

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

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PUBLIC HEALTH ORGANIZATION
SEPT., OCT. 1943

bpr

Re 3A

1. There is an acute need for public health nursing consultants to work with public health, hospital and nurse training centers. The position of p.h. nursing consultant requires an individual with extensive training and experience in public health and general nursing service. In addition to supervisory ability and public health experience the consultants should have some teaching experience because they will be working with hospital superintendents and nursing supervisors in efforts to improve nursing training and practice. According to available data the quality of nursing services in Italy is among the poorest on the continent.

2. 1st Lt. Ruth M. Jones has a good background of training and experience in clinical nursing, and no doubt is a very capable general duty nurse. However it is not felt that she has had sufficient public health and teaching experience for p.h. nursing consultant service.

4 October 1943

F. S. Pyburn
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4 October 1943

G. R. Polheim
J. P. H.

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JACS. 0 4A

AMCOT SPECIAL ADMINISTRATIVE INSTRUCTIONS - PUBLIC HEALTH NO. 6.

Relationships of Public Health Division Personnel.

1. The Director of the Division of Public Health is responsible for the administration of the programme of the entire Division, the activities of which cover the fields of Hospital Organisation, Public Health Organisation and Public Welfare Organisation. (See Special Administrative Memorandum - Public Health No. 1, Part 1 for specific activities).
2. All specialist officers of the Headquarters staff, including the officers in charge of the three broad activities listed above deal with officers in other Divisions in AMCOT Headquarters, and with specialists in their own fields in the provinces through the Director of Public Health.
3. Communications sent from this Division to the field are signed by the Director of Public Health when policy is involved. Other types of correspondence may be signed by the originator "for the Director of Public Health", but are reviewed daily in the office of the Director of Public Health. All communications to provinces are sent either to the S.C.A.O. marked "Attention S.A.P.H.O., S.A.P.S.O. or S.A.P.W.O." or are addressed to the Public Health representative "Through the S.C.A.O."
4. Communications from other Divisions of AMCOT reach individual officers in Headquarters through the Director of Public Health.
5. The purpose of the procedure outlined in 2, 3 and 4 is to acquaint the S.C.A.O.'s and the Director of Public Health with the technical details of activities of their specialist officers and to enable them properly to co-ordinate activities of personnel under their direction.

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6. S.A.P.H.O.'s are the senior representatives of the Public Health Division in the provinces and as such are administratively responsible for co-ordinating the activities of the S.A.P.S.O.'s and S.A.P.W.O.'s in their Provinces. Correspondence from S.A.P.S.O.'s and S.A.P.W.O.'s to AMGOT Headquarters will be passed through the S.A.P.H.O.'s and S.C.A.O.'s and addressed to or through the Director of Public Health. No official communication will be addressed to an officer by name.

7. In instances where it is necessary for a S.A.P.H.O. to give orders to a S.A.P.S.O. or S.A.P.W.O. of senior grade this will be done through the S.C.A.O. and with the latter's endorsement.

CR/404/1036

By direction of Chief Staff Officer.

D. GORDON CHELME

Colonel

Director of Public Health.

4 October, 1945.

/jjf

3A

*Brigadier
Parkinson
Planning Staff*

ALLIED FORCE HEADQUARTERS
Military Government Section

2 October 1943

210.11

SUBJECT: Application of Nurses

MEMORANDUM FOR: JACS
(Attention Brigadier Parkinson)

1. 1st Lt. Ruth M. Jones, N-724543, ANC, today asked for an interview with the possibility of offering her services to Military Government.

2. Data on Lt. Jones is as follows:

Age - 36

Army Nurse Service: 2½ years.

In charge Nose and Throat Clinic.

General Nursing.

Chief Nurse.

During which time 1 year service overseas as
Chief Nurse, 64th Station Hospital, APO 600.

Civilian experience:

Pediatric Department, Temple University, 12
years.

Supt., Children's Home, Mt. Holly, N. J.
1 year.

3. Lt. Jones is not desirous of transfer unless a definite need and position is clearly stated for her.

4. Your recommendation and advice with respect to the use of nurses with these or other qualifications are requested.

For the Chief of Section:

*AC
1140/4*

B. N. Richardson
B. N. RICHARDSON
Capt. AGD

Military Government Section

5158

CR/404/887

1 Copy in "Extra" file

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Subject:-- Field investigation of the reported severe
Malaria outbreak at S. Teresa de Riva,
Province of Messina.

To:-- Director of the Public Health Division,
Hdq's, AMGOT.

AMGOT/3005/PH.

AMGOT HQ. Sicily.

6th Sept. 1943.

1- The investigation of the malarial situation at S. Teresa de Riva, and its adjacent territory, was conducted during the week of Aug. 29th to Sept. 4th.

2- Following are the facts:

A) Description of investigated area, and of its present inhabitants, both Civil and Military.

1- S. Teresa is a coastal commune with a normal population of 8,000. At present, due to the influx of refugees from Messina, the population numbers approximately 11,000. Included in the survey was the adjacent surrounding territory, which would be roughly bounded by the towns, of Ali Marina, Fumedinisi, Antillo, Casalevechio, Limina and S. Alessio. The sum total population included in this survey is approximately 25,000.

(a) The above area has within its boundaries 8 civilian doctors.

(b) There is no civilian or Italian military hospital.

(c) No civilian medical supplies are available.

2- Personnel of the 8th Army have been stationed in the numerous transient camps within the investigated area. Due to the military action which occurred in the sector during the week of Aug. 30 to Sept. 5th, and to the subsequent heavy troop movements, not very much information regarding the malarial incidence among soldiers in S. Teresa was forthcoming.

B) Living conditions and general health.

1- During the invasion period, the entire coastal population fled into the adjacent inland sections, remaining there from one to three weeks. Living conditions were very bad, for people slept in abandoned farm buildings, in caves, in fields, and in many cases, grouped together in the homes of country friends, where as many as 5 to 25 people would sleep in one room.

Under these conditions, a few anopheline mosquitoes could infest great numbers of individuals.

2- There was, and still is, a serious shortage of food. The diet for many of the people consisted of figs, grapes and cactus pears. For many, the above is still the main diet. It is hoped that through the fine work of the C.A.O's that essential food material will soon be available.

3- These points are important, for when mal-nutrition and improper living conditions are linked with the presence of infected anopheline mosquitoes and lack of malarial suppressive or curative chemicals, an epidemic is not an impossibility.

C) Mosquito breeding areas.

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C) Mosquito breeding areas, and mosquito breeding.

1- The S. Teresa area is quite dry, all nearby river beds being entirely devoid of all type of water. No rain has fallen in six months. However, mosquito breeding is occurring in irrigating water tanks. Culicine mosquito breeding, including *A. aegypti*, was found in these tanks.

2- Some wells, which formerly had water drawn off by means of electricity drawn pumps, are now breeding mosquitoes, for the electric service has been disrupted, allowing breeding to take place in the undisturbed water.

3- No anophelines were found in larval collections within the S. Teresa commune itself. Adult collections, both day and night, did not reveal any anophelines in this area.

4- Adult anophelines were found Southwest of S. Teresa commune, a section of country where streams and brackish water areas are present.

D) Status of malaria in previous years throughout the S. Teresa commune.

1- 200 to 300 cases of endemic malaria per year.

2- The endemic form of malaria was benign tertian (*P. vivax*.)

3- Up to 1943, quinine and other suppressive chemicals, such as itolochina, were available to the people, either through private or government agencies but none of this medicine has been available this year.

(cont.)

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(cont.)

E) Status of Malaria at present time.

1- The following figures have been compiled by the commune Ufficiale Sanitario, Dr. Toscano, who obtained the figures from reports of local doctors:

For the month of August.

Type	Tertian	Quartan	Estivo-Autunnale	E)A Perniciosa	Total
Primary	300	17	21	4	342
Recurrent	700	20	10		730
Total	1000	37	31	4	1072

Deaths: 2, from Estivo-Autunnale Perniciosa

Note: These diagnosis are clinical, no laboratory facilities being available. 5156

2- In the area surrounding the S. Teresa commune, the local doctors estimated that at least 15 new cases a day were reported, the greater percentage of these being recurrent in type.

Action taken to date by investigator.

1- Some suppressive and curative medicine was obtained from AMGOT's Provincial Medical Officer. This medicine was made available to the local health officer, who used it in the treatment of the more serious cases of malaria.

2- The Ufficiale Sanitario of S. Teresa commune was notified, through the commune C.A.O., to enforce the commune health regulations concerning the practice of malarial control measures in relation to irrigating water storage tanks. The regulation states that the tanks are to be treated once a week, either with Paris Green, or by emptying and cleaning. All property owners who fail to carry out this measure will be fined.

The Ufficiale Sanatorio has notified the C.A.O. that he would enforce the regulation.

3- The C.A.O. has given the owners of electrically driven water pumps, priority for the resumption of electrical current. Mosquito breeding in the wells serviced by these pumps will be eliminated by means of the pump action.

Recommendations.

A) More medicine, both suppressive and curative, should be sent to S. Teresa, if obtainable. The need for these chemicals is urgent, in view of the approaching rainy season, which make Sept. and Oct. the peak

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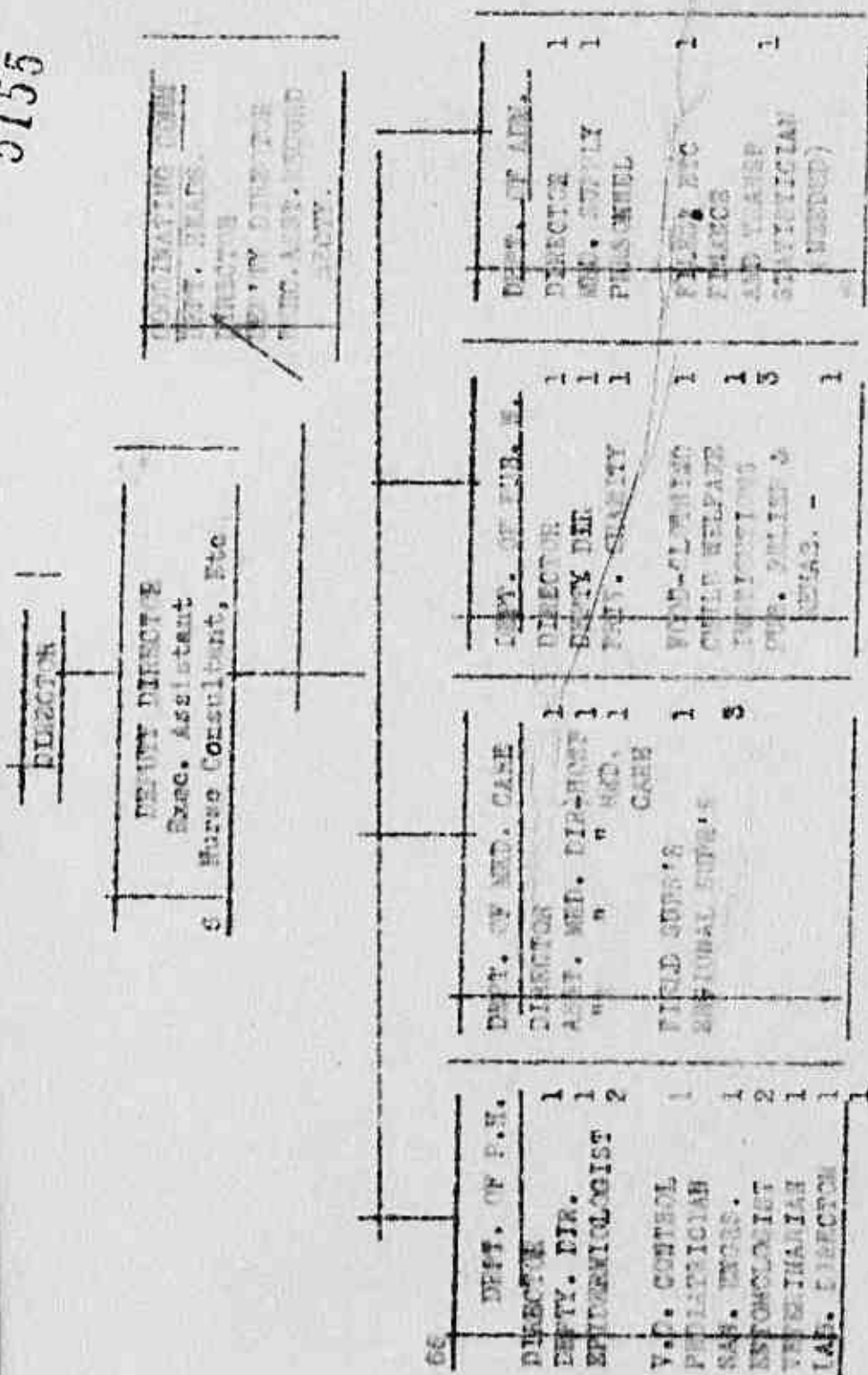
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Recommendations.

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- B) C.A.O.'s should have the Ufficiale Sanitario enforce all existing communal anti-malarial regulations, where possible. Those measures which can be carried out by the owners of irrigating systems, and which do not entail the usage of unobtainable mosquito control supplies, should be quickly practised.

s/ M.A. MANZELLI
T/ M.A. Manzelli
1st Lt. Hqs. P.H.D
AMGOT

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subject to readjustment as program progresses.

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