

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

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PUBLIC HEALTH, VENEREAL DISEASE
AUG., SEPT. 1943

6 pp

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TO: CS(X)

FROM: Public Safety (Col. Young)

SUBJECT: Public Health

REFERENCE: ACA/1140

DATED: 15 Sept 43

Public Health. This file mainly concerns Public Health, but observation in Sicily shows that there is to be found in the smaller towns, 3 or 4 people with dogs in one room. People were living in air-raid shelters; they were cleared out during the day while the shelters were disinfected but disinfectants were hard to obtain. It was necessary in Syracuse to detail a CAPO to bring into being a sanitation system in the grooves where thousands of people were living. Street collection of refuse was started by the CAPO with the aid of the Mayor. Interruption of all water taps was carried out to replace tap washers and prevent collection of water which may have become stagnant. Finance plays an important part by providing a week's wages after a week's work, a very good argument with workers.

This leads us to the general opinion that a PH Officer should be taken into any occupied Region soon after the assault troops, because it was necessary for CAPO's to arrange for the burial of civilian dead.

Venereal Diseases. In Sicily, the Army Commanders laid down a line of policy that no brothels were to be allowed for Allied Troops. The brothels were put out of bounds to troops. CAPO's caused the women to be examined and infected cases were held in prison pending removal to Italian hospitals. This procedure cannot be operated now, as by Proc. No. 12, we must arrest a person without preferring a charge, so the crus must now be thrown upon the Italian police to get the women examined periodically and infected cases removed. Prostitution with Allied troops is carried on clandestinely, but there is no likelihood of couples creating a scandal. The repressive methods so far have proved adequate, but the initial inspection of the prostitutes showed 80% infected. Prostitution, therefore, can be viewed purely from a policy angle and the operation of control thrown upon the Italian Police and medical services at the earliest possible moment. An all order permitting brothels for the use of Italian people only, and during certain hours would not interfere with the liberties of the Italian peoples, but would prevent the use by Allied troops when large num-

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APB Bingham
for Col. Young,
Public Safety

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ALLIED FORCE HEADQUARTERS
Military Government Section

24 August 1943

Memorandum To: Acting Joint Staff Planners, Mil. Govt. S
School, Tizi-Ouzou.

Subject : Information for Public Health Planning.

1. Attached hereto is one (1) copy of "Notes
on Venereal Disease Control Programs in Occupied Areas,"
forwarded for your information.

2. This material was received this date from
Civil Affairs Division, Washington, D.C.

B. N. Richardson
B. N. RICHARDSON
Capt. A.G.D.

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13 August 1943

NOTES ON VENEREAL DISEASE CONTROL PROGRAMS IN OCCUPIED AREAS

1. The first consideration is the importance of the venereal diseases in relation to other public health problems. Although these infections, particularly gonorrhea and syphilis, may ultimately result in serious manifestations, their initial signs and symptoms are relatively mild and the number requiring immediate medical attention is likely to be small. Such cases may be handled by a general curative medical service. Complete programs for venereal disease control in the civil population should not be undertaken at the expense of more acute problems such as nutrition, maternal care, and the control of acute epidemic diseases. When these immediate problems have been taken care of, consideration may then be given to venereal disease. This applies even in those countries having well organized venereal disease control programs prior to the outbreak of the war.

2. The second consideration is the type of control programs which have been conducted in the areas prior to the occupation. Venereal disease control requires long term planning, and its success depends largely upon the willingness of the public to accept the facilities offered. Unless the ground work of public education, and the removal of taboos, has been done prior to the occupation, little can be accomplished by the military government in the time at its disposal. However, programs for the protection of both troops and civilians should be reasonably successful in areas previously having such programs.

Venereal disease control programs of some kind were conducted in all European countries prior to the war. It is believed that these programs should be re-established by the military governments in these countries as soon as possible. On the other hand, indications are that attempts to control the venereal diseases in areas not dominated by the Japanese have been very meager or lacking altogether. The principal efforts on the part of military governments in these areas should be limited to measures designed specifically for the protection of occupying troops. Treatment, however, should be provided for civilians incapacitated by venereal disease.

3. The activities to be undertaken in any particular country will depend largely upon the basic program existing prior to the war. New procedures with which the civil health authorities and the medical profession are unfamiliar should not be required unless essential to the protection of troops. It is likely that the basic programs in all countries will provide for the collection of morbidity data, the diagnosis

and treatment of cases, case finding facilities, and plans for dealing with sexual promiscuity. The adequacy of the facilities for any of these may vary widely. There should be no hesitancy in modifying previous procedures if military necessities require but, where they are found to be reasonably satisfactory, there should be no interference.

a. Morbidity reporting: Provisions for the collection of data concerning the incidence and prevalence of the venereal diseases are essential. Initial morbidity data serve as a guide in the formulation of control procedures, and subsequent data serve as a measure of the effectiveness of the program. Several methods for the collection of such data have been used including: (1) compulsory individual case reporting by physicians, clinics and hospitals; (2) periodic questionnaires relating to the total number of patients under treatment by physicians, clinics and hospitals; (3) weekly or monthly reports of venereal disease tests for syphilis among occupational groups and hospital patients. Fairly accurate information on syphilis has been available; that for gonorrhea has been very fragmentary indeed.

Compulsory reporting by physicians, clinics and hospitals provides the most reliable data, and such reporting should be had if possible. It should not be too difficult to enforce such reporting in occupied territories. If, however, it is believed inadvisable any of the other procedures may be resorted to.

b. Diagnostic and treatment facilities: Facilities for the diagnosis and treatment of venereal diseases should be established as a part of hospital out-patient departments or of polyclinics. Fortunately, no special equipment is needed for the treatment of the great majority of cases. Everything necessary is included in the basic lists of hospital and laboratory supplies. Only uncomplicated cases should be treated in smaller clinics. Patients presenting special problems should be referred to larger institutions equipped to handle such cases.

It is desirable also, but not essential, that practicing physicians (if there are any) be supplied with antisyphilitic drugs and sulfonamides for the treatment of gonorrhea. Drugs may be made available to physicians on the receipt of morbidity reports. Such a plan would provide for the treatment of patients unable to attend clinics and also would encourage the cooperation of physicians in other phases of the public health program.

Outlines of treatment should be distributed to all treatment centers and to physicians. The procedures outlined in the Surgeon General's circular letter #74, July 25, 1942, and modified by circular letter #129, 22 July 1943, should prove satisfactory. However, where treatment policies reasonably similar to the above have been promulgated by the civil authorities, such policies should be continued.

c. Case finding procedures: In most European countries, reliance in case finding has been placed upon educating the public to

the importance of the early treatment of venereal disease and advertising the locations of venereal disease clinics. Added to the above were cases discovered by physical examinations for other purposes. Such measures should be re-established. In addition, it may be advisable to encourage examinations of familial contacts of venereal disease cases. This scheme is simple, inexpensive, and productive. Routine serologic tests for syphilis in all pregnant women should be considered.

The investigation of sexual contacts of civilian patients should not be undertaken since they are time-consuming and, where venereal diseases are prevalent, the results are not commensurate with the effort. However, military personnel developing venereal disease should be carefully questioned regarding the circumstances of procurement and exposure, including the place and circumstances of meeting, the name and address of the contact if known, and the place of exposure. This information will prove invaluable not only in the discovery and treatment of women known to be sources of infection among soldiers, but also in the discovery and correction of conditions influencing the frequency of sexual exposure.

d. Prostitution and sexual promiscuity: Within the continental United States the Army is committed to the policy of repressing prostitution. Such a policy is commendable and should be carried out whenever possible. In most countries in Europe no attempts have been made to repress prostitution. Instead, it has been the policy to segregate and "regulate" prostitution through routine periodic physical examinations. It is very doubtful that a program of repression will succeed in those countries. Repression has been extremely difficult and not altogether successful in the United States where public sentiment backs it. It will be even more difficult and less effective where civil authorities and the public are not sympathetic. Where mores condone sexual promiscuity, regulation will not control it. Not only will the efforts fail, but the attempt to impose policies in opposition to the population's usual way of life will result in a hostile attitude toward the military government.

It is not believed, however, that anything can be accomplished by periodic examinations of prostitutes. Assuming that such examinations will discover all cases existing at the moment, which they will not, they give no assurance that the woman will not be infected by the first customer following the examination, and tend to discredit enforceable regulations.

The military government should not interfere with the policies of the civil authorities (if such authorities are active at the time of occupation) with respect to the prostitution problem as it affects the civil population. Specific measures for the protection of troops may be imposed. For the most part, however, it is believed that activities designed for the protection of troops should be limited to the troops themselves. These may include: First, putting all segregated prostitution districts out of bounds to military personnel; second, adequate military policing of streets to reduce clandestine prostitution to a minimum; third, the establishment of prophylactic stations as conveniently as

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possible to the principal places of exposure; fourth, the issuing of individual prophylactic packets free of charge to all personnel upon request; fifth, the promotion of an intensive education program among troops warning them of the dangers of venereal disease and advising them of the methods of prevention; and sixth, adequate provisions for recreation on military reservations to lessen the desire to visit civilian communities. Intimate associations between military personnel and civilian should be discouraged not only from the standpoint of venereal disease control, but also from that of control of other communicable diseases, among which gastro-intestinal infections, typhus, and malaria are particularly important.

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