled.
(B) Copies of any reports on Health and Welfare conditions at present found in Italy(the attached reports on Region II have been made available to Major. Snedeker).
(C) Sample reports and the most recent annerio statistics to show how communal and provincial statistics are compiled. Region IX is interested in making check lists for C.A.O.s which will make reporting as simple as possible.

(III) The report attached from Lt. Col. Shields and Major Norman, on conditions in Region II have just been received here.

5099

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(III) The reportt attached from Lt. Col. Shields and Major Norman, on 5098 conditions in Region II have just been received here.

(Enclosures)

THEODORE. M WILLCOX. CAPTAIN.,
HEALTH AND WELFARE SUB-COMMISSION.
A.C.

23.A

ALLIED FORCE HEADQUARTERS

Military Government Section DSJ/DW/jw

19 October 1943

MGS 319.1

SUBJECT: Report on health conditions in territories administered by H.Q., A.M.G.

TO : A.M.G. (P) ✓ [redacted]

Herewith for your information one copy of a report on Health Conditions prevailing in territories administered by H.Q., A.M.G., prepared by the Director of Public Health of that H.Q. After perusal AMG (P) will please pass to H.Q., A.C. for retention.

Given to Library

D. S. Jackling

1 Incl. as above.

for D. S. JACKLING
Lt. Colonel

Copy to:
D.M.S.
Mr. Wesley A. Sturges
N.A.E.B., NATOUSA
A.P.O. 534
Circulation and File

AC/1140 P. Health.

Passed to you.

R. H. Jarvis. Colonel.

A.M.G. (P.)

5097

21/Oct/2265

Rec'd 12 Oct 43
CR

COPY

ALLIED FORCE HEADQUARTERS

OFFICE OF THE SURGEON

22

M.27

SUBJECT:- A.M.G.O.T.

TO: D.D.M.S., 8th Army
D.D.M.S. No.1 District
D.D.M.S. No.2 District

The following notes on the relationship between the Allied Military Government of Occupied Territory and/or the Armistice Commission Authority is forwarded for information. The attention of all Medical Officers, particularly those in Field Hygiene Sections and Field Ambulances should be drawn to these notes.

1. As its name implies the Allied Military Government of Occupied Territories (A.M.G.O.T.) is an organization devised to take over the charge of the civilian government in occupied territory as soon as possible after the Fighting Forces have obtained possession of the Area.

One of the many functions of the A.M.G.O.T. organization is to ensure the health of the FIGHTING FORCES by maintaining the health of the Civilian inhabitants of the occupied territory.

2. As a rule the A.M.G.O.T. organization will precede the Armistice Commission authority and the latter will gradually take over from the A.M.G.O.T. organization.

3. There are representatives of the AMGOT detailed for duty in each theatre of operations, ready to commence their work as soon as the troops enter the Area.

4. It is essential, therefore, that the D.DsM.S. and the A.DsM.S. maintain the closest possible touch with the A.M.G.O.T. organization or the Armistice Commission authorities, as the case may be. This relationship must be originated before the operation commences and must be followed to its logical conclusion so that the Field Hygiene Section and Field Ambulance Commanders are fully conversant with the methods adopted by A.M.G.O.T. organization to maintain law and order and health in the occupied territories. Each Commander should personally meet and discuss matters with the appropriate A.M.G.O.T. representative in his area.

5. It is obvious that the Field Hygiene Sections and the Field Ambulances will be amongst the first Army Medical Units to arrive in the newly occupied territory. It is on these units that onus of commencing the medical supervision of the civilian population may fall; it is however, clearly to be understood that the fighting troops come first and that their care and medical maintenance takes precedence over, even the most urgent, civilian needs. It often happens that steps taken to ensure that the health

24 Oct 43.

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6. The quantity of medical material that is normally carried with the forward medical units is barely sufficient to supply the needs of the fighting troops; administrative medical officers will therefore keep a careful survey of all Medical Stores and Equipment that is issued on loan to the AMGOT authorities but will assist in this matter to the best of their ability, on demand from the appropriate authority, until such time as the normal AMGOT supplies become available and a return of the loaned stores is possible.

7. As the military occupation of Italy continues, it is probable that P of W Camps containing British, American and other P.of W. will be taken over by the P. of W. Sub-Commission, an organization designed and equipped to deal, in all respects, with these camps. In addition there may be other camps containing a variety of Displaced Persons (e.g. Internees) who will be cared for in the initial emergency stage by AMGOT assisted by the Advanced Displaced Persons Sub-Commission including as far as possible assistance from Red Cross personnel and the P. of W. Sub-Commission. It may be necessary, in the early stages, for the Army Medical Serice to assist in the medical care of these camps. This aid comes under the same heading as that suggested in para 6.

7. Appendis "A" outlines the duties of the Public Health Division of AMGOT. From this Appx. will be seen the lines of which the Army Medical Authorities should direct their attention so as to ensure that their work and that of the AMGOT Sanitary Service are complimentary.

5 Oct 43.
JOD/CALC.

Maj-Gen
Surgeon, D.M.S.

One copy in Spares. B.M.Allen. S/Sgt 24 Oct 43.

App'A & 22A(?) 22B

I - DIRECTIVE TO OFFICERS IN CHARGE OF SECTIONS OF PUBLIC HEALTH DIVISION.

MOST SECRET

DIRECTIVE ON MEDICAL ORGANISATION.

There is a section of Medical Organisation in the Division of Public Health. The officer in charge is responsible for the following functions and duties:

1. Hospital requirements. He will estimate hospital requirements of civil population and will make necessary arrangements for its provision after the needs of the Allied Forces have been met. He will survey and report on all such available hospitals including schools, sanitoria, lunatic asylum, or other buildings considered suitable for use as emergency hospitals. Such provision will include hospitals for medical and surgical cases, infectious diseases, maternity, tuberculosis, civil casualties, medical diseases and for diseases of children.

2. Personnel. He will compile lists of available personnel including civil doctors, nurses, and subordinate personnel, and will arrange for their distribution to the best advantage to the hospitals concerned. He will satisfy himself that any personnel who may have been classified by the authorities as protected are in fact entitled to such designation. Rates of payment will be decided upon in consultation with Finance Division.

3. Supplies. He will make a census of all hospital supplies including drugs, dressings, surgical instruments and appliances, sera, vaccines, hospital clothing, blankets, etc., and these will be distributed to the best advantage where not required by the DMS for military use. All requests for additional hospital supplies will be submitted in the first place to the officer in charge Medical Organisation who will co-ordinate the demands, meet them as far as practical from ANGOT drug and dressing units or from supplies controlled by DMS and liberated with his consent. He will be responsible for the maintenance of the depot of medical stores and for the proper documentation of all transactions. He will be responsible for the preparation of a price schedule for medical stores which will be submitted by the D.P.H. to the Finance and Civilian Supply Divisions for concurrence prior to submission to the C.C.A.G. for approval.

4. Medical Care. He will be responsible for the supervision of all clinical work carried out at all hospitals in the scheme.

5. Statistics. He will be responsible for the compilation of statistics of health and disease, for the preparation of bed states in hospitals and for the submission of any other statistical reports called for by the director from time to time.

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5. Statistics. He will be responsible for the compilation of statistics of health and disease, for the preparation of bed states in hospitals and for the satisfaction of any other statistical reports called for by the director from time to time.

6. Miscellaneous.

(a) He will be responsible for the provision of ambulance transport for the conveyance of patients to hospitals or from one hospital to another.

(b) He will be responsible for recommendations to Public safety division for the issue of passes to bonafide civil practitioners, public health personnel, or other personnel to enable them to circulate within prohibited hours or prohibited areas in the performance of their legitimate duties. He will be responsible for recommending the issue of permits for petrol for legitimate medical purposes.

(c) He will be responsible for the preparation of contracts in liaison with Finance Division, covering the payment of hospital charges for civilians treated in Allied controlled hospitals or similar institutions and for the payment for treatment of Allied personnel in entirely civil hospitals. This will usually be on an inclusive per capita day basis.

(d) He will arrange for the establishment of maternity hospitals incorporating ante-natal clinics in co-operation with the Officer in charge of Public Health Organisation.

(e) He will arrange for the proper segregation and treatment of persons suffering from mental diseases.

(f) He will supervise admissions to and treatment in all sanitoria or similar institutions.

(g) He will establish centres for dental treatment.

(h) In consultation with the Director, he will issue instructions for the submission of routine report from detached officers of the Public Health Division or from medical authorities in areas where the Division may not be represented.

(i) He will be responsible for the correctness of all bills submitted from hospitals or similar institutions before these are passed to the Financial Division for payment.

(j) He will organise as may be practicable mobile clinics to undertake medical work in districts.

(k) He will supervise medical nursing, dental, midwife, pharmacy and related educational programmes including institutions providing such training.

(l) He will co-operate with the Welfare Organisation Section in setting standards of medical care and will supervise the appointments and activities of all "panel" physicians providing medical care for recipients of relief.

(m) He will carefully co-ordinate all his activities in the following fields with those of the Public Health Organisation Section: Compilation of health statistics, with reference to communicable diseases, maternal and child health programmes and reports from field public health personnel.

DIRECTIVE ON PUBLIC HEALTH ORGANISATION.

There is a section of Public Health Organisation in the Division of Public Health. The officer in charge is responsible for the following functions and duties.

(1) He will survey existing health laws and regulations, and recommend such changes and additions as may be necessary.

(2) He will supervise the administration of regional, provincial and communal health activities, utilising all suitable local personnel.

(3) He will supervise the collection and recording of vital statistics by local authorities.

(4) He will be responsible for such training of public health personnel as may be necessary, and for popular health instructions.

(5) He will supervise activities for maternity, infant, child, and school hygiene.

(6) He will supervise an effective programme for the control of communicable diseases, including notification, investigation, isolation and quarantine, disinfection and disinfestation, the control of animal diseases, and special measure against unusually prevalent diseases such as malaria, typhus fever, etc.

(7) He will supervise sanitary activities, including control of water supplies, safe disposal of sewage and other wastes, insect and vermin control, rodent control, food sanitation and inspection

There is a section of Public Health Organisation in the Division of Public Health. The officer in charge is responsible for the following functions and duties.

(1) He will survey existing health laws and regulations, and recommend such changes and additions as may be necessary.

(2) He will supervise the administration of regional, provincial and communal health activities, utilising all suitable local personnel.

(3) He will supervise the collection and recording of vital statistics by local authorities.

(4) He will be responsible for such training of public health personnel as may be necessary, and for popular health instructions.

(5) He will supervise activities for maternity, infant, child, and school hygiene.

(6) He will supervise an effective programme for the control of communicable diseases, including notification, investigation, isolation and quarantine, disinfection and disinfestation, the control of animal diseases, and special measure against unusually prevalent diseases such as malaria, typhus fever, etc.

(7) He will supervise sanitary activities, including control of water supplies, safe disposal of sewage and other wastes, insect and vermin control, rodent control, food sanitation and inspection, housing and such measures as may be required for the environmental control of malaria, typhus fever, and other endemic or epidemic diseases.

(8) He will have a field force of competent medical officers and sanitarians who will make such inspections and investigations as are necessary.

(9) He will be responsible for the organisation for the diagnosis and treatment of venereal diseases in the civil population and will establish VD centres for necessary extra hospital treatment, for following up treatment and for carrying out necessary tests for cure. In liaison with the Division of Public Safety the necessary steps to control prostitution will be taken. Notification of VD by civil practitioners will be compulsory attendance of patients for treatment.

(10) Pathology. He will be responsible for the provision of adequate laboratory facilities for the diagnosis of disease and for the provision of sera, vaccines, calf lymph etc., necessary for the prevention and treatment of disease. Special attention will be given to the vaccination against small-pox and to the preventive innoculation against typhoid -

(10) Cont'd.
cholera group of diseases and against diphtheria in the case of children. He will be responsible for the co-ordination of mass suppressive treatment of the civil population as may be necessary in highly malarious areas.

(11) He will undertake such other activities as will serve to protect and preserve the health of the military forces and of the civilian population.

DIRECTIVE OF PUBLIC WELFARE ORGANISATION.

The officer in charge of the Public Welfare Organisation Section is responsible to the Director of the Division of Public Health and will perform the following duties :-

(1) The supervision of existing public and private welfare services, whose continued operations are deemed necessary, including the care of homeless children, the aged, the physically and mentally handicapped; temporary assistance to the refugees, foreign workers, other victims of war, and to the unemployed and unemployables.

(2) The study of existing systems of social insurance preparatory to making recommendations to the military government with respect to policies to be pursued and to co-ordinate this programme with other welfare programmes.

(3) The supervision inco-operation with the Legal Division and Public Safety Division of those phases of the work of the Civil Courts relating to Juvenile delinquency, adoptions, illegitimacy, probation and parole, and institutions for juvenile deliquents.

(4) Making necessary surveys to determine conditions requiring attention and to furnish the basis for verifying requests made by the Civil authorities.

(5) The verification of the number of persons requiring assistance.

(6) The verification and approval of requests for relief funds or supplies from local welfare agencies having in mind the unilisation of local supplies wherever possible, and the desirability of encouraging self-support as rapidly as possible.

5094

(7) The establishment of the following services under local administration as required.

(a) Registeration Centres for those requiring aid.
(b) Clothing and shoe repair centres.
(c) Household supply centres (for emergency purposes only).
(d) Room registry service.
(e) Emergency medical care for indigents.
(f) Burial services for the indigents.

(2) [illegible] systems of social insurance preparatory to making recommendations to the military government with respect to policies to be pursued and to co-ordinate this programme with other welfare programmes.

(3) The supervision inco-operation with the Legal Division and Public Safety Division of those phases of the work of the Civil Courts relating to Juvenile delinquency, adoptions, illegitimacy, probation and parole, and institutions for juvenile delinquents.

(4) Making necessary surveys to determine conditions requiring attention and to furnish the basis for verifying requests made by the Civil authorities.

(5) The verification of the number of persons requiring assistance.

(6) The verification and approval of requests for relief funds or supplies from local welfare agencies having in mind the unilisation of local supplies wherever possible, and the desirability of encouraging self-support as rapidly as possible. 5094

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(c) Household supply centres (for emergency purposes only).
(d) Room registry service.
(e) Emergency medical care for indigents.
(f) Burial services for the indigents.

(8) The review and recommendation of action to be taken with respect to continued functioning of various leisure time and youth organisations.

(9) Responsibility for advice on all matters appertaining to the welfare of refugees in camps in co-operation with the AMGOT departments. concerned.

(10) Responsibility for the welfare aspects of A.R.P. services.

(11) The preparation of proper reports and statistics.

(12) The co-ordination of the work of the members of the public welfare staff of AMGOT with that of other Divisions, especially Civilian supply, Finance and Public Safety.

Declassified E.O. 12356 Section 3.3/NND No. 785015

MGS ALG V MGS TIZ
6 OCTOBER 1943
MESSAGE NO 2
M
TO J A C S

CR/ 6 Occ/984 Jacs 21A 5093 (2)

SUBJECT MEDICAL STORES

REF ACC/1140/ (PH) INVESTIGATION PROVDD SUITABLE OFFICER REFERRED TO IS NOT AVAILABE. NO OFFICE HAS BEEN FOUND YET.

AC/1140

COL DALRYMPLE

To:- Public Health Sub-Commission A. G. ✓

From:- Public Health Dec. Region 8.

Subject:- Public Health - medical Stores.

Reference:- R8/30/2 (P.H)

Date:- 2 Oct 1943.

20A.

2/oct/43 Noted WWS

1). Reference A66/1140 (P.06) dated 1 Oct 1943.

2). No Public Health Officers have yet been assigned to this Region. You will be notified immediately a suitable representative is available.

5092

C.B. Smith
COLONEL
for D.C.C.A.O. REGION 8.

19A

TO:- Planning Staff A.C.C.
FROM:- Region 5.
SUBJECT:- Public Health- Medical Stores.

REFERENCE:- R5/D/1.
DATE:- 3rd October 1943.

Reference your ACC/1140(PH) dated 1 Oct.1943.

As requested in para 3 of the letter, Major G.L.Adams (A) is the officer selected for this Region.

For Region Commander,

F.L.Simmons

F.L.SIMMONS,

Col.C/S.

5091

CR/ 4 Gen/893

18A

IMMEDIATE

COPY No ....22....

SECRET equals British
MOST SECRET

CAV/1017/1

OPERATION CAVALIER

Instruction No 1

TO : All Officers Concerned - Mil. Govt. School.

FROM : Assistant Chief of Staff, Operation CAVALIER.

SUBJECT: Warning Order - Advance Party - Allied Commission.

1. Ref. ACC/1017/1 of 29 September 19..
Appendix A: Following amendments are notified:

(a) Col. D.S. ADAMS (A) vice Lt. Col. F.H. McFARLAND or Staff Officer.

(b) Lt. Col. JENNY (A) will proceed as Public Works and Utilities in Economics Section vice Major K.C. WILSON.

(c) Acting Chief of Communications Section to be Capt. STONE, USNR, now in Italy.

(d) P. A. to Acting Chief of Staff - Lt. McNAMARA (B).

(e) Captain H.Q. Detachment - 1st Lt. DENNING (A).
Lieutenant H.Q. Detachment - 2nd Lt SHADWICK (A).

(f) Following Officers will proceed as interpreters:

2nd Lt. OPULENTE (A)
2nd Lt. VALENZA (A)
2nd Lt. WADLEIGH (A)

509

2. Following additional transport has been authorized:

...ing Order - Advance Party - Allied Commission.

1. Ref. ACC/1017/1 of 29 September 194...
Appendix A: Following amendments are notified:

(a) Col. D.S. ADAMS (A) **vice** Lt. Col. F.H. McFARLAND or Staff Officer.

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(c) Acting Chief of Communications Section to be Capt. STONE, USNR, now in Italy.

(d) P. A. to Acting Chief of Staff - Lt. M... MARRA (B).

(e) Captain H.Q. Detachment - 1st Lt. DENNING (A).
Lieutenant H.Q. Detachment - 2nd Lt SHADWICK (A).

(f) Following Officers will proceed as interpreters:

2nd Lt. OPULENTE (A)
2nd Lt. VALENZA (A)
2nd Lt. MIDDLEICH (A)

509

2. Following additional transport has been authorized:

4 3-ton lorries with drivers.

A.G.A.
Lt.Col.
J.F. DUNLOP
Acting Chief of Staff, Advance Party, ~~Armistice C.C.~~ Allied Commission

Field.
2 October 1943.

DISTRIBUTION:
1 - 30 One to each Officer concerned.
31 - 32 H.Q. Comdt.
33 - 34 Mil. Govt. School.
35 P.M.C.
36 - 37 Mil. Govt. Sec. A.F.H.Q.
38 - 39 Assistant Chiefs of Staff.
40 G-1
41 G-2
42 - 43 G-4
44 - A.S.
45 - E & F
46 - Comms.
47 - 62 - Sub-Commissions.
63 - War Diary
64 - File ACC/1017/1
65 - File CAV/1017/2
66 - 70 - Spares.

17A

MILITARY GOVERNMENT SCHOOL AND HOLDING CENTRE
APO 512

2 October, 1943.

Subject: Tentative Committee Schedule for 4,6, and 8 October.

503d

To : Brigadiers Haslyn and Parkinson; Colonels Evans, Upjohn and Young.

1. With only a few exceptions, all newly arrived officers will have completed their initial periods of intensive background study by 3 October. Thus the body of officers at the Military Government School and Holding Centre is composed essentially of two groups:

a. Full time planners, and

b. Full time students (already oriented and assigned).

2. The following general schedule (which was agreed upon on 24 September by the Joint Assistant Chiefs of Staff and the Director of Studies) will be followed ~~inclusive~~ for the week of 4 to 10 October:

0845	- 1015	Language A
1030	- 1130	Lecture
1140	- 1240	Study
1415	- 1545	Language B
1630	- 1800	Committee Work(Monday, Wednesday and Friday)
From	1600	Military Training(Tuesday, Thursday and Saturday)

3. Enclosed is a form indicating meeting hours and places for Committee Meetings for 4,6, and 8 October. It is requested that the officers to whom this communication is addressed write or telephone the Director of Studies by 1300 hours 3 October the names of the officers who will carry on the Committee Work for the periods involved.

4. Finally, if, during the course of the week, any officer cannot assume responsibility for a Committee period, it is requested that the Director of Studies be informed as far in advance as possible in order that a substitute may be secured.

JOHN W. TAYLOR
Capt., Spec. Res.,
Director of Studies.

AC-1140

16A

TO: Director, Public Health Sub-Commission, Armistice C.C.

FROM: C.O. Region 6.

SUBJECT: Public Health, Medical Stores.

REFERENCE: Reg.6/2/HQ.

DATE: 2 October, 1943.

5088

1. Lieut. S. H. Condict (A) has been appointed as the officer who will be responsible for the proper store and distribution of all Medical Stores and equipment allocated to Region 6.

2. He has been instructed to render such reports as the Director, Public Health Sub-Commission, Armistice C.C. may require.

3. He has been further directed to report to you for subsequent instructions at your request.

Henry A. Hale,
Col., Inf.,
Region 6.

Copy to- Planning Staff A.C.C.
" " - Lieut. Condict.

824

15A

TO: Regions 4,5,6,8,9.

FROM: Planning Staff, Armistice C.C.

SUBJECT: Public Health, Medical Stores.

REFERENCE: ACC/1140 (P. H.)

DATE: 1 October 1943.

1. Chiefs of Regions will each select a suitable officer from their existing Public Health establishments who will be responsible for the proper storage and distribution of all medical stores and equipment allocated to and acquired in each regions.

2. They will render such reports to the Public Health Sub-Commission, Armistice C.C. as the Director may require.

5087

3. The Public Health Sub-Commission, Armistice C.C. will be notified of the officers so selected by name and rank.

4. This duty may be in addition to his other duties.

Colonel,
R.S. RATHBONE
Colonel,
J.J. ALBRIGHT
Joint Assistant Chiefs of Staff.
Armistice C.C.

/wor

14A

TO: MGS., A.F.H.Q.

FROM: Planning Staff, Armistice C.C.

SUBJECT: Medical Stores.

REFERENCE: ACC/1140/ (P.H.)

DATE: 1 October 1943.

1. At the conference attended recently at your Headquarters by Brigadier Parkinson, it was understood that you have a suitable officer available for the special duties connected with medical stores and agreed to his transfer. 5086

2. The transfer of this officer to this staff will be welcomed, and we shall be grateful for his transfer to be arranged and to be notified of the probable date.

R.B. Bathbone Colonel,

R.B. BATHBONE
Colonel,

J.J. ALLBRIGHT
Joint Assistant Chiefs of Staff.
Armistice C.C.

/eer.

TO: Armistice C.C. Planning Staff. 13A

FROM: Public Health.

SUBJECT: Personnel for handling Medical Supplies under Armistice C.C.

REFERENCE: ACC/1140

DATE: 28 September 1943.

5085

At a conference held at AFHQ yesterday, September 27th 43 to co-ordinate plans for Medical Service for Italy on Military and Civil sides including allocation of stores and hospitalisation etc, the extreme urgency of this matter was emphasised.

I was told that during the first few days of M.G. the Military authorities will be responsible for meeting the immediate needs of the Civil population as far as Medical Supplies and Equipment is concerned, it being understood that any disbursements will be made good by Armistice C.C. as soon as supplies are available.

Further that the Military Authorities will be responsible for off loading Medical Supplies and for their transportation to a selected base depot of Medical Stores, after which the Armistice C.C. will be responsible for their storage and distribution as well as for accounting for all Medical Supplies and Equipment distributed.

Personnel will have to be made available for this purpose a part of which will be obtained from the Civil population who will work under supervision of the Officers of the Armistice C.C. To adequately carry out this work and to ensure the safe distribution and the prevention of wastage of Medical Supplies and Equipment, of which there may be a shortage of at least some items it is considered necessary to make the immediate following appointments:-

1. An officer of senior rank to the H.Q. of Armistice C.C. who shall be responsible for the storage, distribution, and the accountancy of all Medical Supplies and Equipment and who will be on the staff of Division of P.H. I have been told at AFHQ that a senior Medical Supply Officer is available and he is provided for in the personnel breakdown of the Division of P.H.

2. An officer of ~~senior~~ Junior rank to each of the Regions who will be responsible for the storage and distribution and accounting of Medical Supplies within his own area. This officer will be res-

by Armistice C.C. as soon as supplies are available.

Further that the Military Authorities will be responsible for off loading Medical Supplies and for their transportation to a selected base depot of Medical Stores, after which the Armistice C.C. will be responsible for their storage and distribution as well as for accounting for all Medical Supplies and Equipment distributed.

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2. An officer of ~~senior~~ Junior rank to each of the Regions who will be responsible for the storage and distribution and accounting of Medical Supplies within his own area. This officer will be responsible to H.Q. Armistice C.C. as far as accountancy is concerned but to the Director of his Region for the proper storage and distribution of Medical Supplies. Five of these officers are immediately required for Regions 2,3,4,5, and 6.

I feel most strongly that if what is going to be a most urgent and difficult problem is to be handled efficiently the suggested arrangements should be made at the earliest possible date.

G.S. Parkinson,
Brig.
Division of Public Health.

/eer.

ACC/1140

[redacted]

1345
25 [illegible]/43
566

12A

Acc 1140
Public Health

MGS ALG V MGS TIZ
25 SEPTEMBER 1943
MESSAGE NO 5

TO J A C S TIZZI

FROM M G S

CONFERNCE MGS AFHQ CALLED FOR 1130 HOURS 27 SEPTEMBER AT REQUEST OF CHIEF SURGEON.

5088

PURPOSE TO COORDINATE MEDICAL PLANS FOR ITALY ON MILITARY AND CIVIL SIDES INCLUDING ALLOCATION STORES, HOSPITALIZATION, ETC.

UP TO 3 OF YOUR REPRESENTATIVE SHOULD ATTEND.

COL A T MAXWELL

Original despatched to
S/Sgt B.U.P.

TO: REGION 9.

FROM: Public Health, Armistice C.C.

SUBJECT: Request on allotment of Duties - Public Health, Region 9 - Memo 19 Sep 43.

REFERENCE: ACC/1140.

DATE: 24 Sep 43.

114

1. Paper No. 5 of 19 July 1943 - covering Regions 4 and 5 - divides the 8 Public Health men allocated to each Region into 5 Medical Officer and 3 Welfare Officers. Assuming the same division for Region 9, the following allocations of functions is suggested for these officers:-

1.- Director Department of Health and Welfare.
Responsible for: (a) Overall direction of department.

1.- Medical Officer. Supervision of Institutions, particularly hospitals. Generally responsible for functions set forth in Region 7. Division of H and W. chart.
Note: Depending on war progress and war casualties additional hospitals may need to be established This may at first require allocation of a man for some other function.

5082

2.- Medical Officers - supervision of items covered in chart under Dept. for supervision of Public Health (except B) and under Dept. for supervision of General Medical Care. These men to divide Region geographically on best transportation lines.

1.- Sanitary Engineer - Items covered under B - Public Health.

2.- Welfare Officers - supervision of items under Dept. for the supervision of Welfare, except item C. These men also divide Region geographically.

1.- Welfare Officer - supervision of items under C. - War Destitute. Again this assignment is dependent on amount of War Damage.

I hope this gives you all the information you want. If not, please let me know. Sorry for delay.

1.- Medical Officer. Supervision of Institutions, particularly hospitals. Generally responsible for functions set forth in Region 7. Division of H and W. chart.
Note: Depending on war progress and war casualties additional hospitals may need to be established This may at first require allocation of a man for some other function.

5089

2.- Medical Officers - supervision of items covered in chart under Dept. for supervision of Public Health (except B) and under Dept. for supervision of General Medical Care. These men to divide Region geographically on best transportation lines.

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I hope this gives you all the information you want. If not, please let me know. Sorry for delay.

G. K. Parkinson
Brig

/rgy.

PUBLIC HEALTH, ARMISTICE C.C.

194

Copy

TO: Joint Assistant Chiefs of Staff, Armistice C.C.

FROM: Division of Public Health and Welfare.

SUBJECT: Planning Directive 5.

REFERENCE: ACC/1014

DATE: 22 September 1943

Public Health and Welfare Division Policies

(A) MISSION

To initiate and develop together with other Armistice Control Sub-Commissions, as indicated, administrative and technical plans for the supervision of public health, medical care, hospital, welfare and related services. Upon request, the Director will provide special consultant services to the Directors of other Sub-Commissions in the fields of public health, sanitation, medical care, hospital, welfare and related services.

(B) MAJOR FUNCTIONS

(1) The Public Health and Welfare Division should perform the following staff functions:

(a) The formulation and interpretation of regulations pertaining to health restriction, medical care and welfare services.

(b) Studies of mortality, morbidity, welfare and other records and statistics for the purpose of expediting functions of the Division of P.H. and Welfare.

(c) Preparation of regulations and legislation, where necessary, affecting public health and welfare services for civilian and other groups.

(2) The Public Health and Welfare Division directly performs operating functions for the Armistice C.C. as follows:

(a) Through its Public Health Department supervises acute communicable disease and general sanitation problems, such as typhoid, malaria, venereal disease, typhus and water sanitation, sewage disposal, etc.

[redacted] in the fields of public health, sanitation, medical care, hospital, welfare and related services.

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(a) The formulation and interpretation of regulations pertaining to health restriction, medical care and welfare services.

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(c) Preparation of regulations and legislation, where necessary, affecting public health and welfare services for civilian and other groups.

(2) The Public Health and Welfare Division directly performs operating functions for the Armistice C.C. as follows:

(a) Through its Public Health Department supervises acute communicable disease and general sanitation problems, such as typhoid, malaria, venoreal disease, typhus and water sanitation, sewage disposal, etc.

(b) Through its Dept of Medical Care supervises medical diagnostic and treatment services. Also serves as consultant to other departments or related services.

(c) Through its Department of Institutions supervises the services of general, tuberculosis, mental, contagious disease and other hospitals. Also upon request serves as consultant to Sub-Commissions in charge of penal and correctional institutions.

(d) Through its Department of Welfare supervises programs involving public and private welfare agencies and the additional problems presented by the war destitute.

(e) To establish administrative policies and procedures within the Public Health and Welfare Sub-Commission for expediting the above functions.

For details of proposed administrative set-up see chart previously submitted to the Joint Assistant Chiefs of Staff.

W. Williams
Lt. Col.
Deputy Director, P.H. & W,
Brigadier PARKINSON,
Director.

5081

Copy to Acting Jr. + Chief Planners GA

9/16/43

MEMORANDUM FOR THE CHIEF, MILITARY GOVERNMENT SECTION, AFHQ.

Subject: Notes on Public Health.

1. In view of concern regarding possibilities of epidemics, especially of typhus, in occupied territory, it is noteworthy that the Chief Surgeon's Office, Section on Preventive Medicine, is in position to render essential consultation service and to assist, if necessary, in securing special facilities. Furthermore, that office has direct contact with the U.S. Typhus Commission, with Headquarters in Cairo, under direction of Brigadier General Leon Fox. 5480

2. The Director of Public Health of AMG has developed a plan to obtain periodic reports on incidence of communicable disease in provinces. It will be helpful if copies or summaries of these statements can be forwarded to the Public Health Section, Civil Affairs Division, W.D., as well as to the Chief Surgeon's Office through M.G.S.

3. The Chief Surgeon's Office is preparing a directive on policies and procedures for malaria control, including use of malaria control units. A copy will be sent to these headquarters in the near future for the information of Health Officers.

s/ IRA V. HISCOCK
Colonel, San. C.

Acc 1140

ABR

8A

I ISION OF PUBLIC HEALTH AND WE I E
ORGANIZATION CHART: EXPLANATORY NOTES

1. It is contemplated that on all policies and procedure relating to Health and Welfare issued by Division Hq. which are to be executed by Italian officials, the lines of communication will be:

A. From Div.Hq to the appropriate Ministry or Dept., of the Italian Government.

B. From the Italian Government Hq. to its provincial and Communal officials.

C. Simultaneously with the issuance by the Div. Hq to the Italian Govt. and copies as required, full information on the policy of procedure will be sent from Div. Hq. to the Regional Hq. of A.C.A. accompanied by appropriate directions for action requested from Reg. A.C.A. Hq.

2. On policies, procedure and other contacts (Not directed to the Italian Government for its execution) between Div. Hq. and the Regions or Field Staff, A.C.A. the normal working relationships will be from Div Hq. to Regional Hq. In other words Div. Hq. Staff on field trips will work only with Regional Hq. and Region Staff. Contacts with echelons below the Regional level will normally be by Region personnel. Wherever it is planned that there may be exceptions to this policy and Div. Field Staff may work directly with Communal Staff, the exception is noted on the chart by the phrase "below region level."

5079

3. Requests for repeal or changes in existing Italian laws, or for new legislation will be made by the Div. Director to A.C.A. Hq. Each Dept. Chief, in Div. of Health and Welfare, is expected at all times to keep the Director or his Deputy informed of the need for changed legislation.

4. Paper 5 of 19 July 43 as amended by MDS paper 7 of 21 Aug 43, provides a total of 36 Officers for Hq. of Health and Welfare under A.C.A. The organization therefore is predicated on this number of officers. It is important to note however, no allocation of rank has been made for these position as the work is frequently so specialised the assignment must be made on the basis of training or experience of the men available rat er than on the basis of ranks.

5. The scope of the Division's responsibility for feeding and relief is considered to be:

A - Supervision of the programs of Cash assistance to the indigent.
B - Actual feeding programs only in emergencies or in camps or institutions. (Food Distribution)

The questions of the amount of food available for all the people (~~distribution~~ or not), the methods of making it available, i.e. distribution, and the amounts

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A - Supervision of the programs of cash assistance to the indigents.
B - Actual feeding programs only in emergencies or in camps or institutions.
(Food Distribution)

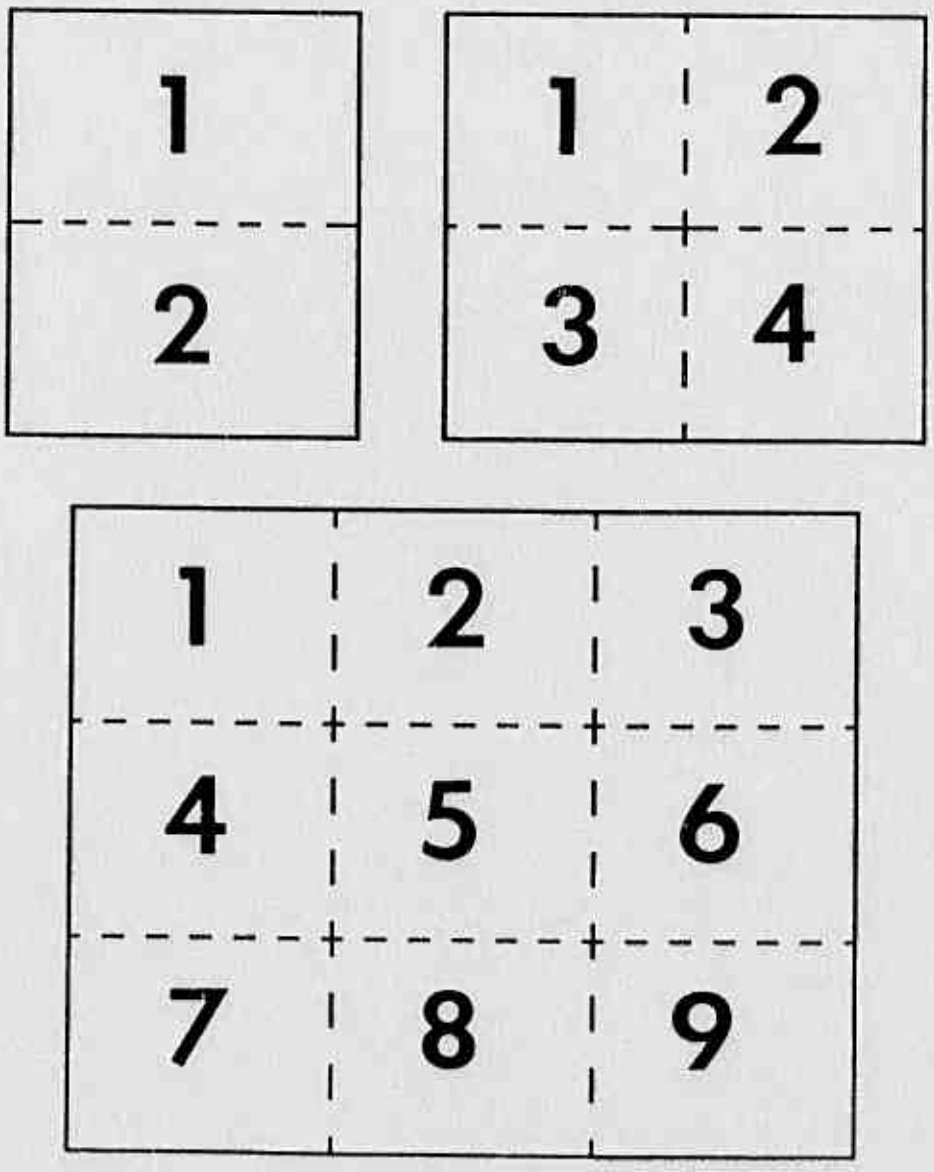
The questions of the amount of food available for all the people (destitute or not), the methods of making it available, i.e. distribution, and the amounts available per person, are not planned for in the scope of the work of the Div of Public Health and Welfare. The scope of the Divs responsibility for the broader question of Welfare are set forth in some detail in the attached chart.

On the question of the Financing of Relief and Welfare, the Div. of P.H. takes responsibility only for estimating the financial requirements of the destitute.

It is agreed by the Finance Division that it is their responsibility to provide the funds necessary to permit the Communes, Provinces and other pertinent bodies to meet the needs of the destitute. The Finance Div will rely upon the advice of the Div. of Public Health and Welfare as to what is required, but it will not feel bound to make the advances if for financial or other reasons such requested advances appear to be unwise or excessive, unless, of course, it is instructed by Higher Authority to do so.

MAPS AND CHARTS TOO LARGE TO FILM
ON ONE EXPOSURE ARE FILMED CLOCKWISE
BEGINNING IN THE UPPER LEFT CORNER,
LEFT TO RIGHT, AND TOP TO BOTTOM.

SEE DIAGRAMS BELOW.



A. C. A.

Tentative Draft

Director Pub. Health & Welfare.
Responsible for :-
1. Overall direction & policy of Div.
2. Contacts with A.C.A. H.Q.
3. Contacts with High Governmental & Civilian personnel.
4. Personal field visits.

1 - O.
- EM.

Public Health Nurse Consultant.
Responsible for :
1. Consultation on Maternal & Child Health & Welfare problems.
2. Midwives & Nurses.

Deputy Director P.H. & W.
Responsible for :-
1. Co-ordinates for Director work of Depts.
2. Is actual operating man for field as all new policies & procedure must clear thro' his office.
3. Responsible for (new laws & legislation. Regulations and directives)

Dept for the Supervision of Institutions.

Responsible for :-
A. Hospitals
(a) General.
(b) T.B.
(c) Mental.
(d) Children.
(e) Contagious.
B. Prisons & Correctional Institutions (For

Dept for the Supervision of Public HEALTH

Responsible for :-
A. Communicable Diseases
(a) Special emphasis on Malaria, Typhus & V.D. Control.
(b) Immunization - Typhoid, Diphtheria Small Pox.
(c) Pest control

Dept for the Supervision of General Medical Care.

Responsible for :-
A. Medical Supplies.
(a) Requirements - Procurements - Storage - Distribution.
Control of Italian Nurses Midwives &
B.

Department for the Su of Welfare.

Responsible for :-
A. Matters involving charity, Red Cros Agencies etc.
B. Existing Public Agencies.
(a) aged, cripple ed not covere Ance, - Financ

A. C. A.

Tentative Draft

Total personnel.
36 - O.
1 - P.H. Nurse Consultant.
- E.M.

Director Pub. Health & Welfare.
Responsible for :-
1. Overall direction & policy of Div.
2. Contacts with A.C.A. H.Q.
3. Contacts with High Governmental & Civilian personnel.
4. Personal field visits.
1 - O.
- EM.

Public Relations & Public Health Education.
1 - O
- EM.

Deputy Director P.H. & W.
Responsible for :-
1. Co-ordinates for Director work of Depts.
2. Is actual operating man for field as all new policies & procedure must clear thro' his office.
3. Responsible for (new laws & legislation. Regulations and directives)

Sec. of Co-ordinating Committees.
Responsible for :-
Committee of Dept. Heads. All except emergency procedure & policies for Italian Govt. or field are discussed here.
1 - O.
- E.M.

...ion ... CTH

Dept for the Supervision of General Medical Care.

Responsible for :-
A. Medical Supplies.
(a) Requirements - Procurments - Storage - Distribution.
B. Control of Italian Drs. Midwives & Nurses.

Department for the Supervision of Welfare.

Responsible for :- public and
A. Matters involving private charity, Red Cross, Church Agencies etc.
B. Existing Public Welfare Agencies.
(a) aged, crippled, unemployed not covered by insurance, - Financial assist-

Dept of Office Management.

Responsible for :-
A. Central correspondance files. (steno)
B. Typists Pool.
C. Personal files.
D. Transport-

Dept of Statistics Budgets.

Responsible for :-
A. Operating statistics all Depts & Regions.
B. Control Statistics. All Depts & Re
C. Budgets; preparation & control. all Depts & Regions

(c) Mental. (d) Children. (e) Contagious. B. Prisons & Correctional institutions (For	& V.D. Control. (b) Immunization - Typhoid, Diphtheria Small Pox. (c) Pest control	B.	Procurments - Storage - Distribution. Control of Italian Dps. Midwives & Nurses.	Agencies etc. B. Existing Public Welf Agencies. (a) aged, crippled, u od not covered by ance, - Financial
Health & Human conditions- Legal - to handle questions of who should be in & who out). Personnel 4 - O. - E.M. 1. Dept. Chief. A. General supervision of Depts. B. Contacts with It. State Officials.for institutions. C. Suggests needed) legislation (regulations) to Deputy Director. D. Member of Co-Ordinating Committee. 1 - Senior Field Inspector 2. ~~Junior~~ Field Inspectors. (The field inspt force works at Region level, and also below Region level. These men must know institutional management & inspt. the larger institutions	mosquitoes, flies, rats lice - disinfection & disinfestation (Entomological survey control) (d) Port control & Air control B. Sanitary engineering. (a) Water, sewage, river polution. (b) Burials. (c) Public Baths. (d) Street cleaning & disposal of garbage (e) Restaurants, Barbers Shops (f) Air raid shelters, (in co-op with ARP) C. Maternal & Child Health. (a) General. (b) Schools. (c) Dental. (d) Nutrition. (e) Delivery & Pre Natal care. (f) Crippled Childrens. (g) Close co-operation with childrens work in welfare. D. Laboratories. E. Diseases of animals contagious to man. F. Inspt. of slaughter houses - dairies - meat - food - milk. Personnel, 11 - O. - EM.	(a) Qualification, conduct, location. C. Medical Care to the indigent (Co-ord; with Welfare Dept.) D. Consultant to Welfare on Health Insurance programs & type & quality of care given by them. E. Factory & Industrial Health conditions & medical programs. Personnel 3 - O. - E.M. 1. Dept. Chief. (Same general functions as Inst Chief) 1. Medical Supply Officer 1. Medical Officer (Supervision of Medical care to indigents & consultant to Welfare. Any field work needed by this Dept. to be done by Dept of Public Health.	ance for Food, Medi Clothing, Rent, Fue (b) Study of cost o to establish Relief (c) Co-operation wi Division of A.C.A. encourage employeme prevent unnecessary payments to those a employed. C. War destitute. (New agencies may need t established) (a) Housing. (b) Refugees; camps, patriation. (c) Released war & p prisoners, both nationals taken by our forces & ently released & Yugoslavian p of war held by t ians. (d) Separated childr families. Locati -ification & bri together. (e) Co-op with A.R.P on disasters and bombing during D. Children; (a) Day nurseries, neglected chil illegitimate chil (b) Co-operation wi of General Medi on children
	1 Dept. Chief. (Same general function			(c) Milk for childr camps & Health

	Procurements - Storage - Distribution. B. Control of Italian Dais, Midwives & Nurses.	Agencies etc. B. Existing Public Welfare Agencies. (a) aged, crippled, unemployed not covered by insurance, - Financial assistance for Food, Medical Care Clothing, Rent, Fuel, etc. (b) Study of cost of living to establish Relief Standards (c) Co-operation with Labour Division of A.C.A. - to encourage employement and prevent unnecessary relief payments to those actually employed. C. War destitute. (New Italian agencies may need to be established) (a) Housing. (b) Refugees; camps, repatriation. (c) Released war & political prisoners, both Italian nationals taken prisoner by our forces & subsequently released and Greek & Yugoslavian prisoners of war held by the Italians. (d) Separated children & families. Location identification & bringing together. (e) Co-op with A.R.P. services on disasters and enemy bombing during occupation. D. Children: (a) Day nurseries, orphans, neglected children & illegitimate children. (b) Co-operation with Dept. of General Medical care on children	correspondance files. (Steno) B. Typists Pool C. Personal files. D. Transportation and allocation of cars. E. Mileage & other charges F. Office Supplies. Personnel, 2 - O. - E.M. 1 Dept. Chief. 1 Asst. Chief.	& Regions. B. Control Statistics. All Depts & Regions C. Budgets; preparation & control, all Depts & Regions D. Vital & epidemiological statistics. (Case + death reports by communicable diseases) Personnel, 1 - O. 1 Chief Statistician. (May be necessary to add an epidemiologist if no good one available in Italian Government)
	(a) Qualification, conduct, location. C. Medical Care to the indigent (Co-ord; with Welfare Dept.) D. Consultant to Welfare on Health Insurance programs & type & quality of care given by them. E. Factory & Industrial Health conditions & medical programs. Personnel 3 - O. - E.M. 1. Dept. Chief. (Same general functions as Inst Chief) 1. Medical Supply Officer 1. Medical Officer (Supervision of Medical care to indigents & consultant to Welfare. Any field work needed by this Dept. to be done by Dept of Public Health.			
		(c) Milk for children, rest camps & Health camps.		

contagious to man.	Health.	D. Children;
F. Inspt. of slaughter houses - dairies - meat - food - milk.		(a) Day nurseries, neglected chil illegitimate chil
Personnel, 11 - O. - EM.		(b) Co-operation w of General Medi on children
1 Dept. Chief. (Same general function as Inst. Chief, & special responsibility to notify Dir. on outbreak of disease).		(c) Milk for childre camps & Health c
1 Deputy Chief: co-ordinates & supervises work of specialists.		(d) Leisure time and ion in co-operat Div. of Educatio
		(e) Juvenile Liquen institutions. Co Legal Div.
		E. Social Insurance their supervision integration with work. On eligibi benefits - socio health - unemploy etc.- insurance.
		Personnel 11 - O - E
		1 Dept. Chief. (Same general funct Inst. Chief.)
		1 Deputy Chief. Co-ordinates & sup work of Welfare s
		1 Private Charity.
		2 Ins. specialists.
		1 Food - Clothing - (works with civili
		1 Child welfare speci
		4 Public Relief & de - Field & H.Q. wa
		(May need to work Region Level).

Specialists & Assts.

1 V.D. ∅
1 Malaria ∅
1 Typhus ∅
2 Field Health Consultants (General).
1 Sanitary Engineer ∅
2 Field Consultants on Sanitary Engineering.
1 Veterinarian ∅

∅ These specialists work at H.Q. with specialists in Depts and also go out as Field advisors in danger areas where they may work below region level.

Tentative and initial draft. Subject to revision WCA

n.	Health.	D. Children;
ter		(a) Day nurseries, orphans,
- meat		neglected children &
		illegitimate children.
		(b) Co-operation with Dept.
		of General Medical care
M.		on children
		(c) Milk for children, rest
		camps & Health camps.
unction		(d) Leisure time and recreat-
&		ion in co-operation with
ibility		Div. of Education.
on		(e) Juvenile Liquents not in
ease).		institutions. Co-op with
-ordin-		Legal Div.
s work		E. Social Insurance programs-
		their supervision and
		integration with relief
s.		work. On eligibility &
		benefits - accident -
		health - unemployed - aged
nsult-		etc.- insurance.
er ∅		Personnel 11 - 0
ts		- F.M.
ineer-		1 Dept. Chief.
		(Same general functions as
		Inst. Chief.)
s work		1 Deputy Chief.
cialist		Co-ordinates & supervises
nd also		work of Welfare section.
dvis-		1 Private Charity.
as		2 Ins. specialists.
ork		1 Food - Clothing - Fuel
l.		(works with civilian supply)
		1 Child welfare specialist.
		4 Public Relief & destitute.
		- Field & H.Q. war
		(May need to work below
		Region Level).

n.	Health.	D. Children;	
ter		(a) Day nurseries, orphans, neglected children & illegitimate children.	
- meat		(b) Co-operation with Dept. of General Medical care on children	
		(c) Milk for children, rest camps & Health camps.	
nction		(d) Leisure time and recreation in co-operation with Div. of Education.	
& ibility		(e) Juvenile delinquents not in institutions. Co-op with Legal Div.	
on ease).		E. Social Insurance programs- their supervision and integration with relief work. On eligibility & benefits - accident - health - unemployed - aged etc.- insurance.	
-ordin-			
s work			
s.		Personnel 11 - 0 - E.M.	
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er ∅ ts		1 Deputy Chief. Co-ordinates & supervises work of Welfare section.	
ineer-		1 Private Charity.	
s work rialists nd also		2 Ins. specialists.	
advis-		1 Food - Clothing - Fuel (works with civilian supply)	
eas ork el.		1 Child welfare specialist.	
		4 Public Relief & destitute. - Field & H.Q. war	
		(May need to work below Region Level).	

(205) 7-5-43

SECRET - SECRET 7A

MEDICAL AND SANITARY SUPPLIES FROM NATOUSA TO ANCOT

ITEM	D + 12	D + 24
1. C.A.D. BASIC MEDICAL UNITS (ea. 3 tons)	1 + 3(?), Balance on D/24	19
2. C.A.D. TROPICAL UNITS (ea. 3 Tons)	1 + 3(?), Balance on D/24	19
3. C.A.D. BIOLOGICAL UNITS (ea. 50 tons)	1 *	0
4. ENGINEER CORPS SANITARY SUPPLIES	200 - Oil Sprayers 200 - Parts for above 20 - Hypochlorinators, Gas engine type	
5. QUARTERMASTER CORPS SANITARY SUPPLIES, (ea. unit 5 tons) Quartermaster Corps Sanitary supplies, 3 units each on: D/22, D/32, D/42, D/52, D/62, D/72, D/82, D/92.	4 units	

* To be held at Natousa Medical Depot.

SANITARY SUPPLIES FROM PEMBARK TO ANCOT AT WINDSOR:

ITEM	UGS-17	UGS-18	UGS-19	UGS-20	UGS-21	UGS-22	UGS-23	UGS-24
POWDER, INSECTICIDE, 2 oz. cans	18,000	18,000	18,000	18,000	18,000	18,000	15,000 307	18,000
SPRAYER, INSECT	280	120	120	120	120	120	120	120
CALCIUM HYPOCHLORITE TUBES, 100/box	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
LISTER BAGS	60	60	60	60	60	60	60	60
TESTING KITS	60	60	60	60	60	60	60	60

No reports have been received on the following requisitions:
Requisition, 23/8/43.) Soap, Laundry - 420 Tons

(ea. unit 5 tons) 4 units

Quartermaster Corps Sanitary supplies,
3 units each on: D/22, D/32, D/42,
D/52, D/62, D/72,
D/82, D/92.

* To be held at Natousa Medical Depot.

SANITARY SUPPLIES FROM PEMBARK TO AMGOT AT WINDSOR:

ITEM	UGS-17	UGS-18	UGS-19	UGS-20	UGS-21	UGS-22	UGS-23	UGS-24
POWDER, INSECTICIDE, 2 oz. cans	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000
SPRAYER, INSECT	280	120	120	120	120	120	120	120
CALCIUM HYPOCHLORITE TUBES, 100/box	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
LISTER BAGS	60	60	60	60	60	60	60	60
TESTING KITS	60	60	60	60	60	60	60	60

No reports have been received on the following requisitions:

Requisition, 23/8/43,) Soap, Laundry - 420 Tons
AMG - Region 3 -) Soap, Toilet - 60 Tons
QM IV - 22)
Above scheduled for delivery on D/22 to D/72 in six shipments.

Requisition, 23/8/43,) Soap, Laundry - 600 Tons
AMG - Region 3 -) Soap, Toilet - 81 Tons
QM IV - 23)
Above scheduled for delivery on D/32 to D/162 in nine shipments.

Distribution:
1 copy - Public Health Div.
1 copy - Economics & Supply Sect.
1 copy - Chief of Staff, Reg. #3.
1 copy - ~~AMGOT~~ HQ, ~~Algiers~~. Mil. Govt. Section, ~~Tulsa, Okla.~~ AFHQ
1 copy - File.
1 Copy - Planning Staff Region VII Tucson Arizona

ACA 1015/6
P.H.

Hollywood
6A

HEADQUARTERS AMGOT
15th Army Group
APO 777

4 September 1943

SUBJECT: Health Precautions.

TO : All Officers and Enlisted Men/Other Ranks, AMGOT.

1. There has been a high incidence of sandfly fever and a moderate incidence of malaria in AMGOT personnel stationed in Sicily. Both of these diseases are insect borne and can be avoided if certain precautions are taken. Many of the men are being bitten by fleas and ants.

2. All AMGOT personnel will comply with the following instructions:-

a. Beginning Sunday, 5th Sept., 1943, one atebrine tablet should be taken each day with the evening meal. This course will be continued until 19th Sept., 1943 when atebrine will be taken four times weekly with the evening meal on Monday, Tuesday, Thursday and Friday.

b. Sleep under a net, preferably of the sandfly type. Be sure that the bottom of the net is tucked under the edges of the mattresses or blankets during the day and night to prevent the entry of insects. An untucked net may trap mosquitoes and sandflies during the day which may bite you at night.

c. Personnel who must move about after dusk either out of doors or indoors should apply mosquito oil or cream to all skin areas which will be exposed to the air.

d. As the rainy season begins diligence should be exercised in eliminating mosquito breeding in the vicinity of the billets. Depressions holding water should be filled in and empty containers which might collect water following rains should be disposed of. Pools which can't be drained should be oiled with light fuel oil.

e. Use insect powder or AL 63 in your clothing as directed on the can. This will prevent most of the fleas and ant bites.

f. All officers and other ranks should wear long trousers after sunset in accordance with

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e. Use insect powder or AL 63 in your clothing as directed on the can. This will prevent most of the fleas and ant bites.

f. All officers and other ranks should wear long trousers after sunset in accordance with regulations. This will provide additional protection against mosquito and sandfly bites.

3. Personnel who are now without sandfly nets (or mosquito nets), anti-mosquito preparation and Powder for Body Crawling Insects should requisition same from the Supply Officer this headquarters without delay.

By command of the Chief Civil Affairs Officer:

Charles M. Spofford Jr

CHARLES M. SPOFFORD
Lt Col, GSC,
Chief Staff Officer

Copy to Sport

1015/6

5A1

Assistant Chief of Staff
ACA

I should be glad of your advice as regards para 5 of 1A of this file. Captn [illegible] has now reached a stage in planning Welfare where certain specific information is required which he has set out in question form. Is it possible to obtain this information from the AMGOT Welfare Officials by correspondence or failing this could a visit be arranged so that he could spend a few days in Sicily to discuss the questions he has raised? At the present stage of operations [illegible] the latter is impossible

[illegible]
Director of Public Health

5075

Sept 4th 43

I.M.

ACA/1015/8
Asst. Chief of Staff

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CONFIDENTIAL

JB

PLANNING STAFF ACA

3 September 43

MEMORANDUM

TO: Brig. G. S. Parkinson
Director, Division of Public Health, Reg. VII
FROM: Capt. Joel Earnest
Attached, Public Health Division, Reg. VII

1. School Lecturers returning from Sicily state that some of the most immediate and complicated problems facing a CAO are those of housing, providing for the destitute, the children, refugees from other areas, and those made homeless by bombing.

2. As the local CAO will himself have to handle the burden of these problems, it is recommended that to assist him, detailed directions be prepared on a number of welfare problems, these directions to be written in Italian and prepared in such a manner that the CAO can, if he finds it advisable to use one or more of them, address the Directive as an order to the Podesta or such other official as the CAO selects to carry out the operation. The Directive would be based on existing Italian procedures and records, etc, where available and where such procedures and records are not available or do not meet the necessity of the situation, the Directive would outline the procedure to be used and would be accompanied by the necessary forms and record-keeping devices.

5073

3. For example, if the CAO is in an area that has been heavily bombed and he is faced with the problem of making a housing and building survey and no existing agency is already equipped to undertake the job, the CAO would have available a Directive already prepared and translated in Italian, setting forth the government organization to be set up, method of selection of workers to be used in the survey, the information required, the forms to be filled out, the method to be used in obtaining the information and the analysis to be made of the information obtained. All the work to be the responsibility of existing governmental officials and with suggestions to the CAO how he can quickly and simply spot check the work done to insure its accuracy. The Directives would of course be written completely and simply enough so that the CAO would need to take little or no time in explaining to the official selected what he, the CAO, wants done.

4. If the above suggestions are considered feasable, before the Directives can be put in draft form, it will be necessary for the planning staff to obtain a good deal of important information onthe existing Italian welfare organizations, policies and procedures not now available at this post.

CONFIDENTIAL

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ACA/1015/2

Some of the needed information is set forth in the following series of questions:

(a) What house and room occupancy information is available in existing Italian records, showing the number of people per room, condition of building, sanitary appliances, water, cooking facilities, heating and estimated repairs needed etc?

(b) If not available, what procedure is now being followed by CAO's?

(c) If such information is not available, would it be of assistance to CAO's on taking over in heavily bombed cities, to have a house and room registration procedure worked out in the Italian language that could be handed by the CAO to the Podesta or such official as the CAO may select to handle the problem of housing refugees?

(d) In cases already receiving relief, either the aged, relief for crippled persons, the unemployables, and the unemployed not covered by insurance programs, is there a case history showing family make-up, city of usual residence, work history and health conditions as they relate to employment etc?

(e) The amounts of money, commodities or services granted to these cases, and the basis for determination of eligibility to receive these grants.

(f) What are the follow-up procedures used by Italian agencies to investigate continued eligibility or a change in eligibility after relief is originally granted?

(g) What forms, office records etc are kept on the matters covered in Paragraphs d to f and also what forms, records etc are kept on medical care given these cases? If possible, give samples of all forms, records and procedures.

(h) What central index or clearance system is now used in the larger cities to insure against the duplication of relief and/or unemployment insurance and other insurance payments to individuals or families?

(i) What, if any, are existing procedures and agencies for returning to their native towns and cities those people who have fled from bombed or combat areas, and what method is used for clearing with the authorities of such towns or cities, the question of their ability to accept the return of these refugees?

(j) Can the above procedure and agencies be used for the similar problem of released prisoners of war, political prisoners and alien workers now unemployed?

(k) Are the records and methods of exchanging information between localities on these refugees etc simple and standard in form?

(l) What new programs exist to meet the problem of children who are orphaned through actions of war and what records are kept identifying these children?

(m) What are the existing agencies for returning lost children to their parents or relatives? What finding methods are used to locate parents and relatives and what records are kept?

(n) What medical examinations are made before refugees are permitted to return from a distant area to their homes?

5072

(o) Would an already prepared stastistical reporting system be of help to CAO's in supervising institutions such as prisons, sanitariums, orphanages etc?

(p) Is it Possible to obtain copies of all forms of procedures used in various Italian social insurance programs?

5. It is requested that the above information be obtained in as much detail as possible and with copies of existing forms and procedures attached, either by correspondence with the AMGOT Welfare Officials and also with comments from a number of CAO's in Sicily on what they are actually finding in their cities. Is it possible that some members of the Section VII Planning Staff, Division of Health be permitted to spend a few days in Sicily to discuss these questions with the officers who have been dealing with these problems?

Joel Earnest
CAPT. JOEL EARNEST

SECRET
Equal British MOST SECRET

4A

MILITARY GOVERNMENT SECTION

Allied Force Headquarters

File #_____.

August 27, 1943.
(Date)

SUBJECT: Preliminary Report - Public Health Division AMGOT.

TO : Acting Joint Chief Planners, M.G. School, Tizi Ouzou

1. Herewith are 3 copy(ies) of Preliminary Report - Public Health Division AMGOT.

2. Receipt is to be acknowledged on the form below, which should be returned immediately to Military Government Section, Allied Force Headquarters, A. P. O. #512.

5071

T. B. JACKMAN,
Major,
Mil. Govt. Sec.

4B

Preliminary Report - Public Health Division AMGOT.

1. Procedure in anticipation of invasion of Sicily.

The following personnel was attached to combat troops.

Major Bizzezero
Major Norman
Major Sanford
Major Jonwick
Major Drake
Capt. Pirio
Capt. O'Hara

These officers carried out their appointed duties immediately towns were cleared of the enemy. The early phases were in some respects more easily managed in view of the close liaison which was maintained by AMGOT Medical Officers with Army Medical Officers. By this means medical supplies were made available from Army or enemy stocks.

2. Medical Personnel.

As was anticipated, the "freemasonry" which exists between all medical men the world over of whatever race or colour came well out and it is gratifying immediately to report everywhere the closest co-operation with enemy medical personnel both civil and military. This happy state has continued and has been extended by the higher placed Sicilian medical officers to the senior medical officers of AMGOT. Then the Provincial Health Officers of Siracusa, Catania, Palermo and others have been interviewed and a commencement has been made in meeting ordinary civilian practitioners in the various towns. This fosters good relationship which in turn will be reflected in a higher standard of medical work so influencing the health of both the civil and military population. It is hoped that efforts to expedite the completion of formalities connected with the release on parole to their civil duties of Sicilian military medical officers may be successful, and this will materially affect the medical personnel situation. This will be kept under constant review to ensure the best possible use of these medical men in the Island as a whole.

3. Medical Supplies.

It was clear that some time must elapse before the medical supply position in the island could be properly assessed. Therefore with the generous co-operation of the H.Q. Staff 14 Jeeps were put at the disposal of Public Health Div to transport to the island 3 tons of medical equipment. This medical "brick" of drugs and dressings was quickly assembled at Tunis under the personal direction of the D.M.S., A.F.H.Q., following a representation to them of the urgency of the situation. The

2. Medical Personnel.

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A further supply of enemy medical equipment has been located at ALCAMO and handed over to AMGOT. This is being concentrated at PALERMO. As a result of this revised estimates of requirements for Sicily may be necessary but future commitments must be considered along with this. This is in hand.

As hoarding was considered likely it was decided to have a census made of all medical equipment held in Hospitals, Dispensaries, Clinics, drug houses and the like, in order that these might be frozen and later issued to the best advantage. As a further control it was decided that all requisitions for medical supplies should be handled centrally and issues be governed by the needs of the Island as a whole. This organisation will necessarily take time but the right to issue emergency demands has been delegated down and a composite brick of what are considered basic medical requirements will be issued almost immediately to each of the provinces. There is a scarcity of anaesthetics and narcotics due to considerable

losses at sea. The position as regards prophylactic vaccines and calf lymph for smallpox is being carefully watched.

4. Hospital Accommodation.

In the main this is more satisfactory than could have been thought possible. A questionnaire on the whole subject is in process of issue and weekly changes will be reported. It has to be borne in mind that the invasion took place at one of the most healthy periods in the year when even the appalling conditions of living presently to be described did not exert an influence as adverse as it might have been in other circumstances. As already mentioned the position of doctors, nurses and other staff of hospitals was fairly satisfactory. This position should improve when buildings used by the Army again become available. A detailed report on the hospital situation will be submitted on receipt of provincial reports.

5. Physical Condition of the People.

Since the arrival of H.Q., Public Health Div the larger cities have been visited by the Director of Public Health, Deputy Director of Public Health and other officers. At first glance there were few signs of acute distress or extensive malnutrition. Indeed the general condition of the people was good. The children were bright, alert and happy - conditions which exclude the possibility of serious food deficiencies. Medical officers of provinces agree with this view. There were individual cases of malnutrition - both in adults and children but without further investigation it is impossible to say to what degree this is a factor of importance.

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6. Environmental Factors.

The Allied Air Forces did their work effectively and well. The damage done to property was enormous in many towns and thousands have been rendered homeless. This is a problem of the first magnitude and a separate report on the health aspect of this has been submitted and action to the highest quarters has resulted. On account of damage or on account of fear of further raids thousands of people - men, women and children - have taken what looks like permanent refuge in caves, hills, grottos in outlying districts in the vicinity of the more severely bombed areas. There the condition was at first indescribable in that ordinary sanitation was conspicuous by its absence. Prompt measures are being taken but immediate results cannot be expected. It takes time and with decreased aerial activity and returning confidence on the part of the people many will return to their homes to patch them up or will drift into the less damaged areas. A questionnaire to C.A.O's on the subject has been approved by C.S.O. and is being issued immediately. The questionnaire is on lines of similar ones used in U.K. in anticipation of the heavy raids of 1940-41.

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Water supplies have in many cases been heavily damaged and supplies drastically cut but the situation has been in the majority of cases well handled and hardship reduced to a minimum.

Conservancy arrangements have similarly suffered but extemporised methods have tided over the critical period and in many of the larger cities an organisation is re-appearing.

7. Prevailing Diseases.

An organisation to issue weekly reports of infectious diseases is being developed. At first glance it appears there are four prevalent diseases. The disease of major importance in Typhoid Fever. It is known that there are many small epidemics notably in S.E. Sicily, Scordia and other centres. Typhoid Fever occurs in normal times to an extent many times greater than in U.K. or U.S.A., owing to the scanty sanitary organisation in many large villages and towns - to the gross neglect of other sanitary measures, notably the close association of animals of all sorts and humans in villages, the lack of any effort to remove faeces, food refuse and the like by which flies breed in thousands; the exposure of food to these myriads of flies; in short, the powerful trinity for the spread of this and allied diseases, namely:-

1. Exposure of Excrement of cases or carriers of disease
2. Direct transmission or by intermediary of flies of germs
3. Infection of food or water.

These conditions are considered normal in the greater part of Sicily and even with the greatly enhanced population in many of these towns plus these appalling conditions the incidence does not appear to have been any greater than in previous years. Inoculations in many parts has been by the oral method of administration, a method looked upon with little favour by us so that every endeavour will be made to give protection against the Typhoid group by the injection method of known efficacy.

Malaria will be a problem in many districts. Here again time does not permit of dramatic results in prevention but if supplies of suppressive drugs become available mass distribution in the worst areas will be attempted. If the Hospital organisation can be kept going and if treatment clinics can be run by civil doctors in sufficient numbers it is considered that the disease may be kept within reasonable limits. In the meanwhile, every attempt will be made to re-establish and continue the efforts of local malaria committees while an AMGOT malariologist will carry out surveys of the worst districts.

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Other diseases do not call for any special mention at this stage. There have, however, been several Typhus scares and much confusion exists in the lay mind as the Italian names are similar unless qualified by technical additions. Where necessary these scares have been followed up. The danger of Typhus fever with the approach of colder weather conditions will increase. This is being carefully considered and a scheme in keeping with local conditions is being elaborated.

8. <u>The Situation Regarding Welfare.</u>

Public Welfare organization and administration is still in a chaotic condition. In Palermo most of the assistance and some of the insurance offices were bombed out of their premises or looted and most of the records were lost. A few reports coming in from other provinces indicate similar situations. Insurance payments have been suspended and since so many persons were dependent upon these payments there is a good deal of resulting hardship. Resumption of these payments is imminent.

Emergency relief offices have been opened in Palermo and other provinces, but in many places great confusion in the administration of this assistance still prevails.

The situation with respect to children is especially depressing. Children formerly living in institutions have been scattered throughout the countryside. The army has been bringing trucks loaded with children back to Palermo and dumping them. There is no central machinery for bringing lost children and parents together. Some of the institutions have been without food and there is no list of agencies and resources available. In other words, emergency situations have been handled as they became known, but it is now time to evolve a more ordered, less costly, and more effective plan of action.

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The problem of juveniles in prisons, jails and detention homes is being explored. Many of the institutions have been short of food and mismanaged. A procedure has been worked out with the Legal Division whereby a record of all institutional admissions and discharges of juveniles will be furnished this office, monthly.

A serious housing and refugee problem exists in all parts of the Island. Thousands of people are living in the most deplorable conditions in caves and air raid shelters. Refugees are gradually returning to Palermo where the housing situation is already acute.

Advancing prices, and the shortage of supplies coupled with low wages and relief payments in complicating the problem of living for many persons whose standards were already extremely low. Any stores and supplies that can be made available from captured stock would be of tremendous help in meeting the need for clothes and shoes which will become more acute with the beginning of the rainy season.

It has been found that the G.I.L. and the various Dopolavors had much equipment and property under their control. This is now being located although much of the movable property was looted and probably will never be recovered. That being recovered has been turned over to the Principessa di San Teodora who has been working with various orphanages. It would seem that some better plan for the control of this property needs to be worked out. It should also be determined whether all such property ought not to be collected for the use of the whole Island under the

direction of the H.Q. office rather than by all the individual Provinces. Since these organizations were abolished as Fascist it has been difficult to secure the help of former officials in locating existing property.

Preliminary information indicated a great multiplicity of social insurance agencies with considerable overlapping of functions. Further study is necessary before any recommendations for reorganization are made.

Transportation to get around to these various institutions and organizations is a most serious problem and yet this is absolutely essential to an understanding of their financial and other needs. It would appear that some action is required to change this situation if our work is to be carried on satisfactorily.

There are increasing numbers of Political and Military prisoners, nationals of other countries, being released on the Island. They are without means of support and no H.Q. policy with respect to their treatment or as what agency of government is responsible for them has yet been laid down. It would seem desirable for us to open a temporary camp and care for them. 5067

Action Underway or being planned.

1. An island-wide study of relief needs.
2. A study of the Social Insurance programs out of which recommendations as to future plans will be made.
3. A study of the situation as it affects children.
4. Cooperation with other sections of the health division in relieving the housing situation.
5. A survey of the refugee problem out of which it is hoped recommendations can be made for dealing with the situation.
6. Development of a plan for assisting prisoners of war who have been released in Sicily.

Conclusion.

Attention should be called to the urgency of welfare matters which develop almost before any others after territory has been taken. It would seem advisable that welfare personnel be sent in as soon as possible after occupation in order to re-establish immediately the machinery necessary to administer welfare functions with as little confusion and delay as possible.

General.

The work of the Division has been handicapped by deficiencies in personnel, due to an incomplete T.O. While cuts in personnel in Sicily may be possible it is of extreme importance that the personnel of a complete T.O. is actually available at the commencement of an operation involving occupation of enemy territory. It

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The work of the Division has been handicapped by deficiencies in personnel, due to an incomplete T.O. While cuts in personnel in Sicily may be possible it is of extreme importance that the personnel of a complete T.O. is actually available at the commencement of an operation involving occupation of enemy territory. It is in the very early stages that the work can be best initiated and local civil personnel made to appreciate that there is a military health organisation ready to function immediately rather than allowing a negative period to intervene before this military health organisation materialises.

PUBLIC HEALTH SPECIAL ADMINISTRATIVE INSTRUCTION NO. 5

For S.C.A.O.s and Public Health Officers

Weekly Medical Reports

I Hospitalization.

1. The Senior Civil Affairs Officer of each province will obtain, from the local representatives of AMGOT in each town in each province, information as to:

a. The names and bed capacities of each hospital (civil, civil used by military or Italian military) in the province.

b. The number of such beds now in use in each by military personnel (Allies) or prisoners of war.

c. The number of physicians and dentists on duty at such hospitals.

d. The number of other personnel serving at each hospital. Nurses and other attendants will be reported separately.

e. The water supply, sewage disposal and lighting facilities of each hospital.

f. Number and names of medical or surgical specialists in each hospital.

2. Such data will be reported weekly, for the period ending at midnight on Friday being forwarded as early as practicable to AMGOT Headquarters. Information as to the beds and personnel in present and future use by the Military Authorities may be obtained upon consultation with the Senior Military Medical Officer in each area. AMGOT, while not concerned with hospitalization of military personnel (allies or prisoners of war), is interested in knowing when Italian personnel and hospital beds, now in military use, can be made available for the civil population. The proforma attached will be used as a basis.

II Communicable Diseases.

3. Information as to the presence of communicable diseases, particularly malaria, typhoid fever (enteric) typhus fever (exanthematic typhus and trachoma, will be similarly obtained by Provincial Civil Affairs Officers and reported weekly to AMGOT Headquarters, such reports to cover the week ending at midnight on Friday.

III Progress Reports.

4. The weekly medical report will include a statement of availability of water, of progress effected on public health works such

...will be reported separately.

e. The water supply, sewage disposal and lighting facilities of each hospital.

f. Number and names of medical or surgical specialists in each hospital.

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III Progress Reports.

4. The weekly medical report will include a statement of availability of water, of progress effected on public health works such as construction and reparation of water supplies, sewage disposal (conservancy), drain off (canalization) of swampy areas, and other projects undertaken by or under supervision of AMGOT.

IV Air Raid Precautions.

5. Weekly reports will include a statement about arrangements for the protection of the civil population in case of air raids. The adequacy of existing shelters and their sanitation will be reported.

V Other Information and Recommendations.

6. Any other information of medical or public health importance will be reported, together with recommendations. This should include with the initial report, a statement by name and position of all Communal and Provincial health officials currently employed, the number of other physicians practicing in each commune, and copies of the last issued annual and other reports of health departments and medical organisations.

ADV. AMGOT H.Q. 4 Aug. 43.

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WEEKLY MEDICAL REPORT FOR WEEK ENDING

PROVINCE

1. BED STATE

HOSPITAL	LOCATION	No. of beds	No. occupied			No. vacant	No. of EMERGENCY beds	No. of PHYSICIANS	DE
			Civilians	Military	P.O.W.				
A									
B									
C									
D									
E									
F									

2. PERSONNEL

HOSPITAL	No. of PHYSICIANS	No. of DENTISTS	No. of NURSES	OTHER ATTENDANTS WARD MAIDS etc.	COOKS	KITCHEN STAFF	DISPEN
A							
B							
C							
D							
E							
F							

3. PUBLIC UTILITY SERVICES TO HOSPITALS

(a) WATER SUPPLY	- A	B	C	D	E
(b) SEWAGE DISPOSAL	- A	B	C	D	E
(c) LIGHTING FACILITIES	- A	B	C	D	E
(d) EMERGENCY LIGHTING	- A	B	C	D	E

4. COMMUNICABLE DISEASES AND PLACE OF OCCURRENCE

TYPHOID (ENTERIC GROUP)	TYPHUS (EXANTH: TYPHUS)	TUBERCULOSIS	TRACHOMA	ANY OTHER

5. PROGRESS REPORT ON WORK COMMENCED OR COMPLETED DURING WEEK.

(a) WATER SUPPLY

(b) SEWAGE DISPOSAL

(c) LIGHTING

WEEKLY MEDICAL REPORT FOR WEEK ENDING _____

PROVINCE _____

. occupied		N. vacant	No. of EMERGENCY beds	No. of PHYSICIANS	DENTISTS	SPECIALISTS
s Military	P.O.W.					

. of RSES	OTHER ATTENDANTS WARD MAIDS etc.	COOKS	KITCHEN STAFF	DISPENSERS	AMBULANCE TRANSPORT AVAILABLE.

LS

B	C	D	E	F
B	C	D	E	F
B	C	D	E	F
B	C	D	E	F

OCCURRENCE

H: TYPHUS)	TUBERCULOSIS	TRACHOMA	ANY OTHER SUCH AS S.F. C.S.M. MEASLES, & ETC.

COMPLETED DURING WEEK.

6. AIR RAID PRECAUTIONS.

NO. OF SHELTERS.	CAPACITY.		SANITATION.	
	1	6	1	6
	2	7	2	7
	3	8	3	8
	4	9	4	9
	5	10	5	10

7. ANY OTHER INFORMATION (See II, III, IV & V, Public Health Special Administrative Instructions No. 5)

8. RECOMMENDATIONS.

Date _____ (SIGNATURE).

NOTE

8. RECOMMENDATIONS.

Date _____ (SIGNATURE).

NOTES:

1. The following abbreviations may be employed in para. 3.

M.	Main (water) supply.
D.W.	Deep Wells.
S.W.	Shallow Wells.
M.D.	Main Drainage
C.P.	Cess pits
E.M.	Electricity from Grid
E.L.	Local electric supply
E.G.	Electric generators in building.
G.	Gas
O.L.	Oil Lighting

2. Additional sheets will be used as necessary.

AMGOT PUBLIC HEALTH DIVISION

SPECIAL ADMINISTRATIVE INSTRUCTION NO. 6

ISSUE MEDICAL STORES.

In Special Administrative Instruction No. 4 AMGOT Public Health Div. dated 29 July, 1943, (copy attached for easy reference), the machinery for the issue of drugs, dressings, etc. was explained.

2. There have been inevitable delays for many reasons and as a temporary measure it has been decided slightly to modify these instructions.

3. In cases of extreme emergency where the treatment of sick is likely to be effected by delay in carrying out the procedure laid down in the above quoted instruction, the issue of the minimum amount of drugs, dressings etc. necessary to tide over the critical period will be made by the AMGOT medical store depots at SIRACUSA, CALTANISETTA or PALERMO on the a uthority of any S.C.A.O. supported by a written recommendation from the Provincial Medical Officer of the staff of the DIRECTOR OF PUBLIC HEALTH AMGOT.

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4. All S.C.A.Os and C.A.Os are asked to bear in mind that medical supplies are available only in limited amounts and medical officers of AMGOT must scrutinise these requests for medical aid most carefully for it has been found that demands from one area if met would absorb all available supplies and were clearly out of proportion to reasonable requirements.

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5. The squeezability of the medical orange has very definite limitations which should be appreciated by all concerned.

A.M.G.O.T. PUBLIC HEALTH DIVISION 29 July 1943

SPECIAL ADMINISTRATIVE INSTRUCTION NO. 4.

Attention S.C.A.O's, C.A.Os and Medical Officers.

Emergency Medical Supplies.

A supply of drugs and dressings for issue to civil populations is now available in Siracusa. The quantities are limited at this time and must suffice for the needs of the whole occupied territory until additional supplies on order arrive. Requisitions for medical stores will be prepared in accordance with the pro form below, and will be submitted to H.Q., AMGOT for approval by the Public Health Division and arrangement for issue by that Division.

It will facilitate the issue of stores if items of the same nature are grouped together in sections, for example: liquids, solids, surgical dressings, instruments, vaccines, etc. 5063

Requisition for Medical Stores - AMGOT.

1. Name of Commune and Province.

2. Population: a. Normal
   b. Present old inhabitants.
   c. Refugees in Commune.

3. Name of hospital or hospitals with number of beds in each.

4. Proposed method of distribution and use of requisitioned drugs and dressings in the community.

5. Nature and number of existing cases of communicable disease in the:

   a. Commune.
   b. Province.

6. Remarks on the health organization of the Commune and Province.

7.

Item	Quantity		
	Unit	On Hand	Required
	(Submit in triplicate)		

...ments, vaccines, etc.

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1. Name of Commune and Province.

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6. Remarks on the health organization of the Commune and Province.

7.

Item	Quantity		
	Unit	On Hand	Required
	(Submit in triplicate)		

8. Has possibility of use of captured medical stores or redistribution of supplies in Communes and Provinces been investigated?

9. What captured stores and large civilian supplies have been located (including those which Army Units have taken control of) (Give locations and inventories when possible).