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INFORMATION FOR EUROPEAN THEATER JULY 1943 - MAR. 1945

785016 Declassified E.O. 12356 Section 3.3/NND No. ALLIED COMMISSION HE ADQUARTERS APO 394 CIVIL AFFAIRS SECTION 21 Mar 15. Sicily and Italy (Public Meelth).

Ref:

Questions relating to AMG in SUBJECT:

TOL Chief of Public Heelth and Welfare Division US Group CC (Germany). APO 712.

- The Director the Public Weelth Sub-Commission has shown me the questions you have requested him to enswer and points out that although they are simple in nature they will in fact require the writing of an extremely long and complicated report on the activities of the Public Haelth Sub-Commission in the whole of Italy.
- Owing to shortege of steff and great pressure of work, and in view 2 of the amount of work involved, it will not be possible to prepare such a report and I suggest that you should obtain copies of the detailed monthly reports prepared by the Public Health Sub-Commission, which go both to the Wer Department, Washington, and the War Office, London. It is suggested that you read these reports in detail, when, I feel sure, a complete picture will be obtained which indicates the answers to your questions.

For the Chief Commissioner:

VP CA Section.

Copy to | Public Health Sub-Commission.

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HEAD UARTERS
U.S. GROUP CONTROL COUNCIL
APO 512

Log:

FILE:

(1)

Date: 17 March 1945

SUBJECT: Questions relating to AMG in Sicily and Italy (FublicHealth)

No. From T'c Date l Chief, Chief, 17 Mer Request answers to questions if information Public Public 45 available. Realth Health and Officer, Welfare Allied Div. Control US Gp CC Commission, COL HANSEN APO Italy. Chief of Public Health and Welfare 742. Division US Group CC (Germany) APO 742 Forwarded by Major E. F. DAILY at request of Col HANSEN. E.f.D.

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Questions - AMG in Sicily and Italy (public health) Period covered: July 1943 to Dec. 1944.

- 1. Personnel (Official)
- a. Were the PHOS adequate in number? in training?
- b. Could AMG have proceeded with less as for as FHOS were
- . concerned?
- c. Was there a tendency to operate rather than supervise?
- d. What did the PHO's accomplish as far as safeguarding the health of troops is concerned?
 - (I) Was cooperation with surgeons always in evidence?
 - (2) Did V.D. rates decline in Naples, Palermo, Rome, when AMG programs were put into effect. To what were rises or declines in rate attributed?
 - (3) Were there many (or any) instances of epidemics in troops traceable to civilian contracts (typhus, V.D, typhoid)?
- e. What is the general opinion of the public health officers whom AMG supervised ---?
 - (1) Were they adequately trained, efficient, cooperative, professional men?
 - (2) Were public health activities in Sicily and
 Italy maintained "status guo" under AMG? were
 they improved by AMG supervision? did they
 deteriorate? Why?

- (3) How was the morale of Italian p.h.o.'s ? did they show initiative ? were they inactive unless specifically ordered to do something ? How did they respond to orders?
- (4) Was there a feeling of professional kinship among Italian and AMG pho's which over-rode political differences?
- (5) Was there any genuine Fascist ideology in evidence among the Italian pho's ?

 2. Supplies.
- (a) Did AMG receive medical supplies in time to fill urgent local needs ?
 - (1) What supplies-?insulin? disinfectants? anesthetics ? sulfonamides? sedatives?
 - (2) How soon after Invasion did they reach the continent.? Requis? Naples? Ade.?
- (b) Were these supplies to fill native shortages or to combat communicable diseases dangerous to occupying troops ?
- (c) Did AMG at any time need to draw on Army Medical Depots to rob them of supplies when the
 function of AMG was actually to lighten the
 burden on Military operations ?
- (d) How could MG best meet its responsibilities immediately after the conquest of a country as far as medical supplies are concerned?

(1) What is (or was) the obligation of AMG to the Italian people re-medical supplies?

- (2) Did the conquered Italian Army cooperate fully in distribution of its supplies for Italian civilian use ?
- 3. Facilities.
- a. How successful was cooperation between surgeons and AMC pho's in securing needed hospital space for (1) troops- (2) civilians.

 Any conflicts ? Why ? (Petersa, Naples contagious disease hosp.)
- b. Were facilities in Italy and Sicily ever adequate to meet civilian peacetime needs?

 What obligation did AMG have to increase the quality or quantity of these facilities?

 Was there ever a tendency to build up a public health system or to provide facilities that did not exist before?
- c. Did Italians expect AMG to hand out new facilities and largesse as part of liberation?

 Were any demands ever made on AMG in that
 direction? (Water works) (sewages special
 sanatorium, hospitals, equipment, supplies)
- 4. Mobility and Intelligence.
 - a. Does AMG feel that pho's were informed as to the exact state of public health conditions in Italy or Sicily for what are the

To Julien

reasons for the answer ?

- b. How long did it take to get a letter from HQ Region
 II to Reggio (farthest point) and get a reply?
 Civilian channels----?
 AMG channels ? (latter averaged 10 days).
- c. How accurate was disease reporting during 1944 ?
 Was it less accurate than in 1934 ?
- d. Did all pho's have dependable transport ation to take them immediately to any place where they had to go: Did it make any difference whether they did or did not? Could they supervise by "remote control", while courier, telephone, and letter?
- 5. a. What was the AMG action in combatting the typhus epidemic in Naples ?
 - b. How did AMG control venereal diseases?
 What evidence is there of success or failure to do
 so?

