

785020

ACC

10000/120/2026

M 27

June

10000/120/2026

M 27 "Over 60-Day" Organisation 1st jacket

June 1944 - Dec. 1945

Plans for Col. FIDLEY.

519 Italian Evacuation Hosp.	FORLI	(Allied Op Command)	To UNRRA
522 Italian Evacuation Hosp.	PESCANTINA	(Allied Op Command)	) To U.A.R.E.G.
15 Field Disinfection Sect.	PESCANTINA		
Det. 1 M.A.C. (40 Amb Cars)	MONTICATERI		) War Ministry

1. The above named units were loaned to DP & RSC. A.C. in June last and have not yet finished the tasks for which they were loaned.
2. These units are not part of the Interim Army.
3. It is understood that DP & RSC cease to function w.e.f. 1 Jan 1946 handing over part of their commitments to UNRRA and part to the Ufficio Autonomi Reduci di Prig. di Guerra, War Ministry.
4. As 522 Italian Evacuation Hospital is under Allied Op Command, will the approval for this hand over have to be asked from GHQ, - the Sezione Disinfezione and M.A.C. are already under IIT Op Command.
5. UNRRA have requested (verbally) for authority to take over control of 519 Italian Evacuation Hospital. Do I ask the War Ministry and GHQ OMF for permission for UNRRA to take it on, - paying for rations, medical stores, personnel, etc.

① Transfer Hospital to Italian Op Command

②

MB/Ed'ta

RE: DOUBTFUL - JINTE COMMISSION

AFD 392

DISPATCHED PERSONS AND REPARATION THE COMMISSION

DPR/709/HND

Tel. 478089

14 December 1945

SUBJECT: Attached Italian Military Units.

TO : A.D.H.S.
M.H.I.L.

RECEIVED 14 DEC 1945

medical

1. Attached herewith for your information is copy of this H.Q. administrative circular ref. DPR/13-12/ADM dated 11 December 1945 regarding the handling of certain I.P. centres to UNRRA on 1st January 1946.

2. Attention is drawn to para 5 (b) concerning the Italian Field Hospitals at present under the operational control of this Sub-Commission.

3. The present locations of attached Italian Military units and remarks on their future functions are reported as follows :-

(a) 470 Italian Field Hospital.

Present location - Fano Barracks - under administration of "H" Group D.F. & H.C.C. c/o G. Area, Ancona. Its departure was requested in this H.Q. letter DPR/709/HND dated 27 November 1945. *Being disbanded*

(b) 519 Italian Field Hospital.

Present location - Fano Barracks - under administration of "H" Group D.F. & H.C.C. c/o Allied Commission Liaison Officer, 217 Area. UNRRA Italian Mission desires this hospital to come under their operational control on 1st January 1946.

(c) 522 Italian Field Hospital and 15 Field Disinfection Section

Present location - Pescantina Camp, near Verona - under administration of "H" Group D.F. & H.C.C. c/o Venetia Res. At meeting on 10 December 1945 between Director, DF & RSC, Lt. Col. Norris of Italian P.O.F. Division and General Maurini of the Italian Ministry of Health, it was proposed that the Ministero della Guerra take over Pescantina Camp on or about 1st January 1946 to deal with all displaced persons and Italian ex P.O.F. representatives in transit. At that point, the transfer of these two units on 1st January 1946 to the operational control of the Ministero della Guerra would mean a matter for mutual agreement between the Ministero, Italian P.O.F. Division and your branch.

Transmission sent from
Cable 3
Cable 4
Cable 5

Transmission from
Cable 1
Cable 2

8267

Present location - Tano Barracks - under administration of "W" Group D.F. & R.S.O. c/o 61 Area, Ancona. Its disposal was requested in this H.O. letter DTR/709/HFD dated 27 November 1945. - Being distributed

(b) 515 Italian Field Hospital.

Present location - 1011 - under administration of "W" Group D.F. & R.S.O. c/o Allied Commission Prison Officer, 217 Area. (W) Italian Mission desires this hospital to come under their operational control on 1st January 1946.

(c) 522 Italian Field Hospital and 15 Field Disinfection Section

Present location - Descentia Camp, near Verona - under administration of "W" Group D.F. & R.S.O. c/o Venezia Region. At a meeting on 10 December 1945 between Director, DF & RSO Lt. Col. Roris of Italian P.O.W. Division and General Knapinski of the Italian Ministero della Guerra, it was proposed that the Ministero della Guerra take over Descentia Camp on or about 1st January 1946 to deal with all displaced persons and Italian ex P.O.W. representatives in transit. That event, the transfer of these two units on 1st January 1946 to the operational control of the Ministero della Guerra would mean a better for mutual agreement between the Ministero, Italian P.O.W. Division and your branch.

(d) 10. 1 Motor Ambulance Convoy.

Present location of 10. 1 Convoy - Macallieri - under administration of "W" Group D.F. & R.S.O. Turin. Ambulances distributed as follows

"W" Group D.F. & R.S.O. Turin	8
"W" Group D.F. & R.S.O. Milan	12
"W" Group D.F. & R.S.O. Pescentina	20

D.F. & R.S.O. will still continue to operate certain centres in Northern Italy and will need 20 ambulances.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

ADMS _____
S/Capt _____
File Ref M/3595
Date Received 14 Dec

Seen

- 2 -

It is requested therefore that the 20 ambulances located at Pescantina Camp are transferred to the operational control of the Italian Ministero della Guerra on the take-over date, and that the remaining 20 with U.S. Gov continue to be attached to D.P. & R.S.C.

It is proposed to move the U.S. Gov from Roncalli, Turin to the D.P. & R.S.C. Centre at Gmo.

For the Director.

E.A. BLOOMFIELD
Capt. R.A.M.C.
Medical Branch.

Copies to : G-5 Section, A.F.M.C. (2)
Italian E.O.R. Division.
S. & T. Officer U.N.I.A.
"A" Group D.P. & R.S.C.
"B" Group D.P. & R.S.C.
"D" Group D.P. & R.S.C.
USRA Italian Mission (for Lt. Col. Hamilton).
Ministero della Guerra (for General Mannervini).
Administration Branch.

HEADQUARTERS ALLIED COMMISSION
APO 394
DISPLACED PERSONS AND REPATRIATION SUB-COMMISSION

DPR/10-12/ADM

11 December 1945

SUBJECT : Handing over Accommodation Centres to UNRRA.

TO : Distribution.

1. The intention is that Groups and Centres on Appendix 'A' will be handed over to UNRRA on/or about 1st January 1945. Certain Centres may be handed over earlier.

2. General. H.Q. Groups and Centres will be handed over "as they stand" with all civilian staff and equipment of all kinds - with the exception of certain stores at Cine Citta and Aversa which will be regarded as in transit to the S & T Store and Garage at Riccione. The contents of the Store and Garage at Riccione will be retained by D.P.R.S.C. until the state of the Northern Group of Camps (to be formed by D.P.R.S.C. for Displaced Persons outside UNRRA's Charter) is known.

3. Army Personnel. Officers and EM/ORs temporarily required by UNRRA will remain in Groups and Centres. Such personnel will continue their duties as directed by the Camp Manager. The Senior Military Rank will be responsible to the Camp Manager for the proper and efficient discharge of such duties and will be responsible to this H.Q. for the maintenance of discipline.

4. Stores and Equipment. Separate Lists will be prepared for the following categories and hand-over/take-over certificates signed with distribution as under:-

1 Copy	-	D.P.R.S.C. through Group H.Q.
1 Copy	-	H.Q. UNRRA through Group H.Q.
1 Copy	-	Camp Manager concerned.
1 Copy	-	Group H.Q.

Note :- Where O.C. Camp remains to take charge for UNRRA the hand-over/take-over certificate will be worded "Handed over from D.P.R.S.C. - taken over by UNRRA".

(a) Stores and equipment drawn through Ord. channels. In the case of Barletta-Trani Camps this comprises the bulk of all Camp equipment.

(b) Stores and equipment purchased from A.C. or Italian Government funds.

Note :- It has been agreed by UNRRA that the following articles will eventually become the property of the Italian Government free of charge.

(i) Blankets - The bulk now in Camps being part of a con-

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(b) Stores and equipment purchased from A.C. or Italian Government funds.

Note :- It has been agreed by UNRRA that the following articles will eventually become the property of the Italian Government free of charge. 6286

(i) Blankets - The bulk now in Camps being part of a consignment imported by A.C. for the Devastated Areas.

(ii) Palliasses and other accommodation stores as they have been mainly purchased with money charged or directly supplied by the Italian Government.

(c) All other stores and equipment i.e. from Salvage etc.

(d) Exceptions to (i) are the stores and equipment held against W.E. by AFHQ Units i.e. Assembly Centres and Control Camps, which will be listed separately.

..2

(e) Many Camps have property of the Italian Institution occupied. This property will be listed separately on take-over/hand-over certificates signed by the Italian Authorities concerned and the UNRRA Representative.

(f) Clothing stores - To be listed and handed over as they stand.

5. Non-expendable and expendable medical stores.

(a) Camps. Expendable medical stores will be listed as at 1st January 1946 and signed for by the UNRRA Camp Representative.

(b) Non-expendable medical equipment will be listed as far as possible into the following two categories :-

- (i) From Allied Commission sources.
- (ii) From Italian requisitioned or Italian Red Cross etc... sources.

Equipment in (i) will become the property of UNRRA. Equipment in (ii) will be signed for and held on charge.

Note:- Italian Military Hospitals will continue to be responsible for the stores and equipment held on charge by them and will be considered to be on loan to UNRRA.

Bulk Store. All stores and equipment will be listed in accordance with procedure at Paras 5 (a) & (b) and take-over/hand-over certificates signed.

This hand-over will be effected on the understanding that UNRRA will continue to supply such Camps as may be retained and operated by H.Q. D.P.A.S.G. with stores as may be required.

6. Vehicles and Tool Kits. To be listed as (1) AFHQ Units, (2) A.C. (separate lists for American and British Army vehicles), (3) Other Sources i.e. (a) captured enemy vehicles stating whether American captured or British captured, (b) Salvaged, (c) requisitioned.

All Ambulances and equipment on charge to 'K' Civilian Transport Platoon will be handed over on loan to UNRRA on the same terms as other Military vehicles.

7. Office Equipment. Typewriters and duplicators to be listed as (1) AFHQ Units, (2) A.C. Separate lists for American and British Army. (3) Other Sources.

8. Red Cross Parcels. Red Cross Parcels will be handed over to UNRRA on signature. In addition a certificate will be required as follows :-

" It is clearly understood that the contents of the parcels taken over may be used in the Camp for use in hospital and for sick and children.
Any other proposed use will be as directed by the H.Q. British Red Cross."

accordance with procedure at Annex 5 (a) & (b) and take-over/transfer certificates signed.

This hand-over will be effected on the understanding that UNHRA will continue to supply such Camps as may be retained and operated by H.Q. D.P.A.S.C. with stores as may be required.

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" It is clearly understood that the contents of the parcels taken over may be used in the Camp for use in hospital and for sick and children.
Any other proposed use will be as directed by the H.Q. British Red Cross."

..3

9. Rations. Reserve stocks will be handed over on signature. Existing arrangements for drawing of rations will continue.

10. Finance.

(a) The present system i.e. the Prefect Rep. paying all wages and expenses will continue until UNRRA are prepared to undertake directly.

(b) Private Camp funds will be handed over to UNRRA, on handing-over/taking-over signature.

DISTRIBUTION :

101 Branch D.F.R.S.C.
Medical Branch, L.P.R.S.C.
Dist. List (E), D.F.R.S.C.
Executive Commissioner, A.C.
C.A. Section, A.C.
Finance Sub-Commission, A.C.
Public Safety Sub-Commission, A.C.
G-5 AFHQ.
No. 2 District.
No. 3 District.
R.I.C.
UNRRA.
L.R.C. Civilian War Relief.
L.R.C. South Europe Commission.
L.R.C. Milan.
I.C.C.R.
Allied Financial Agency.
Regional Commissioner Piemonte Region.
" " Lombardia Region.
" " Liguria Region.
" " Veneto Region.
A.M.C. 13 Corps.
Spares

(2)
(2)
(2)
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(20)

(40)

C.S. FINLAY
Colonel,
Director.

(57)

92515

District.
 Executive Commissioner, A.C.
 C.I. Section, A.C.
 Finance Sub-Commission, A.C.
 Public Safety Sub-Commission, A.C.
 G-5 JFHQ.
 No. 2 District.
 No. 3 District.
 R.I.A.C.
 UNRRA.
 A.R.O. Civilian War Relief.
 L.R.O. South Europe Commission.
 E.R.C. Milan.
 I.G.C.R.
 Allied Financial Agency.
 Regional Commissioner
 " " " " " "
 " " " " " "
 " " " " " "
 A.M.G. 13 Corps.
 Stores

APPENDIX ALombardia

IT 77 Milan

Liguria

IT 71 Genoa

Emilia

IT 87 Riccione

IT 43 Reggio Emilia

IT 44 Reggio Emilia

IT 82 Cremona

IT 47 Bologna

IT 48 Bologna

Marche Area

Jesi

IT 89 Fermo

IT 90 Servigliano

BenigulliaIndependent Centres

IT 33 Oliva Gatta Reception Centre

IT 32 Sverre Reception Centre

IT 31 Bari

Subject: Medical Units on loan to Allied Commission

Land Forces Sub Comm.
A.C. (ISITA)
RMS

W/27/3448

16

Nov 45

Public Health Sub Comm.
A.C.

331 Evac. Hosp.
429 Evac. Hosp.

The above two Italian Field Units located at
Merano have been on loan to the Public Health Sub Comm.
A.C. since 8 June 45.

As these two units do not form part of the
Italian Interior Army will you please indicate when they
will be free for our disposal.

[Signature]

6264

Lieut-Col.
A.D.N.S.

Land Forces Sub Comm. AC. (ISITA)

/RMS

Subject: Italian Field Hospitals

Land Forces Sub Comm.
A.C. (MIA)

RME

W/27/3342

24 Oct 45

Deputy Director,
D.P. & R.S.C.
A.C.

Reference your DMR/7.1/200 of 18 Oct 45.

It is notified that the hospitals mentioned
in your above quoted letter are not required by the
Interim Italian Army.

Being redundant to their requirements, they
have therefore been put up for disbandment on release
from present commitments by AFH.

/RVC

Land Forces Sub Comm. AD. (MIA)

Lieut-Col.
A.D.M.S.
AD. (MIA)

6263

HEADQUARTERS ALLIED COMMISSION

APO 394

DISPLACED PERSONS AND REPATRIATION SUB-COMMISSION

DFR/744/1MED

Tel. 478009

18 October 1945

SUBJECT: Italian Field Hospitals.

TO : M.M.I.A.

Medical

1. This Sub-Commission has on loan from M.M.I.A. three Italian Field Hospitals Nos 522, 519 and 470. Present locations are:-

439 - Loc. M. 8 18 Campo

- a) 522 Field Hospital - Pescantina, near Verona
- b) 519 " " - Riscione
- c) 470 " " - Pano

2. It is anticipated that No. 522 will not be required in the near future and a request will be made for its disposal.

3. The other two hospitals will be employed this winter in providing hospital accommodation for dissident and stateless displaced persons of which there is a large population in the Bologna and Ancona areas.

4. Past experience has shown that the staffs of these hospitals have never been fully occupied and consequently, there is a certain amount of slackness amongst the personnel.

5. It is felt that a substantial reduction in staff could be effected without interfering with the efficiency of the hospital. The question of replacements, if it arose would constitute no problem for this Sub-Commission as there is a large static D.P. population from which to choose medical personnel. In addition, UNRRA are making a bid for the retention of these units and would no doubt wish to place some of their own medical personnel into the staff.

6. The following numbers of staff are considered to be necessary for each hospital.

- 4 Officers (3 doctors and 1 administrator)
- 6 Nursing sisters.
- 20 O.R.s (Including, if possible, I.N.C.O. pharmacist,
- 2 clerks, 2 cooks, 1 driver, 1 storeman, 1 carpenter,
- 6 nursing orderlies, 6 G.D.O's.

7. It is suggested that personnel to be "non implemented" could be chosen from early Italian mobilization age groups.

8. If this request is approved, may the reduction of staff be applied only to Field Hospitals Nos 470 and 519.

displaced persons of which there are
and Abcona areas.

4. Past experience has shown that the staffs of these hospitals have never been fully occupied and consequently, there is a certain amount of slackness amongst the personnel.

5. It is felt that a substantial reduction in staff could be effected without interfering with the efficiency of the hospital. The question of replacements, if it arose would constitute no problem for this Sub-Commission as there is a large static D.P. population from which to choose medical personnel. In addition, UNRRA are making a bid for the retention of these units and would no doubt wish to place some of their own medical personnel into the staff.

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- 4 Officers (3 doctors and 1 administrator)
- 6 Nursing sisters.
- 20 O.Rs (Including, if possible, I.N.C.O. pharmacist, 1 storeman, 1 carpenter, 2 clerks, 2 cooks, 1 driver, 1 storeman, 1 carpenter, 6 nursing orderlies, 6 G.D.O's.

7. It is suggested that personnel to be "non implemented" could be chosen from early Italian mobilization age groups.

8. If this request is approved, may the reduction of staff be applied only to Field Hospitals Nos 470 and 519.

9. An early reply would be appreciated.

For the Director:

(Ffolkes)

G.F. FOTHERGILL,
Lt. Colonel,
Deputy Director.

Copy to:
HQ. "E" Group DP&RSC
HQ. "H" Group DP&RSC
"A" Branch DP&RSC.

2/27/33

231 } Public Health
429 } ⁱⁿ connection with
 . inst. Menano

152. *Hadrum* Pet. Hg. 1 Seed

Translation.

From: M. of W.

To : MMIA. for information.

Subject: Absent strength.Ref: 40045 Truppa.
18/6/45.Medical. - O.K. ^{why} 10 copies

SPA

With reference to orders issued in circular No 40045 (similar subject.) dated 13/4/45. we point out, that with regards to the military referred to in para 3 of quoted circular (who on completion of 60 days stay in hospital should be transferred to Hospitals and convalescent centres on civilian ration) the reports of the transfers made by the military hospitals and convalescent centres, must, as well as being sent to the Mobilisation centre, be also sent to the Reinforcement reception camp, which has them on strength.

The Territorial Military HQs to which this circular is directed, are begged to pass on the above information to the medical unit directorates within their jurisdiction.

6261

(Efisio Gugusi)

CD

Q

11/24/3149

[Signature]

1990/91

6

6

I Comandi militari di territorio, cui la presente è diretta, sono pregati di voler fare alle Direzioni degli enti sanitari militari interessanti della propria circoscrizione.

ALLO S.M.R.E. - Ufficio C.A.

- Ufficio Mobilit.

AL COMANDO GENERALE ARMA CO.RR.

AL COMANDO ITALIANO 212

ALLE DIVISIONI GENERALI ED UFF. AUTONCHI DEL MINISTERO

ALLA COMMISSIONE ALLEATA (L.F.S.C. - A.C. - M.M.I.A.)

AL COMITATO CENTRALE CROCE ROSSA ITALIANA

AI GRUPPI ITALIANI DI COMBATTIMENTO

AL COMANDO DIVISIONE "PICENO" (C.A.C.P.I.C.)

AI COMANDI DIVISIONI AMMINISTRATIVE E DI SIC. INTERNA

AI COMANDI CAMPI AFFLUENZA COMPLEMENTI

AI COMANDO DI DISTRETTO

AL COMANDO QUARTIER GENERALE S.M. GENERALE

AL COMANDO QUARTIER GENERALE MINISTERO GUERRA

SEDE

ROMA

P.M. 181

SEDE

ROMA

ROMA

LORO SEDI

P.M. 92

LORO SEDI

LORO SEDI

LORO SEDI

P.M. 3800

SEDI

In relazione alle disposizioni impartite con la circolare pari numero ed oggetto, in data 13 aprile c.a., si precisa che per i militari di cui al n. 3 delle citate circolari, i quali, allo scadere del sessantesimo giorno di degenza ospedaliera, debbono essere trasferiti in ospedali o convalescenziari a trattamento civile, la segnalazione - a cura degli ospedali o convalescenziari militari - della data di passaggio deve naturalmente essere fatta - oltre che al centro di mobilitazione - anche al campo affluenza complementi, che li ha nella propria forza effettiva.

I Comandi militari di territorio, cui la presente è diretta, sono pregati di voler fare alle Direzioni degli enti sanitari militari interessati della propria giurisdizione le conseguenti opportune comunicazioni.

P. IL MINISTRO
(Ezio Cugusi)



0535

Declassified E.O. 12065 Section 3-602/MNDG NO.

785020

COPY INCOMING SIGNAL

FROM: "A" GROUP DERSC
TO : ALCON FOR DISPER ROSE
REF : AMG/12

181400 B
ROUTINE

23

IN REPLY TO YOUR 9723 DATED 13 JUNE 45 (.)
PARA 3 (.) ITALIAN FIELD HOSPITAL NOT
ARRIVED (.) WHEN READY WILL REPORT TO
COMMANDANT 53 AMG EC VERONA
WHO WILL DIRECT TO SITE

DIST

ACTION: DISPER

INFO: Chief Commissioner
CA Sec
Land Forces
WMD & IAW SC
File 2
Float

"G" DISTRIBUTION:

Action: C/106/1

Info: Med

34/22 June 45

Refer to 129 Local Rep.

P/R M/27/2480

6259

COPY INCOMING SIGNAL

13 NET

IMPORTANT

FROM: DISPER

TO : AMG 5 ARMY FOR A GROUP DISPER,
PIEMONTE REGION FOR B GROUP DISPER
LIGURIA REGION FOR C GROUP DISPER
LOMBARDIA REGION FOR D GROUP DISPER
EMILIA REGION FOR E GROUP DISPER
VENEZIA REGION FOR F GROUP DISPER

REF : 9723 / DPR/709/MED

-M/27/2356

- 1 (.) REFERENCE DPR/709/MED 8 JUNE (NOT TO
H Q 's GROUP C (.)
- 2 (.) QUOTE LOCATIONS ITALIAN FIELD HOSPITALS
YOUR AREA (.)
- 3 (.) IF NOT ARRIVED QUOTE SITE SELECTED ARE
TO WHOM REPORT IN ORDER COMPLETE MOVEMENT ORDERS

COPY TO : AMG 5 ARMY FOR MAJ. BLACK
IMIA
WMD - FW
AFHQ C-3 FOR CAPT. SHANEY

"G" DISTRIBUTION:

Action: C/106/1
Info: Med

Jv 15 June 45

6258

COPY INCOMING SIGNAL

INFO COPY

FROM: AMG EMILIA REGION
 TO : ALCOM CITE ACDEP
 REF : E/254

16 NPT

RESTRICTED

429 Boac Hosp.

REFERENCE 9723 DATED 14 JUNE (.) ITALIAN (FIELD)
 HOSPITAL FOR B O L O G N A TO REPORT TO MAJOR
 L L O Y D AT NUMBER 3 A M G REFUGEE TRANSIT
 CAMP (.) MAP REFERENCE I T A L Y 1:10000
 TOWN PLAN OF B O L O G N A 892500

9723 QUOTED ABOVE REQUESTED LOCATION OF ITALIAN
 FIELD HOSPITAL c/o ALCOM.

DISTRIBUTION:

Action: DISPER SC
 Info: Chief Commissioner
 CA Sec
 Land Forces SC
 WND & IPV
 File (2)
 Float

SD DISTRIBUTION:

Action: G/106/1
 Info: MLD

jv 16 June 45

*Proved location - Rimini.**P/A*

6257
 M/27/2448

RECOMMENDATIONS AND COMMENTS

APR 1964

DISPLACED PERSONS AND REHABILITATING AND EDUCATION

June 1964

W. H. 400000

Subject: Field Hospitals (A).

1. D.P. in H. H. C.

2. H. C. 1st Group D.P.R.S.C.

3. H. C. 2nd Group " "

4. H. C. 3rd Group " "

5. H. C. 4th Group " "

6. H. C. 5th Group " "

1. Italian Field Hospitals are being loaned to groups as follows:

No.	Present Location	Suggested Location
470	No. of Florence	Genoa area
528	No. of Florence	Genoa. Request has been made to alter this to Verona area.
531	Genoa	Padova-Treviso area
428	Rimini	Bologna area
519	Bologna	Genoa.

2. A motor ambulance convey is being divided up - probably eight ambulances at each hospital.

3. It is also proposed to divide up a Hygiene Section between Padua - Treviso area, Verona area, Modena or Bologna area.

4. Hospitals have 200 beds and tentage (Nos. 428, 519 tentage only in part). Personnel consists of approx 8 officers, 10 nurses, 71 other ranks, with transport 10 trucks only, 1 staff car and 1 x 3 tonner.

5. Group Commanders will select sites advantageous to the hospitals working in conjunction with their Corps and Assembly Centres.

6. Hospitals hold initial medical supplies, requisitioned will be submitted according to U.S.A. lists as a % officer of 7 tons Major Medical.

7. Association of cases from Hospital will be to Civilian Hospital by initial arrangements U.S.A. Hospitals.

For the Director.

W. H. 400000

J. L. 400000

卷之四

2. A letter addressed to the Secretary of the Navy is being directed to the Secretary of the Navy.

3. It is also proposed to divide up a Tydens section between

4. Hospital have 200 beds and 4000 patients, 1000 outpatients only in part. Do not count the of nurses & officials. 1000 patients, 700 other workers, unit treatment in hospital, 2 study unit and 1000 others.

As Group Companies will submit all the applications to the hospitals working in conjunction with their Group and Assembly Centers.

8. Honolulu held industrial medical exhibition, regional committee will be submitted according to S.M.H. Association at T. Conference of 7 June. Major

9. Description of cause from hospital will be so called heart blood test
as noted, investigation will, hospital

For a full list of products, visit www.3m.com

Spencer Hill

1. உ.த. காமராசர்,
 2. பி. வி. ஜெ. பி. பி.
 3. மாண்புமிகு பேரவைத் தலைவர்.

2. Answer to Question 1: $\frac{1}{2}$
 3. Answer to Question 2: $\frac{1}{2}$
 4. Answer to Question 3: $\frac{1}{2}$

Reference - 2, 3, 4
Army & Army for Reg. M. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 83

27/2356

④

Acacia (69%)
B. lat. 15/6/

0540

Declassified E.O. 12065 Section 3-402/WHDC NO.

785020

Land Forces Sub Comm.
A.C. (MIA)

RCME

✓ M/27/2276

/ June 45

Displaced Persons and Repatriation
Sub Commission A.C.

Ref. your DER/1/G-II (IT) of 30 May.

Five Field Hospitals, One Field Hygiene Section,
Two Motor Ambulance Convoy Platoons have already
been made available for the purpose.

W.H.
5/6/45
file
A.W.J. Cooper,
Staff Capt.
for A.D.M.S.

Land Forces Sub Comm. AC. (MIA)

6256

/AJP.

0541

785020

JFF/gd'a

HEADQUARTERS ALLIED COMMISSION
APO 394
DISPLACED PERSONS AND REPATRIATION SUB-COMMISSION

DPR/1/G-II (IT)

Tel. 4890 Ext. 594

30 May 1945

SUBJECT : Use of Military Sanitary Organisation.

TO : Land Forces Sub-Commission (M.M.I.A.)

Reference letter received from the High Commissioner for War
Refugees dated 22 May 1945.

1. A copy of the a/m letter (translation) is enclosed herewith.
2. This Sub-Commission endorses this request and trusts that you
will see fit to take favourable action.

6255

For the Director.

James Elliman
G.A. OLIVER
Lt. Colonel, Capt.
for G-1 Italian.

M/24/2266.

*Wau
40 File*

C O P YTRANSLATION

HIGH COMMISSIONER FOR
THE WAR REFUGEE

Rome, 22 May 1945

SUBJECT : Employ of the Military Sanitary Organisation
for the Repatriated from Germany.

TO : Allied Commission,
Refugee Sub-Commission,
Rome.

M/5/2051

M/27/2188 (Passed to Sub-Com)

Our High Commissioner is informed that the "Direzione Generale di Sanita' Militare" has proposed to the Land Forces Sub-Commission A.C. (MMIA) with letter No. I/2079 and No. I/2241 dated 9 and 17 May 1945, to obtain that the Military Sanitary Organisations should be employed for the assistance of the sick repatriates from Germany.

Particularly the unblocking of a number of the auxiliary tented hospitals, five at least, and the disposal of some Ambulance-car sections for disinfection purposes was requested. (The "Direzione Generale di Sanita' Militare" proposed the 36th section now in Rome).

As the performing of the sanitary duties, (which the return of civilian internees has increased for us) would be greatly helped by the above, we beg your Sub-Commission to intervene so that the request should be taken into consideration.

THE HIGH COMMISSIONER
(Tito Zaniboni)

6254

Translation

From. Ministry of Interior
to. M.M.I.A.

Ref. 20200.2. A.C. 34/1422

Date 24 May 45.

use of the Military medical services for the care of
of ~~wounded~~ ^{invalid} P.O.W's returning from Germany
M/5/2051

Ref to letter 1/2079 dated 9th inst from M. of W
to M.M.I.A. in respect of the above subject, this Ministry
while, expressing their faith ~~in~~ that the ~~proposals~~ to
use the Milit Medie service for the a/m purposes will be
granted the consent of M.M.I.A., earnestly point out the
advisability of employing the 36th disinfection section
complete with material ~~and~~ personnel, for preventive
measures, personnel disinfection and disinfection of the
clothing, of the Refugees and evacuees

In such case we would be very grateful
if that unit be placed at the disposal of the
Public Medical General Directorate which provides for
any action for ~~prophylactic~~ ^{prophylactic} defence of the country.

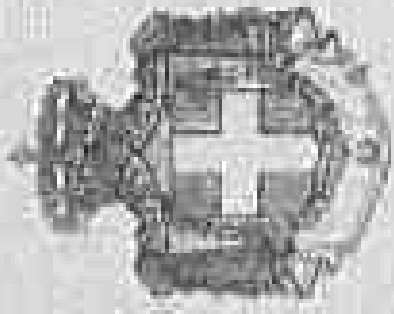
R. Munford

ILLEGIBLE

This has already been done.

W.H.H. 28/5.253

M/27/2234



Ministero dell'Interno
Dir. Gen. Sen. Pubb.

Roma, 24 maggio 1945
Alle LAND FORCES - Sub Commission - A.C. ROMA

e per conoscenza

al MINISTERO DELLA GUERRA - Dir. Gen. Sen. Militare

ROMA

all'ALTO COMMISSARIATO PER I PROFUGHI DI

ROMA

GUERRA -

Direzione A.G. L. IV

Prot. N. 20300.2. A. 20300.2. 1452

OGGETTO Impiego della organizzazione sanitari militari per
l'assistenza agli ex prigionieri infermi reduci della Germania -

Con riferimento a quanto il Ministero della Guerra -
Direzione Generale di Sanità Militare - ha prospettato a codesta
On. Sub Commissione con nota n. 1/2079 del 9 corr. circa l'oggetto,
questo Ministero nell'esprimere la fiducia che possa essere accolta
la proposta di utilizzare per l'assistenza sanitaria ai reduci
rimpatriati infermi la organizzazione sanitaria militare, rivolge
vive premure a che sia tenuta presente la opportunità che la 36^a
Sezione disinfezione con materiale e personale sia destinata a
svolgere eventuali operazioni profilattiche quali bonifica personale
e disinfezioni e disinfezioni di indumenti nei riguardi di re-
duci e di profughi.

In tal caso sarebbe molto utile e gradito che detta
Unità fosse posta a disposizione della Direzione Generale della Sa-
nità Pubblica cui compete per Legge di provvedere ad ogni azione
di difesa profilattica del Paese.

PEL MINISTRO

TR. 1000

1000

1000 1000

On. Sub Commissario
questo Ministero nell'esprimere la fiducia che possa essere
la proposta di utilizzare per l'assistenza sanitaria ai reduci
rimpatriati infermi la organizzazione sanitaria militare, rivolge
vive premure a che sia tenuta presente la opportunità che la 36^a
Sezione disinfezione con materiale e personale sia destinata a
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duci e di profughi.

In tal caso sarebbe molto utile e gradito che detta
Unità fosse posta a disposizione della Direzione Generale della Sa-
nità Pubblica cui compete per Legge di provvedere ad ogni azione
di difesa profilattica del Paese.

PER MINISTRO

TR	1000	28/5	17.30	28/5
IN				
OUT				

MG/G

Generale

U. C. degli

6252

[Handwritten signature]

Translation. (16)

From. High Com. for War Refugees. Ref. N° 11798
 to. A.C. Refugees S.C.
 and to M.M. 1.12 for Info Date. 22 May 45.

Employment of Italian Army Medical services for
 assistance to the refugees from Germany.

We note, that the Medical General Directorate
 have approached M.M. 1.12 so as to obtain that a part of
 of the Medical service be turned over to the work of
 assisting refugees from Germany (Ref to letters 1/2079 and
 1/2241 dated respectively 9th and 17 inst
 M/24/2138). They requested particularly the release of a
 number of tented auxiliary corps (minimum of five) and
 the use of some section of auto ambulances (the
 Medical Directorate suggested the 26 ^{Hygiene} ~~ambulance~~ section
 now located in ROME.

Since such arrangements would greatly assist
 this Commission to fulfil the duties of caring for
 the returning refugees among whom the civilian
 internees in Germany, we earnestly request you
 to intervene so that the request be granted.

6251 24/5.

ZANI BONI

File.

R. Chamfield

M/24/2206



ALTO COMMISSARIATO

PER I PROFUGHI DI GUERRA

Protocollo n. 11798 div. A.G.P.

22 MAG 1945

Roma.

Risp. al f. n. del

Alla COMMISSIONE ALLEATA

Oggetto: Impiego della orga-
nizzazione sanitaria mili-
tare per l'assistenza dei
reduci dalla Germania.

Refugee Sub Commission

- R O M A -

e per conoscenza:

ALLA LAND FORCES SUB COMMISSION

A.C. (MMIA)

- R O M A -

AL MINISTERO DELLA GUERRA
Direzione Gen. Sanità Militare

- R O M A -

TRANSLATION	
IN	0930 24/5
OUT	16.00 24/5

Consta a questo Alto Commissariato che da parte della Direzione Generale di Sanità Militare sono state avanzate proposte alla Land Forces Sub Commission A.C. (MMIA) con note numero I/2079 e n° I/2241, rispettivamente del 9 e del 17 corrente, affinché parte della organizzazione sanitaria militare sia impiegata per l'assistenza dei reduci infermi, che rientrano dalla Germania.

In particolare è stato chiesto lo sblocco di un'aliquota di ospedali attendati ausiliari, in numero almeno di cinque, e la messa a disposizione di qualche Sezione di Autoambulanza per disinfezione (la Direzione Generale della Sanità Militare proponeva la 36° Sezione, attualmente a Roma).

Poiché il disimpegno dei gravosi compiti di assistenza sanitaria che, col ritorno degli internati civili, vengono a gravare su questo Alto Commissariato sarebbe notevolmente agevolato dall'apporto suddetto, si rivolgono vive grazie a codesta Sub. Com.

0548

785020

- R O M A -

AL MINISTERO DELLA GUERRA
Direzione Gen. Sanità Militare

- R O M A -

IN 0930
24/5
OUT 16.00
24/5

Consta a questo Alto Commissariato che da parte della Direzione Generale di Sanità Militare sono state avanzate proposte alla Land Forces Sub Commission A.C. (M.M.I.A) con note numero I/2079 e n° I/2241, rispettivamente del 9 e del 17 corrente, affinché parte della organizzazione sanitaria militare sia impiegata per l'assistenza dei reduci infermi, che rientrano dalla Germania.

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Poiché il disimpegno dei gravosi compiti di assistenza sanitaria che, col ritorno degli internati civili, vengono a gravare su questo Alto Commissariato sarebbe notevolmente agevolato dall'apporto suddetto, si rivolgono vive preghiere a codesta Sub Commission perchè interponga i suoi buoni uffici affinché la richiesta sia accolta. -

Rub/Min.

*francobollo -
cent. 100/100*

L'ALTO COMMISSARIO
(Tito Zentboni)

[Signature]

TRANSLATION

FROM: War Ministry

TO: M.M.I.A.

REF: 6500

DATE: 14 March 1945.

Sent by post 17/5/45. File in M/27/

15

SUBJECT: Medical organisation in Northern Italy for the benefit of repatriated P.O.W.s and internees.

In view of a possible speedy liberation of Northern Italy and of further developments in the war which will bring hostilities to a conclusion in the near future, presumably, the problem arises of the repatriation to Italy of the troops and civilian internees which are at present being held in great numbers in German, French, and Yugoslavian territory.

We deal with a total of approximately 1,200,000 persons, of which 600,000 are troops and 600,000 civilians, who at the moment of liberation will crowd through the frontier passes along the roads of the nation to reach the homes from which they have been so long separated.

From information received and experience gained up to the present we must presume that this crowd of repatriates will reach the country in a truly precarious condition and in dire need of every form of help and welfare. It is therefore to be expected that a large proportion, not less than 5 - 10%, of the repatriates, will require admission to hospital upon their return to the country, and since the total number of patients for admission will therefore be raised considerably it is essential that we provide forthwith for an adequate hospital organisation, endeavouring to make the utmost use of the existing organisation.

With this object in view it would be advisable to use the military hospitals of Northern Italy, which the Military Medical Directorate would agree to hand over to the management of the Italian Red Cross and the Sovereign Military Order of Malta, in the same way as has been done in Central Italy for the recovery of Italians repatriated from P.O.W. and the Balkans.

The War Ministry, in letter 1/494/San. of 5.2.1945, has already in the past forwarded to M.M.I.A. a request that a certain number of Italian Military Hospitals located in Northern Italy be reserved up till now for the Italian Armed Forces' most necessary hospital requirements, comprising in all about 12000 beds. This request concerned a relatively small number of military hospitals compared with the total number of hospitals which were formerly provided for

M/27/2127

war needs in these regions; it was also, generally speaking, limited to the main military hospitals, while excluding for the most part the reserve hospitals which had been prepared in schools, hotels, convents, or similar appropriate buildings.

This second group of hospitals, much greater numerically than the other, even if split up into a large number of small units, could be, in part at least, assigned for the hospital requirements as set out above, selecting those which are located near the areas in which it is presumed that staging and collection camps will be formed for P.O.W. and internee repatriates.

To this end, following agreements reached between the Military Medical Directorate, the Italian Red Cross, and the Sovereign Military Order of Malta, a list of hospitals has been prepared, a copy of which is enclosed, in the provinces of Venezia, Verona, Milan, Turin, and Genoa; this list is submitted to the Allied Authorities with the request that the hospitals shown therein are placed at the disposal of the two associations for welfare work, the C.R.I. and the S.M.O.M.,^{SO} as these can now, as in the past, carry out ~~the~~ hospital assistance for the benefit of the repatriates.

We would point out that should this request be granted, in which fact we have the greatest faith in view of the importance of the problem being examined, there would still remain an appreciable number of military hospitals in Northern Italy which could be used by the Allied troops for their eventual hospital requirements.

The number of bed spaces requested for each single region is approximately proportionate to the presumed number of repatriates who will be admitted to the respective collection camps and is about 3,500 for each region, totalling in all about 20,000 bed spaces. This total has been calculated with rather a large margin which has been allowed in view of the fact, ^{an} an appreciable number of the hospitals to which assignments have been made will most probably be found destroyed, looted, or damaged in some way, in such a manner as to be no longer usable in a practical sense.

However if the hospitals in question are made available for the use for which they have been requested, notwithstanding the limitations which can easily be foreseen and ~~the~~ which the project will meet for the most part in its practical application, it could be reasonably hoped that the hospital service for the repatriates would be properly assured, also making use, where

necessary, of the civilian hospital network, which, as experience has shown, ~~has suffered~~ will suffer war damage to a, presumably, much lesser extent.

According to agreements largely fixed with the Medical Military Directorate, the Italian Red Cross would assume the management of the hospitals in the provinces of Venezia, Verona, and Genoa, while the Sovereign Military Order of Malta would provide for those of the provinces of Milan and Turin. The two associations would, moreover, place at the disposal of this ~~service~~ service their own hospitals which during the war were formed in such areas for A.R.P. uses of the civilian population, and also those which formed part of their permanent activities in peace time.

The list which follows has, of course, only a temporary and indicative value, and can be subjected to all those alterations which become advisable or essential at the time of its putting into practice because of the actual condition in which we find the ~~hospital~~ establishments of Northern Italy following its liberation, and because of the eventual alterations which may be made to the repatriation plan or to the localities selected for the forming of collection centres.

Trusting that this request will meet favourable consideration and that ~~the~~ approval will be given in a large measure to the enclosed list of hospitals,

Sgd, ZANOTTI-BIANCO

O. Danin Cpl.

P.G. of the I.R.C.



C O F A

Regista di Translatto-carcifoglio
13/04/45
14/5

Ministero della Guerra

DIREZIONE GENERALE DI SANITA' MILITARE 1760

CROCE ROSSA ITALIANA
COMITATO CENTRALE

Ufficio Gab. S. M.

Roma, 14 marzo 1945

OGGETTO = Organizzazione Sanitaria
nella Italia settentrionale a favore
dei reduci dalla prigionia e interna-
mento.

O.U. di prot. 6500

ALLA LAND FORCES SUB COMMISSION A.C. (MMIA) ROMA

e, per conoscenza:
ALLA DIREZIONE DI SANITA' MILIT. = MINISTERO GUERRA
ALL'UFFICIO AUTONOMO REDUCI PRIG. MINISTERO GUERRA
AL SOVRANO MILITARE ORDINE DI MALTA
ALL'ALTO COMMISSARIATO PROFUGHI = DIREZ. SERV. SAN.
ALL'ALTO COMMISSARIATO REDUCI

In previsione di una possibile prossima liberazione della Italia set-
tentrionale, e di ulteriori sviluppi della guerra che portino al termine
delle ostilità in un tempo presumibilmente non troppo lontano, sorge il
problema del rimpatrio in Italia dei militari e degli internati civili, che
attualmente in grandissimo numero vengono tratti nel territorio della
Germania, e in quello della Jugoslavia e della Francia.

Si tratta complessivamente di un numero approssimativo di 1.200.000
individui, di cui circa 600.000 militari e 600.000 civili, che al momento
della liberazione si affollavano ai valichi di frontiera lungo le strade
della patria, per raggiungere la casa da tanto tempo abbandonata.

Delle notizie ricevute in proposito e dalle esperienze che si sono avu-
te finora ad ora, è necessario attendersi che questa folla di reduci giunga
nel paese in condizioni veramente precarie ed assolutamente bisognevoli di
ogni forma di soccorso e di assistenza. E' quindi da prevedere che una por-
te aliquota, non inferiore al 5-10% dei rimpatriandi debba avere bisogno
di ricovero ospedaliero al momento dell'ingresso in patria, e poiché il nu-
mero complessivo dei soggetti da ricoverare sarà pertanto considerevolmente
elevato, è necessario, predisporre fin da oggi una rete ospedaliera adeguata,
cercando di utilizzare al massimo la organizzazione già esistente.

A tale scopo potrebbero venire convenientemente utilizzati gli ospedali
militari dell'Italia settentrionale, che la Direzione di Sanità Militare
sarebbe disposta a cedere in gestione alla Croce Rossa Italiana.

In previsione di una possibile prossima liberazione della Italia settentrionale, e di ulteriori sviluppi della guerra che portino al termine delle ostilità in un tempo presumibilmente non troppo lontano, sorge il problema del rimpatrio in Italia dei militari e degli internati civili, che attualmente in grandissimo numero vengono tratti nel territorio della Germania, e in quello della Jugoslavia e della Francia.-

Si tratta complessivamente di un numero approssimativo di 1.200.000 individui, di cui circa 600.000 militari e 600.000 civili, che al momento della liberazione si affollavano ai valichi di frontiera lungo le strade della patria, per raggiungere la casa da tanto tempo abbandonata.-

Dalle notizie ricevute in proposito e dalle esperienze che si sono avute finora, è necessario attendersi che questa folla di reduci giunga nel paese in condizioni veramente precarie ed assolutamente bisognevoli di ogni forma di soccorso e di assistenza.- E' quindi da prevedere che una forte aliquota, non inferiore al 5-10% dei rimpatriandi debba avere bisogno di ricovero ospedaliero al momento dell'ingresso in patria, e poiché il numero complessivo dei soggetti da ricoverare sarà pertanto considerevolmente elevato, è necessario, predisporre fin da oggi una rete ospedaliera adeguata, cercando di utilizzare al massimo la organizzazione già esistente.-

A tale scopo potrebbero venire convenientemente utilizzati gli ospedali militari dell'Italia settentrionale, che la Direzione di Sanità Militare sarebbe disposta a cedere in gestione alla Croce Rossa Italiana e al Sovrano Militare Ordine di Malta, analogamente a quanto è stato fatto nella Italia Centro Meridionale per il Ricovero degli Italiani reduci dalla prigionia e dai Balcani.-

Precedentemente il Ministero della Guerra con foglio prot. n. 1/494/san. del 5.2.1945, ha già inoltrato richiesta alla Land Forces Sub Commission

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A.C. Veronè un certo numero di ospedali militari esistenti nella Italia settentrionale, venisse riservato fin da ora alle Forze Armate Italiane per le sue più strette necessità assistenziali, per un totale di complessivi 12.000 posti letto. -- Questa richiesta si guarda un numero relativamente piccolo di ospedali militari, comperativamente al numero totale degli ospedali che erano stati predisposti in tali regioni per le necessità della guerra; e si limita generalmente agli ospedali militari principali, mentre esclude in linea di massima quelli di riserva che erano stati allestiti in scuole, alberghi, conventi o simili edifici di fortuna. --

Questo secondo gruppo di ospedali, numericamente molto maggiore del precedente, anche se frazionato in un cospicuo numero di piccole unità, potrebbe essere, almeno in parte, destinato alle sopra esposte necessità assistenziali, scegliendo fra tutti, quelli che si trovano dislocati in prossimità delle zone ove presumibilmente verranno istituiti i campi di sosta e di raccolta per i reduci della prigionia e dallo internamento. --

A tale scopo, in seguito ad accordi intervenuti fra la Direzione di Sanità militare, la Croce Rossa Italiana e il Sovrano Militare Ordine di Malta, è stato preparato un elenco di ospedali, dei quali si allega la copia, nelle provincie di Venezia, Verona, Milano, Torino e Genova; elenco che si trasmette alle Autorità Alleate con la richiesta che gli ospedali in esso indicati vengano lasciati a disposizione delle due associazioni assistenziali della C.R.I. e della S.M.O.M., perchè esse possano predisporre fin d'ora, ed esercitare a suo tempo, l'assistenza ospedaliera a favore dei reduci. --

Si fa osservare che quando tale richiesta venisse accolta, cosa della quale si nutre grandissima fiducia in considerazione della importanza del problema in esame, rimarrebbe ancora un numero rilevante di ospedali militari nella Italia Settentrionale che potrebbero venire utilizzati dalle truppe alleate per le loro eventuali necessità assistenziali. --

Il numero di posti letto richiesto per ogni singola regione è proporzionato approssimativamente al numero presuntivo dei reduci che verranno ricoverati nei rispettivi campi di raccolta, e si aggira sui 3.500 per ogni regione, per un totale complessivo di circa 20.000 posti letto. -- Questo totale è stato calcolato con una certa larghezza, in considerazione che un rilevante numero degli ospedali sui quali si fa assegnamento, con grande probabilità verrà trovato distrutto, o saccheggiato o comunque danneggiato in modo così grave da non essere più praticamente utilizzabile. --

Peraltro se gli ospedali in oggetto venissero lasciati a disposizione per lo scopo per il quale vengono richiesti, nonostante le limitazioni facilmente prevedibili che il progetto di massima troverà nella sua pratica applicazione, si potrebbe nutrire la ragionevole fiducia che il servizio ospedaliero dei reduci verrebbe convenientemente assicurato, appoggiandolo dove sarà necessario, anche alla rete ospedaliera civile, che come la esperienza ha dimostrato, verrà danneggiata dalla guerra in misura presumibilmente molto minore. --

Secondo gli accordi di massima fissati con la Direzione di Sanità Militare, la Croce Rossa Italiana e il Sovrano Militare Ordine di Malta, si

della C.R.I. e della S.M., per cui l'assistenza ospedaliera è favorevole del resto.

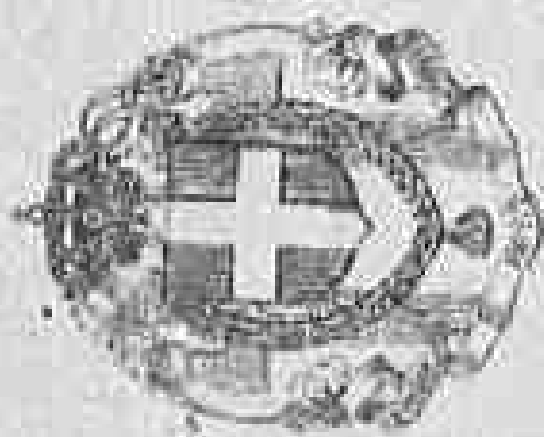
Si fa osservare che quando tale richiesta venisse accolta, cosa della quale si nutre grandissima fiducia in considerazione della importanza del problema in esame, rimarrebbe ancora un numero rilevante di ospedali militari nella Italia Settentrionale che potrebbero venire utilizzati dalle truppe alleate per le loro eventuali necessità assistenziali.

Il numero di posti letto richiesto per ogni singola regione è proporzionato approssimativamente al numero presuntivo dei reduci che verranno ricoverati nei rispettivi campi di raccolta, e si aggira sui 3.500 per ogni regione, per un totale complessivo di circa 20.000 posti letto. Questo totale è stato calcolato con una certa larghezza, in considerazione che un rilevante numero degli ospedali sui quali si fa assegnamento, con grande probabilità verrà trovato distrutto, o saccheggiato o comunque danneggiato in modo così grave da non essere più praticamente utilizzabile.

Peraltro se gli ospedali in oggetto venissero lasciati a disposizione per lo scopo per il quale vengono richiesti, nonostante le limitazioni facilmente prevedibili che il progetto di massima troverà nella sua pratica applicazione, si potrebbe nutrire la ragionevole fiducia che il servizio ospedaliero dei reduci verrebbe convenientemente assicurato, appoggiandolo dove sarà necessario, anche alla rete ospedaliera civile, che come la esperienza ha dimostrato, verrà danneggiata dalla guerra in misura presumibilmente molto minore.

Secondo gli accordi di massima fissati con la Direzione di Sanità Militare, la Croce Rossa Italiana assumerebbe la gestione degli ospedali nelle provincie di Venezia, Verona e Genova, mentre il Sovrano Militare Ordine di Malta provvederebbe a quelli della Provincia di Milano e di Torino. Le due Associazioni inoltre metterebbero a disposizione di questo servizio i propri

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Ministero della Guerra

DIREZIONE GENERALE DI SANITA' MILITARE

= 2 =

ospedali che durante la guerra erano stati istituiti in tali zone per la protezione antiaerea della popolazione civile, e quelli che fanno parte delle loro opere permanenti in tempo di pace.--

L'elenco che segue ha, naturalmente, soltanto un valore provvisorio ed indicativo, e potrà venire sottoposto a tutte quelle modifiche che verranno consigliate o rese necessarie al momento della sua pratica attuazione, dalle condizioni effettive in cui verranno trovati gli stabilimenti ospedalieri della Italia settentrionale dopo la sua liberazione, e da tutte quelle eventuali modificazioni che potessero venire apportate al piano di rimpatrio dei reduci e alle località prescelte per la istituzione dei campi di raccolta.--

Con la fiducia di vedere favorevolmente accolta la richiesta e di ricevere l'approvazione di massima dello allegato elenco di ospedali.--

IL PRESIDENTE GENERALE DELLA C.R.I..

F.to= UMBERTO ZANOTTI-BIANCO

te quelle eventualmente
di rimpatrio dei reduci e alle località prescelte per
campi di raccolta.-

Con la fiducia di vedere favorevolmente accolta la richiesta e di ri-
cevere l'approvazione di massima dello allegato elenco di ospedali.-

IL PRESIDENTE GENERALE DELLA C.R.I..

F.to= UMBERTO ZANOTTI-BIANCO

6243

ELenco degli Ospedali Militari di Riserva Passati in Gestione alla Croce Rossa Italiana per l'Assistenza ai Reduci della Prigionia e dall'Internamento

Posti-Letto

Provincia di Venezia.

19).	Ospedale civile "DIDO"	n°	400
20).	" " di Venezia	"	200
21).	" " militare territoriale di VIGENZA	"	380
22).	" " " " PORDENONE	"	250
23).	" " " " CASTELFRANCO	"	250
24).	" " " " VALDOBBIANO	"	190
25).	" " " " di "Giannellina" UDINE	"	200
26).	" " S. Maria della Misericordia UDINE	"	660
27).	" " Seminario Arcivescovile UDINE	"	350
28).	" " Stabilimento di cura specializzata C.R.I. NOALE	"	150

Provincia di Verona.

11).	Istituto Civile di Verona	"	190
12).	" " stimato di Verona	"	200
13).	Ex Ospedale Civile di VERONA	"	700
14).	Osped. Milit. "Europa" di RIVA DI TRENTO	"	240
15).	" " "Sole" di RIVA DI TRENTO	"	160
16).	" " "Lago e Parco" di RIVA DI TRENTO	"	170
17).	" " "Dama di Sion" di TRENTO	"	300
18).	" " "Scuola Pag. Elena" di BOLZANO	"	450
19).	" " "Scuola Duca di Pistoia" BOLZANO	"	200
20).	" " "Grande Albergo Merano" di MERANO	"	800

Provincia di Genova.

21).	Colonia Milanese di Calle LIGURE	"	500
22).	Istituto "Sacro Cuore" di PIETRA LIGURE	"	500
23).	Ospizio Piemontese di LOANO	"	450
24).	Colonia Piana e Piaggio di CHIAVARI	"	630
25).	Ospedale Galeaia di GENOVA RIVAROLO	"	150
26).	" Civile di GENOVA-SAMPINAROANA	"	150
27).	Colonia Bergamasca conf. di VARAZZE	"	470
28).	" " "Lancia di FINEPIA	"	320
29).	Opera Pia Panmatene di LAVAGNA	"	380
30).	Ospedale di cura special. C.R.I. di CHIAVARI	"	200
31).	" " " " "SAVONA (Legino)	"	100

Ospedali C.R.I. messi a disposizione per l'assistenza reduci nell'Italia settentrionale.

32).	Ospedale di S. Giovanni in TORINO	"	150
33).	Ospedale cura specializzata "3 in TORINO	"	100
34).	Sanatorio femminile di BRNO di LAVAZA (torino)	"	200
35).	" " " " "SAVONA (Legino)	"	250

17°).
18°).
19°).
20°).

Provincia di Genova.

21°). Colonia Milanese di Celle Ligure
22°). Istituto "Sacro Cuore" di Pietra Ligure
23°). Ospizio Piemontese di Loano
24°). Colonia Piano e Piasio di Chiavari
25°). Ospedale Caleaia di Genova-Rivarolo
26°). Ospedale Civile di Genova-Sampierdarena
27°). Colonia Bergamasca conv. di Varazze
28°). Colonia di Pinerola
29°). Opera Pia Parmatene di Lavagna
30°). Ospedale di cura special.C.R.I. di Chiavari
31°). Ospedale di cura special.C.R.I. di Savona(Legino)

500
500
450
530
150
150
470
320
380
200
100

Ospedali C.R.I. messi a disposizione per l'assistenza reduci nell'Italia settentrionale.

32°). Ospedale di S. Giovanni in Torino
33°). Ospedale cura Specializzata n° 3 in Torino
34°). Ospedale cura Specializzata di Lanza (Torino)
35°). Sanatorio Femminile di Eremo di Monte (Varese)
36°). Sanatorio Maschile di Cuasso al Monte Desio
37°). Osped.cura Specializzata "Scuole Cavazzi" di Milano
38°). Osped.cura Specializzata n° 1 di Milano
39°). Stabilimento I Cure e smistamento n° 2 di Milano

150
100
200
260
200
80
80
624,400

Totale Posti-letto N° 11.690

ELenco DEGLI OSPEDALI MILITARI DIRISERVA PASSATI IN GESTIONE
AL SOVRANO MILITARE ORDINA DI MALTA

Provincia di BOLOGNA.

409). Orfanotrofio "S. Leonardo" di BOLOGNA	n°	300	Posti-letto
410). Seminario Diocesano di BOLOGNA	"	400	
420). Scuola di Avviamento di VIGNOLA	"	260	
430). Pretura Nuova di VIGNOLA	"	140	
440). Ospedale di S. GIOVANNI PERSICETO	"	450	
450). Scuola Magistrale di PARMA	"	250	
460). Scuola Morigi di PIACENZA	"	250	

Provincia di MILANO.

470). Collegio "Barone" di PAVIA	"	350	
480). Ospedale Osservazione di MILANO	"	600	
490). Ospedale Maggiore di MILANO	"	370	
500). Scuola Avviamento Centro Mutilati di LEGGO	"	500	
510). Albergo Palazzo Colle Campello di VARESE	"	720	
520). Collegio Macchi di VARESE	"	330	
530). Orfanotrofio Femminile di VARESE	"	300	
540). Padiglione Ospedale Civile di COMO	"	400	
550). Ex Albergo Gran Bretagna di BELLARIO	"	500	

Provincia di TORINO.

560). Sezione Ospedale Militare di ASTI	"	500	
570). Ospedale Militare di ASTI	"	270	
580). Ospedale Militare Osservazione di ASTI	"	150	
590). Ospedale S. Maria Annunziata di PINEROLO	"	300	
600). Ospedale Militare Opera Pia Caffarelli di SINDISO	"	140	
610). Ospedale di AQUI	"	200	
620). Clinica Privata Regolato di VARENN	"	300	
630). Ospedale Reale Villaibz di VARENN	"	250	

Ospedale dello S.M.O.M. messi a disposizione dell'assistenza ai reduci
nell'Italia Settentrionale.

640). Istituto Ettero de Sonnaz di TORINO	"	300	
650). Ospedale Maggiore di MILANO	"	100	
660). Posto di Soccorso di BERGAMO	"	50	

Totale Posti-letto N° 8.680

54°). Padiglione Ospedale Civile di COSENZA
55°). Ex Albergo Gran Bretagna di BABUAGIO

Provincia di TORINO.

56°). Sezione Ospedale Militare di ASTI	"	500
57°). Ospedale Militare di ASTI	"	270
58°). Ospedale Militare Osservazione di ASTI	"	150
59°). Ospedale S. Maria Annunziata di PIGNEROLO	"	300
60°). Ospedale Militare Opera Pia Caffarelli di SALIZADA	"	140
61°). Ospedale di ACQUI	"	200
62°). Clinica Privata Regoleto di VARENNIA	"	300
63°). Ospedale Reale Villalba di VARENNIA	"	250

Ospedale dello S.M.O.M. messi a disposizione dell'assistenza ai reduci nell'Italia Settentrionale.

64°). Istituto Ettero de Sonnes di TORINO	"	300
65°). Ospedale Maggiore di MILANO	"	100
66°). Posto di Soccorso di BERGAMO	"	50

Totale Posti-letto N° 8.680

6243

Notes on the "Over 60-day" Hospitals
and Low Grade Personnel

1. In A^o/2 of 23 June 44, MIA published instructions which led to the formation of the "over 60-day" Hospitals. At that time it was intended that the Italian Red Cross (C.R.I.) and/or Knights of Malta (S.M.O.M.) would take over the administration and re-organization of these units. As a temporary measure the Italian military staff remained with these units, being given indefinite leave and ceased to receive military rations or military medical supplies. The personnel in these units have continued to be an unofficial part of the Italian Army, receiving their pay and subject to Italian Army Military Law and discipline.
2. Originally clad in Army uniform they have not received any issue of clothes since they officially passed to the "over 60-day" category on 25th July 1944. C.R.I. and S.M.O.M. are not in a position to provide clothes from their own or civilian resources for any further low grade recruits or low grade personnel transferred (not discharged) from the Army.
3. 42 142 hospital beds have so far been taken over and are now run by C.R.I. and S.M.O.M. The staff of 4,900 beds are still an unofficial part of the Italian Army Medical Corps. (See Ministry of War letter 3/959/0 of 27 April 42.) No more volunteers can be found and S.M.O.M. letter No. 13426/Mob of 13 April 1945 is in fact a proposal to secure recruits for a civil job under pretext of being "called to the colours".
4. MIA letter A 105 of 20 April 45 sanctions the transfer (? discharge) of 2,000 low grade personnel to be employed in C.R.I. and S.M.O.M. hospitals as militarized civilians, causing to receive military rations or clothing, but presumably still subject to military law until such time the "promulgation of the Law now under consideration" (S.M.O.M. letter).
5. Under present arrangements it would appear that Ministry of War intend to send low grade personnel of 1925 Class to these units. If they are military then they should receive military uniform to normal scale and subsequently be transferred to C.R.I. and S.M.O.M. If not military personnel and clothing from military sources is forbidden, then the C.R.I. and S.M.O.M. schemes cannot be carried out. The (N.B.M.) all these "over 60-day" hospitals personnel wear military uniform.
6. Of the 2000, only 800 are required for Central and Southern Italy. It is suggested that the personnel recruited ~~from~~ or subsequently transferred, ~~to~~ serve in C.R.I. or S.M.O.M. units be permitted to retain their normal clothing while serving with the C.R.I. or S.M.O.M. units. This involves some 3,000 to 4,000 personnel wearing uniform and not officially recognised by MIA as part of the Italian Army. If this is not feasible then Ministries of War, ~~Interior~~ and Finance should arrange to subsidise C.R.I. and S.M.O.M. to an extent sufficient to attract volunteers through purely civilian channels. This may not however solve the clothing problem.
7. The present situation has been brought to a head by the orders

[illegible]

serve in the C.M. O.M. and not only
while serving with the C.M. O.M.
to 4,000 personnel wearing uniform and not only
part of the Italian Army.
The above is not possible then Ministries of War, ^{Industria} and Finance
C.R.I. and S.M. O.M. to an extent sufficient to
his pay not however

May 1963

TRANSLATION.

From : War Ministry.

To : M.S.I.A. for Info

Ref 3760/0

Date 13.7.1945.

SUBJECT: Passing of the management of civilian national medical establishments to the Italian Red Cross and Excellent Military Order of M.I.T. (S.I.O.I.) - possibility of covering military personnel; necessity of further reinforcements.

With reference to letters 25/12 of 15.7.1945 and 20/12 of 24.1.1945 of M.S.I.A. and letter 1/109/Gen of 16.1.45 of this Directorate-General.

The Ministry of the Treasury in letter 102598 of 3.2.1945 has given the necessary approval to the plans of arrangement proposed by this Ministry for the passing of the management of civilian national medical establishments to the Italian Red Cross and the Excellent Military Order of M.I.T.

Further to this it has been possible to issue, in circular letter, 1/565/Gen of 7.2.1945 signed by R.S. The Minister, provisional executive orders for the putting into effect of the passing of the management, in expectation of the agreements of the convention and of the signing of the Lieutenant of the Royal's legislative decrees, approved in advance by the Council of Ministers.

At the same time, this Directorate General has notified the Medical Directorate under command in order that they carry out in as short a time as possible the planned passing of management, cooperating in the matter with the regional directive depts., of the I.R.C. and E.M.O.I.

The passing of management will be studied; the I.R.C. and E.M.O.I. will gradually assume the management of the establishments as the personnel required are held available, for which is expected either a recall or the resumption of duty in a "transitional role."

The recovery of medical personnel will only be partially possible, it is expected, in fact that a part of the medical personnel attached to the establishments (within fixed age-limits) will be asked for to be placed in the above-mentioned "transitional roles." This arrangement has been found indispensable because of the insufficient availability of I.R.C. and E.M.O.I. personnel, who are at present employed on other duties (welfare of exiled Italians etc.)

In conclusion it is to be borne in mind that the medical establishments in medical troops which can be recovered from medical establishments is 600-800

It has been ordered that the recovered personnel will be trusted to the reserve group of the respective Military R., under the orders of this Directorate General. The latest draft will be sent to the

6241

16/12/45

Disc

20/12

23/12/11

AKR

fixed

27/1/30

1/1/177

1/1/209

At the same time, this Directorate General has notified the Medical Directorate under command in order that they carry out in as short a time as possible the planned passing of management, cooperating in the latter with the regional directive depts., of the I.R.C. and I.A.C.O.

The passing of management will be gradual; the I.R.C. and I.A.C.O. will gradually assume the management of the establishments as the personnel required are being available, for which is expected either a recall or the assumption of duty in a "transitional role."

The recovery of medical personnel will only be partially possible, it is expected, in fact that a part of the medical personnel attached to the establishments (within fixed age-limits) will be asked for to be placed in the above-mentioned "transitional roles." This arrangement has been found indispensable because of the insufficient availability of I.R.C. and I.A.C.O. personnel, who are at present employed on other duties (welfare of exiled civilians etc.)

In conclusion it is to be borne in mind that the maximum number of medical troops which can be recovered from medical establishments is 600-800

It has been ordered that the recovered personnel will be retained to the reserve group of the respective military H., under the orders of this Directorate General. The largest draft will be to RAVI (civilian returned hospital of PUGLIA.)

The expected recovery of medical troops from civilian rationed medical establishments will only partly replenish the serious and known deficiencies of medical personnel in Italian Territorial military medical establishments.

The position as to medical personnel in territorial service can, in fact, be summed up as follows:

Strength assigned		8000
" held		5809 (excluding hired civilians, attached non-medical personnel, and the medical personnel of the Gladio del Valle,

total about 2/..

Strength held (Contd)

(WILFETA and CANOSA hospital being changed to civilian rationing)

Deficit (HCOs and ORs)	2171
Reinforcements requested by the Field Units (130 & 44)	174
TOTAL DEFICIT	2345
Personnel assigned to Medical Duties by TRAIT Camp	300 (Personnel for instruction)
Personnel expected to be received from civilian-rationed outpatients	700 (Gradual recovery)

TOTAL REINFORCEMENTS

1800

Remaining requirements

1245

In round figures, we deal with 1350 which will be reduced to 1150 if the personnel assigned to Medical (services) are eventually reduced to 7500.

The assignment to Medical (services) of another quota of personnel is expected (up to 500 ITH-IT) - see para 4 of E.H.I.A. letter, SD/12/1 of 24.1.55, but we do not know what the effective outcome of the call-up will be.

It would be exceedingly desirable that the further requirements of personnel be covered within possible limits by means of medical personnel.

Already Trained.

It is held, in fact, that it may be a mistake to assign to other branches of the service, as has often been done up to now, medically trained personnel.

Possible sources for the personnel needed.

1. The quota of medical personnel in the next call-up.
2. Medical personnel released from captivity.
3. Medical personnel now in reinforcement camps, or employed in labour units (selected elements.)
4. Recruits for training.

See also

Wreath Festival.

It is held, in branches of the service, as has often been pointed out, that the personnel needed.

duffs from the most well-up
to do with the most well-up

...mets of ...

1. Medical personnel released from reinforcement camps, or assigned to other units.
2. Medical personnel now in reinforcement camps, or assigned to other units.
3. Medical personnel now in reinforcement camps, or assigned to other units.
4. Medical personnel now in reinforcement camps, or assigned to other units.

The writer, in agreement with the medical personnel, believes that the medical personnel can be attached to the establishments, which would be the surrounding medical units that are not assigned to the establishments. The writer also believes that it is evident that the medical personnel required are not assigned to the establishments, which would be the surrounding medical units that are not assigned to the establishments. The writer also believes that the medical personnel required are not assigned to the establishments, which would be the surrounding medical units that are not assigned to the establishments.

[illegible]

To meet the present demand of civilian hospitals provisionally, to the employment of this soldier it is held that this presence of civilian recruits into the presence of the establishment.

as a general rule the discipline of the establishment

Sheet 3.

It is desirable that the reinforcements requested be assigned without delay, in order that it will be possible to replace the above-mentioned civilian personnel as soon as possible with trained military personnel. Ensuring the welfare of the patients in a satisfactory manner and making arrangements at the same time for the necessities of the medical organization in the Northern ITALY regions, as the territorial liberation proceeds by degrees to the North.

p. IL DIRETTORE GENERALE a.p.s.
IL COORDINATORE MEDICO
(G. Mengioni)

tvs.

6239

Subject: Reinforcements - Medical Services

Land Forces Sub Comm.

A.C. (MHA)

RCS

M/1/17

15 Jan 45

Ministry of War,
Direzione Generale di Sanita Militare

Copy of letter SD/12 of 15 Jan 45,
forwarded to Ministry of War through staff channels,
is attached for your information.

/RSC

Major,
D.A.D.M.S.
Land Forces Sub Comm. AC. (MHA)

Copy to: MHA L.G. 5th Army

File

6238
M/27

Lead From Sub Comm.

A.C. (MIA)

RECEIVED

31/12

13

Jan 45

MINISTRY OF WAR

1. There is a serious shortage of trained medical personnel in the Italian Army. Were it not for the employment of civilians, certain hospitals in the Florence Military Command would not be able to function. At the same time there are a large number of trained medical military personnel still on loan and employed in the "over 60-day" hospitals. It is now over 6 months since it was agreed that the civilian authorities (or Italian Red Cross) could be asked to take over this responsibility and that the existing military staffs would remain on temporary loan in order to give the civilian authorities sufficient time to organize these hospitals. To date, nothing has been done to implement this plan and so release military personnel for their proper work with military installations.

2. Ministry of War will therefore order the immediate withdrawal from the "over 60-day" hospitals of 30 medical officers and 500 other ranks of the Italian Army. All personnel will be ordered to report to Military Command Base for onward posting by Ministry of War. Virgilio Hospital Base will arrange to accommodate these personnel in transit.

Officer personnel withdrawn will include surgical and medical specialists, Dental officers, pharmacists etc., as required. Other rank personnel will be confined as far as possible to the 1914 - 1924 classes. Ministry of War will nominate the hospitals from which personnel will be withdrawn.

3. Placement of Reinforcements

(a) 20 medical officers (including two dental officers) and 500 other ranks will be placed at the disposal of Florence Military Command and posted to ITALIAN military hospitals in Tuscany as follows:-

- (i) Livorno Civil Hospital (military wing)
- (ii) "San Gallo" Military Hospital (150 other ranks to replace civilians)
- (iii) Lucina Military Hospital (to complete F.S.)

(b) 5 medical officers and 100 other ranks will be posted to Garbat Reinforcement Depot, Genoa.

(c) 5 medical officers and 100 other ranks will remain on strength of "Basilico di Raccursi" Base pending further orders.

Priority of posting will be as shown (i) (ii) (iii) (iv) and (v). These arrangements and postings will be completed by 25 Jan 45.

4. A further 30 officers and 500 other ranks will be withdrawn from the "over 60-day" hospitals by 14th February 45. Posting will be carried out in accordance with priorities and time of withdrawal.

2. Ministry of War will therefore order the transfer of the Italian "over 60-day" hospitals of 30 medical officers and 400 other ranks of the Italian Army. All personnel will be ordered to report to Military Command Rome for onward posting by Ministry of War. Virginia Hospital Rome will arrange to accommodate these personnel in transit.

Officer personnel strength will include surgical and medical specialists, dental officers, pharmacists etc., as required. Other rank personnel will be confined as far as possible to the 194-1924 classes. Ministry of War will nominate the hospitals from which personnel will be withdrawn.

3. Disposal of reinforcements

- (a) 20 medical officers (including two dental officers) and 400 other ranks will be placed at the disposal of Florence Military Command and posted to IML-III military hospitals in Sicily as follows:
 - (i) Livorno Civil Hospital (military wing)
 - (ii) "San Gallo" Military Hospital (400 other ranks to replace civilians)
 - (iii) Livorno Military Hospital (to complete S.B.)
- (b) 5 medical officers and 100 other ranks will be posted to General Reinforcement Depot, Cassino.
- (c) 5 medical officers and 100 other ranks will remain on strength at "Accas di Biscione" base pending further orders.

Priority of posting will be as shown (i), (ii), (iii), (iv) and (v). These arrangements and postings will be completed by 25 Jan 45.

A further 30 officers and 400 other ranks will be withdrawn from the "over 60-day" hospitals by 14th February 45. Posting will be carried out in accordance with priorities existing at that date.

/194

Copy for Hq. A.C. for Public Health Sub Commission.

Medical (3)

File

Major General,
Lord Roberts Sub Comm. A.C. (MIA)

6237

27/1/45

785020

Subject: Civilian Hospitals

Land Forces Sub Comm.
A.C. (MIA)
ROME
SD/12

11 Jan 45

H.Q. AG, for Public Health Sub Comm.

1. During the months of July and August, several conferences were held regarding the establishment by the Italian Government of civilian hospitals to care for over 30 day patients from the Italian Armed Forces as well as for repatriated prisoners of war etc.
2. It was agreed at these conferences that Italian Army medical personnel would remain temporarily in these various hospitals pending arrangements to be made by the Italian Government for civilians to relieve the Army personnel. This Army personnel was actually given leave from Army services while they were employed in these hospitals, and they have been on civil rations during this time.
3. Very little, if any, action has been taken to provide civilian personnel to operate these hospitals, and the majority of the Army personnel loaned for this purpose is still on this duty.
4. The Italian Army Medical Service needs all of its personnel to meet the military commitments, in establishing hospitals for Italian Armed Forces, and it is no longer possible to continue the loan of Army personnel to civilian hospitals. The Italian War Ministry is being directed to withdraw this personnel from civilian hospitals in order to meet its army commitments. It therefore behoves the Italian Civil Government to take prompt action to staff these hospitals with civilians, and it is suggested that the matter be brought forcibly to the attention of the civil government otherwise the hospitals will not be in a position to operate.

(signed) CLAYTON P. KERR,
for Major General
M.M.I.A.

6236

CFK/lak

with- 14/1/45

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Declassified E.O. 12065 Section 3-402/AMDC NO.

785020

Subj: Hospitals for Disabled

Military Mission Italian Army,
ROME
M/5/1951
Oct 44

Director of Public Health Sub Comm ACC.

Enclosed report forwarded for information.

/RNG

W.H.
Major,
D.A.D.M.S.
M.M.I.A.

6235

MINISTERO DELLA GUERRA
Direzione Generale di Sanita Militare
Ministero della Guerra - 43

Ref: 1/202/001

26 September 66

To: Military Mission Italian Army

Subject: Hospitals for War Wounded

With reference to letter A/7 dated 11.3.66

Enclosed please find for your information, copy of
the report on the meeting which took place on 25.3.66,
concerning the change over of ex-service men's hospitals
from military administration to GHI and GHI.

d'ordine
IL COLONNELLO MARIO

(V. PIZZA)

6234

SPARE.

HOSPITALS FOR WAR DEBILITATED

Report on Meeting held on 25th September 1944

On September 25th, 44 at 1930 hours a meeting was held under the Presidency of the Under Secretary of War - M. B. GILIA - to effect the change over of the organization of hospitals on civilian rationing from Military administration to C. B. L. and S. B. L. L.

The following officers and officials were present at the meeting:

MINISTERS OF WAR

- M. B. GILIA, C. B. L. L. L. - Under Secretary of State for War
- General F. GALDAMELLA - Director General of Military Medical Services
- General IMPIRO - For P. W. High Commissioner (telephone 6061)
- Lt Col MONTGOMERY - ditto - (telephone 6692)
- Lt Col FLEMING - For the Directorate General of Military Commissions
- Com. PRODDING - For the Directorate of Administrative Services
- Com. RUSSELL - Chief Accountant
- Com. ARLEN - Comptroller for S. B. L. L. (telephone 4353)
- Com. DE KANGERS - Directorate General of Medical Services, Administration Dep.
- Lt VANCEY - Directorate General of Medical Services - M. B. L. L.

ITALIAN P. W. OFFICERS

- DR. LAPPONI - telephone ext. 25.
- S. B. L. L.
- Major MONTGOMERY - telephone 4353

MINISTERS OF AGRICULTURE

- Reg. GENTILE - telephone 91793
- On leave of absence - Com. D'AMICO - Ministry of War Commissioner to C. B. L.

The following points were discussed:

1. Organization of change over
2. Release of hospitals
3. Temporary release of furniture of the hospitals
4. Personnel
5. Food supplies (M. B. L. L. L.) and medicines (Pharmaceuticals)
6. Transportation (ambulances and hospital trains)
7. Relationship with Military Medical Corps regarding discipline and legal-medical assistance, relationship with Public Health Organisation for medical supplies, Administrative problems (payment to persons admitted to hospital - administrative convention between the two Societies)
8. Organization of an 'Institute' and War Medical Centre in Rome or opening of similar subsidiary establishments elsewhere by C. B. L. or M. B. L.
9. Fundamental creation of an independent Directorate of the organization

M. B. GILIA who presided over the meeting, pointed out the importance of the matter, specifying that actually it concerned chiefly the admission to hospital of sick ex-POW and that probably in the future also the repatriated from Germany would be admitted to hospital.

According to instructions issued by the Allies, the sick ex-POW who are repatriated are to be considered as civilians from the moment of disembarkation.

For this reason it is necessary that medical assistance to these sick men, to

The following points were discussed:

1. Organization of change over
2. Release of buildings
3. Temporary release of furniture of the hospitals
4. Personnel
5. Food supplies (E.R.R. & L.) and medicines (Dachau)
6. Transportation (ambulances and hospital trains)
7. Relationship with Military Medical Corps regarding discipline and legal-medical assistance, relationship with Public Health organization for medical supplies
8. Administrative problems (payment to persons admitted to hospital - administrative convention between the two Societies)
9. Organization of an 'Invalids' and War Disabled Centre in Russ or opening of similar subsidiary establishments elsewhere by G.R.L. or SMH.
10. General creation of an independent Directorate of the organization.

H. E. GILLER who presided over the meeting, pointed out the importance of the matter, specifying that actually it concerned chiefly the admission to hospital of sick men and that probably in the future also the repatriated from Germany would be admitted to hospital.

According to instructions issued by the Allies, the sick men who are repatriated are to be considered as civilians from the moment of disembarkation. For this reason it is necessary that medical assistance to these sick men, to the military repatriated from Montenegro and to those military whose treatment required more than 30 days, be entrusted to civil branches such as CHL and SMH.

The Military Medical Corps General Directorate has created an organization for the hospitalization of the above mentioned sick, consisting of 34 medical establishments with 8000 beds.

CHL and SMH were asked some time ago to take over the administration of these hospitals from Ministry of War and replace military personnel who were required to do so.

Since the transfer of CHL and SMH has been favorable it is now necessary to discuss the details of the change over.

The Ministry of War would temporarily release the necessary establishments and materials; the only serious difficulty to be met with is the disposal of personnel.

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The change over of the hospital equipment will be completed as

be fixed later on by agreement of the agencies concerned. Returns showing the condition of furniture and articles will be completed on releasing the medical establishments. CRI and SMI will gradually substitute the existing equipment with their own equipment according to their availability.

Requests for medical supplies will be put to the Prefecture for the time being (as civil hospitals do) and in future similar requests will be sent to U.N.R.R.A. (Gen. DAPIER)

It will be difficult to arrange for transportation because we are not allowed to use military vehicles. CRI transport availability is very limited. In emergency (such as the arrival of hospital ships etc.) we may use military vehicles.

The landing party will be GARATO, HAPPE, PALERMO (via sea), BARI, LADIS and BARI (by air from Marseilles); eventually also GAGLIARDI

Discipline will be the responsibility of the Directors of the hospitals. The Directors of Medical Services and also the other military authorities have the right to carry out inspections.

Ministry of War will determine medico-legal regulations.

As regards finances and administration the following general instructions are given:

1. Hospital contributions will be the same for officers, NCOs and ORs.
2. These contributions will include wages for personnel and any other expenses.
3. Diagnostic examinations will be charged separately.
4. Contributions will be made for each single hospital.

A special problem to be dealt with is that of tuberculous patients for whom there is already a hospital at GAGLIARDI (Bari) for treatment of cases at the initial stages of tuberculosis. It is advisable to equip the Sanatoria, one or more hospitals on civilian regions (as Sanatorium of Cosmo etc) which may be used as Sanatoria under the direction of well known specialists and with adequate equipment.

Regarding war disabled military, CRI intend to open a war disabled Centre in BARI and have already contacted the Presidency of the Council to have the buildings of the ISTITUTO NAZIONALE DELLE ASSICURAZIONI made available. In Bari there is already a war disabled Centre for military with a section on civilian regions at GAGLIARDI.

/300000

632

Sheet 3

Finally, the formation of a Directing Committee is to be planned. The Committee will be presided over by a high official (probably) of the Ministry of the Interior and all the branches concerned will be represented on this Committee.

In order to put the plan into practice, General GARDUZA pointed out the necessity of keeping close contact with the military medical services General Directorate. General GARDUZA stressed however upon the necessity of reaching positive results, saying that results can only be obtained if all the various branches co-operate.

Lt. GARDUZA stated that all the branches concerned were to keep in close contact, and declared the meeting closed.

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Declassified E.O. 12065 Section 3-402/WHDC NO.

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MINISTERO DELLA GUERRA
DIREZIONE GENERALE DI SANITÀ MILITARE

N. di prot. 1/4064/San.

P. M. Roma, 28 Sett. 1944

Div. / Sez. / m. 4

Risposta al

N.

del

OGGETTO: Ospedali per reduci di Guerra.

ALLA A.C.C. - SOTTOCOMMISSIONE PER L'ESERCITO
(rif. f. AC/7 dell'11/8/44) = ROMA =

Si trasmette per informazione copia del verbale della riunione del 25/9/1944 relativa al passaggio degli ospedali per reduci di guerra dall'Amministrazione militare alla C.R.I. e al S.M.C.M. -

d'ordine
IL COLONNELLO MEDICO
(V. *[Signature]*)

Translato type.

28/9/44.

6230

VERBALE DELLA RIUNIONE DEL 25 SETTEMBRE 1944

In data 25 settembre 1944 alle ore 11,30 ha avuto luogo sotto la Presidenza del Sottosegretario alla Guerra - S.E. OXILIA - una riunione indetta allo scopo di stabilire le modalità del passaggio dell'organizzazione degli Ospedali a raziamento civile dalla Amministrazione Militare alla C.R.I. e al Sovrano Militare Ordine di Malta.

Sono intervenuti alla riunione i seguenti Ufficiali e Funzionari:

MINISTERO DELLA GUERRA
 S.E. Generale G.B. OXILIA - Sottosegretario di Stato
 Sig. Generale F. CALDAROLA - Direttore Generale di Sanità Militare
 Sig. Generale DAPINO - per l'Alto Commissario Prigionieri di Guerra
 telefon. 6041
 Ten. Col. MONTROSSI - idem
 Ten. Col. FISICARO - per la Direzione Generale Servizi Comm. Militare
 Comm. PICCIRILLI - per la Direzione Servizi Amministrativi
 Comm. ROBOTTI - Ragioniere Capo
 Comm. ANATO - Commissario presso il Sovrano Militare Ordine di Malta
 Cav. DE SANTIS - Direzione Generale Sanità Militare - Div. Amm/va
 Ten. VANZETTI - Direzione Generale Sanità Militare - Ufficiale Collegamento M.M.I.A.

CROCE ROSSA ITALIANA

Dottor LAPPONI - Centralino - int. 25-

SOVRANO MILITARE ORDINE DI MALTA

Magg. LANCINI - telefon. 4353

MINISTERO DELL'AGRICOLTURA

Ing. SCHIMIZZI - telefon. 51758

Assente giustificato: Comm. DIAGNILLIO - Comm. del Ministero Guerra
 telefon. 862701 casa - 181054 - 23 presso la C.R.I.

Gli argomenti trattati sono i seguenti:

- 1°) Modalità previste per il passaggio;
- 2°) Cessione dei locali;
- 3°) Temporanea cessione dei materiali di arredamento degli Ospedali;
- 4°) Personale;
- 5°) Rifornimento di viveri (S.E.P.R.A.L.) o medicinali (Profetture);
- 6°) Mezzi di sgombero (Autoambulanze o treni ospedale);
- 7°) Rapporti con la Sanità Militare per la parte di

CROCE ROSSA ITALIANA

Dottor IAPPONTI - Centralino - int. 25-

SOVRANO MILITARE ORDINE DI MALTA

Magg. MANCINI - telef. 4253

MINISTERO DELL'ACQUICONTURA

Ing. SCHIMIZZI - telef. 51758

Assente giustificato: Comm. D'AGNELLO - Commiss. del Ministero Guerra
presso la C.R.I.

Gli argomenti trattati sono i seguenti:

- 1°) Modalità previste per il passaggio;
- 2°) Cessione dei locali;
- 3°) Temporanea cessione dei materiali di arredamento degli Ospedali;
- 4°) Personale;
- 5°) Rifornimento di viveri (S.E.P.E.A.E.) e medicinali (Profetture);
- 6°) Mezzi di sgombero (Autoambulanza e treni ospedale);
- 7°) Rapporti con la Sanità Militare per la parte disciplinare e medico - legale, rapporti con la Sanità Pubblica per rifornimento medicinali;
- 8°) Problemi amministrativi (corrispondenza assegnati e pagamenti ricoverati - convenzioni amministrative con le due associazioni);
- 9°) Organizzazione di un Contr. Invalidi di Guerra in Roma o costituzione di analoghi Stabilimenti Sussidiari in altre sedi da parte della C.R.I. o del Sovrano Militare Ordine di Malta;
- 10°) Eventuale creazione di un organo direttivo autonomo dell'organizzazione.

.../..

(2)

S.E.OXILLI, che ha diretto l'intera riunione, ha prospettato dapprima l'importanza del problema affrontato, mettendo in rilievo che attualmente esso riguardava principalmente la Ospedalizzazione degli ex prigionieri infermi ed in seguito esso si sarebbe verosimilmente esteso ai reduci dalla Germania.

Per disposizione degli Allcati gli ex prigionieri infermi che rientrano in Italia debbono essere considerati essenzialmente come dei civili sin dal momento dello sbarco.

Per tale motivo è necessario che l'assistenza sanitaria ~~da~~ ^{dei} detti infermi come pure ai reduci dal Montenegro o ai militari degenti oltre il 30° giorno di cura venga affidata ad organi assistenziali essenzialmente civili come la C.R.I. o il Sovrano Militare Ordine di Malta.

A cura della Direzione Generale di Sanità Militare è stata creata una apposita organizzazione per il ricovero di detti infermi, organizzazione che attualmente comprende 34 stabilimenti sanitari con 3808 posti-letti.

La C.R.I. o il Sovrano Militare Ordine di Malta sono stati da tempo interessati per subentrare al Ministero della Guerra nell'amministrazione dei detti Ospedali e per sostituire il relativo personale militare, di cui è previsto l'impiego per altri scopi.

Poichè le risposte della C.R.I. e del Sovrano Militare Ordine di Malta sono state in sostanza favorevoli, si tratta ora di stabilire in dettaglio le norme per il passaggio.

Il Ministero della Guerra sarebbe disposto a cedere temporaneamente gli stabilimenti necessari e i relativi materiali: la difficoltà più seria è quindi costituita dal problema del personale.

S.E.OXILLI chiede pertanto ai rappresentanti della C.R.I. e del Sovrano Militare Ordine di Malta come essi ritengono di poter far fronte al fabbisogno del personale occorrente.

Il Dottor LAPPONI della C.R.I. e il Magg. MANCINI del Sovrano Militare Ordine di Malta precisano la necessità di adottare due misure:

- 1°) Ridurre il limite di età per il personale volontario iscritto ai ruoli della C.R.I. dai 40 ai 32 anni (classe 1912) (Dottor LAPPONI);
- 2°) Dispensare dal richiamo il personale iscritto ai ruoli della C.R.I. e del Sovrano Militare Ordine di Malta delle classi dal 1914 al 1924 (Magg. MANCINI).

S.E.OXILLI aderisce alle richieste e assicura che farà impartire le necessarie disposizioni.

Sarà inoltre opportuno ricorrere in larga misura alla assunzione di personale civile.

Per quanto riguarda la suddivisione dei compiti il rappresentante del

sono state in sostanza rivedute, e sono state per il passaggio le norme per il passaggio.

La guerra sarebbe disposta a cedere temporaneamente la sua libertà più seria

sono state in sostanza rievocate le norme per il passaggio.

Il Ministero delle Guerre sarebbe disposto a cedere temporaneamente la norma per il passaggio.

Il Ministero delle Guerre sarebbe disposto a cedere temporaneamente la norma per il passaggio.

gli stabilimenti necessari e i relativi materiali: la difficoltà più seria è quindi costituita dal problema del personale.

è quindi costituita dal problema del personale.

no Militaro Ordine di
bisogno del personale
il Mase, MARCINI del Sovrano Militare
della C.R.I. e
Rapporti
avvisare:

Ordine di Malta precisano che il personale volontario iscritto alla classe 1912 (Dottor LAPPONI);

ALFREDI, A. A. Parenting le

S. E. OXLEY, addressee
necessarie disposizioni.
ricorrere in larga misura alla assunzione di po-

Sarà inotro
senalo civile.

Sovrano...
in Calabria e Lazio l'amministrazione
sumersi in Calabria 1500 posti-letti circa.
unitari per complessivi 1500 posti-letti circa. C.R.I. dichiara che la sua organizzazione potrà

6178

Il rappresentante della C.A.R. per l'amministrazione di 3000 - 4000 posti-letto, che non assumerà senz'altro l'amministrazione di 3000 post-letto) potrà provvedere in la quota rimanente (si tratta di circa 3000 post-letto) per gli infermi vengono già un secondo tempo.

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(3)

quello degli ospedali civili.

E' da prevedere l'assegnazione di una quota migliramento viveri in relazione allo stato fisico o provenienza dei degenti.

Un altro problema che è stato sollevato dal rappresentante del Ministero dell'Agricoltura e Foreste è stato quello della corresponsione della razione viveri al personale tecnico e di assistenza. Tale problema dovrà essere risolto direttamente fra la C.R.I., il Sovrano Militare Ordine di Malta e i Ministeri competenti.

Per quanto riguarda il vestiario, qualora non fosse sufficiente presso la C.R.I. e il Sovrano Militare Ordine di Malta, il personale potrà indossare indumenti civili con una fascia al braccio. Verrà corrisposta in tal caso dalla C.R.I. e del Sovrano Militare Ordine di Malta una indennità mensile a titolo di indennità vestiario.

Il passaggio degli stabilimenti sanitari sarà effettuato gradatamente: lo date verranno stabilite in seguito, di comune accordo fra gli Enti interessati.

All'atto della consegna degli stabilimenti verranno compilati verbali di consegna con l'indicazione dello stato d'uso degli oggetti. La C.R.I. e il Sovrano Militare Ordine di Malta provvederanno gradatamente alla sostituzione dei materiali con materiale proprio, nei limiti delle proprie possibilità.

Per quanto riguarda i rifornimenti di medicinali, si farà capo per il momento alle Prefetture (in analogia con gli Ospedali Civili) e successivamente al Comitato misto per i soccorsi all'Italia (U.N.R.R.A.) (Generale DAPINO).

Problema assai serio è quello dei mezzi di sgombero, tenuto conto del divieto di impiego dei mezzi di sgombero militari.

La disponibilità della C.R.I. in questo campo sono assai limitate. Si potrà fare ricorso ai mezzi di sgombero militari in caso di emergenza (arrivo di navi - Ospedale, ecc.).

I porti di sbarco saranno: Taranto, Napoli, Palermo (via mare); Bari, Lecce e Brindisi (via aerea dal Montenegro), eventualmente anche Cagliari.

La parte disciplinare resterà affidata ai Direttori degli Ospedali.

I Direttori di Sanità Militare avranno diritto di effettuare ispezioni, e così pure le altre Autorità Militari.

Per i provvedimenti medico-legali norme precise verranno stabilite dal Ministero della Guerra.

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...di conseguenza con l'implicazione dell'uso degli oggetti, la C.R.I. e il Sovrano Militare Ordine di Malta provvederanno gradatamente alla sostituzione dei materiali con materiale proprio, nei limiti delle proprie possibilità.

Per quanto riguarda i rifornimenti di medicinali, si farà capo per il momento alle Prefetture (in analogia con gli Ospedali Civili) e successivamente al Comitato Mistto per i soccorsi all'Italia (U.N.R.R.A.) (Generale DAPINO).

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La parte disciplinare resterà affidata ai Direttori degli Ospedali.

I Direttori di Sanità Militare avranno ditte di effettuare ispezioni, e così pure le altre Autorità Militari.

Per i provvedimenti medico-legali norme precise verranno stabilite dal Ministero della Guerra.

Dal lato finanziario e amministrativo ci si atterrà alle seguenti norme di massima:

- 1°) Verrà stabilita una retta unica per gli ufficiali, sottufficiali e truppa;
- 2°) Detta retta sarà comprensiva delle poche del personale e di ogni altra spesa;
- 3°) Gli esami diagnostici verranno conteggiati a parte;
- 4°) saranno stabiliti dei contratti singoli per ciascun ospedale.

..//..

(4)

Un problema speciale è costituito dai tubercolotici per i quali esiste già ora a Carbonara (Bari) un ospedale con funzioni presanatoriali.

Sarà opportuno attrezzare come Sanatorio un altro o altri ospedali a razionamento civile (ex preventivo di Cosenza, ecc.) che potranno essere impiegati come sanatori sotto la guida di specialisti di provato valore e con mezzi di cura adeguati.

Per quanto riguarda i mutilati la C.R.I. intende istituire un Centro Mutilati a Roma ed ha già interessato la Presidenza del Consiglio per ottenere la disponibilità dei locali dell'Istituto Nazionale delle Assicurazioni. Esiste già a Bari un Centro Mutilati per militari con Sezione a razionamento civile a Giovinazzo.

E' infine da prevedere la costituzione di un Comitato Direttivo che sarà presieduto da un alto funzionario (Profetto) del Ministero degli Interni. In detto organo centrale saranno rappresentati tutti gli Enti interessati.

Per la realizzazione pratica del programma, il Sig. Gen. CALDIROLA raccomanda di tenere stretti i contatti con la Direzione Generale di Sanità Militare. Egli richiama inoltre alla necessità di giungere nel tempo più breve a risultati concreti, che potranno essere realizzati solo mediante la cooperazione di tutti gli Enti rappresentati.

S.E. OXILLI raccomanda a sua volta che tutti gli organi interessati mantengano uno stretto collegamento e togliano la seduta.

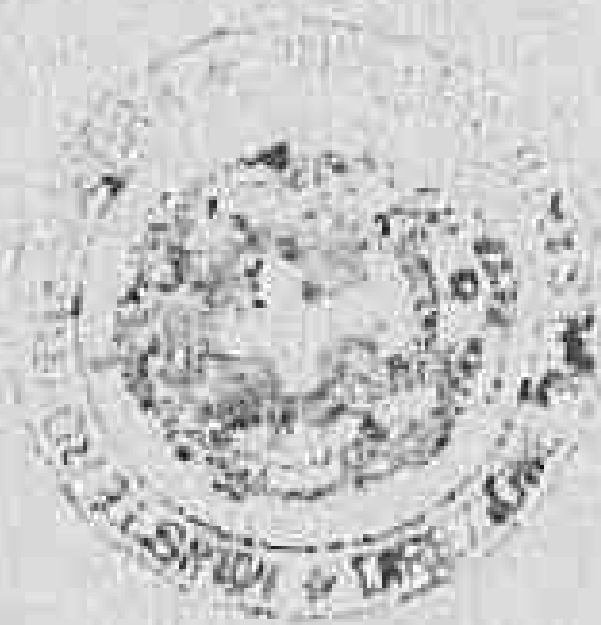


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S.E. OXIII. raccomanda a sua volta che tutti gli organi interessati man-
tengano uno stretto collegamento e togliere la seduta.



6226

MINISTERO DELLA GUERRA
Direzione Generale di Sanita Militare

Ref: 1/4064/SAN.

28 September 44.

To: Military Mission Italian Army

Subject: Hospitals for War Disabled

With reference to letter AQ/7 dated 11.8.44.

Enclosed please find for your information, copy of
the report on the meeting which took place on 25.9.44,
concerning the change over of ex-Service Mens' hospitals
from military administration to CRI and SMOM.

Col. Kuen and } Info.
~~Att.~~
about

d'ordine
IL COLONNELLO MEDICO
(V. POLOSA)

Report of meeting for organisation of "over 30 day" hospitals & gradual
~~release~~ release of Italian military personnel who will then
be available to the Army or for demobilisation

6225

HOSPITALS FOR WAR DISABLED

Report on Meeting Held on 25th September 1944

On September 25th, 44 at 1130 hours a meeting was held under the Presidency of the Under Secretary of War - H.E. OXILLA - to effect the change over of the organisation of hospitals on civilian rations from Military administration to C.R.I. and S.M.O.M.

The following officers and officials were present at the meeting:

MINISTRY OF WAR

H.E. Gen. G.R. OXILLA	- Under Secretary of State for War
General F. CALDAROLA	- Director General of Military Medical Services
General DAPINO	- for POW High Commissioner (telephone 6061)
Lt Col MONTEROSI	- ditto -
Lt Col FISICARO	- for the Directorate General of Military Commissariate
Comm. PICCIRILLI	- for the Directorate of Administrative Services
Comm. ROBOTTI	- Chief Accountant
Comm. AMATO	- Commissioner for S.M.O.M. (telephone 4353)
Cav. DE SANTIS	- Directorate General of Medical Services, Administration Br.
Lt VANZETTI	- Directorate General of Medical Services - MILIA L.O.

ITALIAN RED CROSS

Dr. LAPPONTI - telephone ext. 25.

S.M.O.M.

Major MANZINI - telephone 4353

MINISTRY OF AGRICULTURE

Eng. SCHIAZZI - telephone 51758
On leave of absence: Comm. D'AGNILLIO - Ministry of War Commissioner to C.R.I.

The following points were discussed:

1. Organisation of change over
2. Release of buildings
3. Temporary release of furniture of the hospitals
4. Personnel
5. Food supplies (S.E.F.R.A.L.) and medicines (Prefecture)
6. Transportation (ambulances and hospital trains)
7. Relationship with Military Medical Corps regarding discipline and legal-medical assistance, relationship with Public Health organisation for medical supplies.
8. Administrative problems (payment to persons admitted to hospital - administrative convention between the two Societies.)
9. Organisation of an Invalids' and War Disabled Centre in Rome or opening of similar subsidiary Establishment elsewhere by C.R.I. or SMOM.
10. Eventual creation of an independent Directorate of the organisation.

H.E. OXILLA who presided over the meeting, pointed out the importance of the matter, specifying that actually it concerned chiefly the admission to hospital of sick ex-POW and that probably in the future also the repatriated from Germany would be admitted to hospital.

According to instructions issued by the Allies, the sick ex-POW who are repatriated are to be considered as civilians from the moment of disembarkation.

For this reason it is necessary that medical assistance to these sick men, to the military repatriated from Montenegro and to those military whose treatment required more than 30 days be entrusted to civilian hospitals.

Eng. SCHIMIZZI - telephone 51758
Comm. D'ACQUILLO - Ministry of War Commissioner to C.R.I.
On leave of absence:

The following points were discussed:

1. Organisation of change over
2. Release of buildings
3. Temporary release of furniture of the hospitals
4. Personnel
5. Food supplies (S.E.P.R.A.L.) and medicines (Prefecture)
6. Transportation (ambulances and hospital trains)
7. Relationship with Military Medical Corps regarding discipline and legal-medical assistance, relationship with Public Health organisation for medical supplies.
8. Administrative problems (payment to persons admitted to hospital - administrative assistance, relation between the two Societies.)
9. Organisation of an Invalids' and War Disabled Centre in Rome or opening of similar subsidiary Establishment elsewhere by C.R.I. or SMOM.
10. Eventual creation of an independent Directorate of the organisation.

H.E. OXILLA who presided over the meeting, pointed out the importance of the matter, specifying that actually it concerned chiefly the admission to hospital of sick ex-POW and that probably in the future also the repatriated from Germany would be admitted to hospital.

According to instructions issued by the Allies, the sick ex-POW who are repatriated are to be considered as civilians from the moment of disembarkation, to those sick men, to those military whose treatment

For this reason it is necessary that medical assistance to those military whose treatment the military repatriated from Montenegro and to those military whose treatment required more than 30 days, be entrusted to civil branches such as CRI and SMOM.

The Military Medical Corps General Directorate has created an organisation for the hospitalisation of the above mentioned sick, consisting of 34 medical establishments with 8808 beds.

CRI and SMOM were asked some time ago to take over the administration of these hospitals from Ministry of War and replace military personnel who are required elsewhere.

Since the answer of CRI and SMOM has been favourable it is necessary to discuss the details of the change over.

The Ministry of War would temporarily release the necessary establishments and materials; the only serious difficulty to be met with is the disposal of personnel.

/2.....

A. E. OXILIA asked the CRI and SMOM representatives to explain how they are going to find the required personnel.

Dr. LAPPONI of CRI and Major MANCINI of SMOM suggested that the following measures be taken:-

1. Reduce the age limit of CRI volunteers from 40 to 32 years (Class 1922) (Dr. LAPPONI)
2. Exempt from re-conscription CRI and SMOM personnel of Classes from 1914 to 1924 (Major MANCINI)

H. E. OXILIA approved and confirmed that he will issue the necessary instructions. It will be necessary to employ civil personnel on a large scale.

Regarding allotment of duties, SMOM representative stated that his organisation can administer medical establishments in CALABRIA, CAMPANIA and LAZIO to a total number of 1500 beds.

The CRI representative stated that his organisation will be able to administer at present 3000-4000 beds and the remainder (about 3000 beds) later on.

Rations for sick men are already drawn from civil sources (S.E.P.R.A.L.). These rations are the same as those issued to civil hospitals.

Purchased items will be added according to the physical condition of the sick and the place they have come from.

Another problem which was raised by the representative of the Ministry of Agriculture and Forestry concerned rations for technical and assistance personnel. This problem will be solved directly between CRI, SMOM and the Ministry concerned.

If CRI and SMOM are not able to supply sufficient clothing, personnel will wear civilian clothing with an armband. A clothing state will be issued monthly to CRI and SMOM.

The change over of medical establishments will take place gradually; time will be fixed later on by agreement of the Branches concerned.

Returns showing the condition of furniture and articles will be completed on releasing the medical establishments. CRI and SMOM will gradually substitute the existing equipment with their own equipment according to their availabilities.

Requests for medical supplies will be put to the Prefecture for the time being (as civil hospitals do) and in future similar requests will be sent to U.N.R.R.A. (Gen. DAPINO)

It will be difficult to arrange for transportation because we are not allowed to use military vehicles. CRI transport availabilities are very limited. In emergency (such as the arrival of hospital ships etc.) we may use military vehicles.

The landing ports will be TARANTO, NAPLES, PALERMO (via sea), BARI, LECCE and BRINDISI (by air from Montenegro), eventually also CAGLIARI.

Discipline will be the responsibility of the Directors of the hospitals.

The Directors of Medical Services and also the other military authorities have the right to carry out inspections.

Ministry of War will determine medico-legal regulations.

As regards finance and administration the following general instructions are given:

1. Hospital contributions will be the same for officers, NCOs and ORs.
2. These contributions will include wages for personnel and any other expenses.
3. Diagnostic examinations will be charged separately.
4. Contracts will be made for each single hospital.

A special problem to be dealt with is that of Tuberculosis patients for whom there is already a hospital at CARONARA (Bari) for treatment of cases at the initial stages of tuberculosis. It is advisable to equip the Sanatorio, one or more

13.000000

Sheet 3

Finally, the formation of a Directing Committee is to be planned. The Committee will be presided over by a high official (Prefetto) of the Ministry of the Interior and all the Branches concerned will be represented on this Committee.

In order to put the plan into practice, General CALDAROLA pointed out the necessity of keeping close contact with the military Medical Services General Directorate. General CALDAROLA stressed moreover upon the necessity of reaching positive results, saying that results can only be obtained if all the various Branches co-operate.

H.E. OXILLA stated that all the Branches concerned were to keep in close contact, and declared the meeting closed.

0596

Declassified E.O. 12065 Section 3-402/NNDG NO.

785020

6222

Subject: Hospitalisation - Italian Armed Forces

Army Sub Commission, MIIA.
H.Q., A.C.C.
ROME
M/5/1521

4 August 44

DMS.
A.F.H.Q.

Reference your letter M. 1082 of 1 August 44.

1. A relevant extract from MIIA letter AQ/2 of 23 June 44 is attached and gives the orders issued in respect of the 30 day limit for hospital patients. A verbal agreement was later reached between Col. Kerr (2 i/c and senior American officer with MIIA) and General Caldarola Ministry of War, whereby all wounded, accident or sick casualties, if on "Order of Battle, Italian Units under Allied Command", may remain, if necessary, in hospital over 30 days. Nominal rolls of all patients in hospital over 30 days are submitted to MIIA. Italian Army units under Allied Command totalled 152,806 on 5 July 44.

2. (a) All other Italian Army personnel are returned to duty, demobilised or transferred to a civilian hospital after 30 days and cease to receive military rations. (Applications for exceptional cases where movement would be detrimental to health or life are submitted to MIIA).

(b) Repatriated Italian Ps.O.W. are no longer admitted to military hospitals, their reception and hospitalisation is now a matter for the civil Italian authorities.

(c) Wounded, accident or sick cases from the Balkans are not admitted to Italian military hospitals receiving military rations as these troops are not on the strength of the existing Italian Army.

3. In order to carry out these orders within the short period certain Italian military and Red Cross hospitals were handed over completely with all materials and equipment to the Italian civil authorities. Military O.R. personnel on the staffs were demobilised. Medical officers have been retained on the strength of the Italian Army until civilian doctors can replace them. All are now rationed and receive medical supplies from civil or ACC resources. This was completed by the 25th July 44. Approximately 5,000 patients and 1,000 O.Rs. of Medical Corps were affected.

2. (a) All other Italian Army personnel are returned to duty, demobilised or transferred to a civilian hospital after 30 days and cease to receive military rations. (Applications for exceptional cases where movement would be detrimental to health or life are submitted to MIA).

(b) Repatriated Italian Ps.O.W. are no longer admitted to military hospitals, their reception and hospitalisation is now a matter for the civil Italian authorities.

(c) Wounded, accident or sick cases from the Balkans are not admitted to Italian military hospitals receiving military rations as these troops are not on the strength of the existing Italian Army.

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The hospitals given over are:-

Giulia del Colle	425	beds	
Mesagne	415	"	
Massafra	310	"	
Modugno	250	"	
Valenzano	206	"	
Giovinazzo	690	"	
Teramo	513	"	
Albergo dei Poveri, Naples	400	"	
	<u>3209</u>	"	

6221

3. (Cont'd) The hospital list is incomplete as full details of Sardinia, Sicily and Calabria have not yet been received.

4. With the Allied advance northwards it was also possible to send home many patients from Convalescent Depots whose homes have now been liberated. The Italian Army Sitrep for period ending 30 July 44 will, when received, clarify in detail the revised situation.

5. These arrangements appear to have worked smoothly so far although it is too early to say definitely. Further difficulties or complaints are more likely to reach the ACC Regional Officers than HQIA.

/RBG

File

W. L. Beggs

Major,
D.A.D.M.S.,
Army Sub Commission, ACC.

D.A.B.M.S.
Army Sub Commission, ACC.

6220

/RBG

Subj: Italian Army

COPY

Army Sub Commission, A.C.C.
Main H.Q. (MMIA)
LEQUIL (LECCE)
AQ/2
23 June 44

To: H.E. The Minister for War,
H.E. The Chief of Staff, SURE.

1. The following final instructions regarding certain elements of the Italian Armed Forces have been received from higher authority and will be effective 13 July. These instructions supersede all instructions heretofore issued which are in conflict with the instructions contained herein.

(Paras 2 to 7 inc. do not refer to medical arrangements).

8. No officer or man in hospital or convalescent camp will be carried on the strength state of I.A.F. for rations for a period of over 30 days, except personnel who are in hospital as a result of wounds received in combat against the common enemy since 1 Sept. 1943. A roster showing Name, Rank, Nature of Wounds, when and where wounded, Date of hospitalisation, and approximate length of confinement in hospital or convalescent camp, of all personnel issued rations for a period of over 30 days in hospital or convalescence will be submitted to this H.Q. on the 1st day of each month.

Personnel, other than combat casualties, who have been in hospital or convalescent camp, over 30 days will either:

- (1) Be demobilised, discharged from the hospital or convalescent camp, and hereafter be issued no Army rations, or
- (2) Be transferred to civil hospitals and dropped from the strength state of the Army and issued no Army rations until they return to full duty with the Army, or
- (3) Be returned to full duty with the Army.

It is the policy that any member of the Italian Army, except combat casualties as defined herein, absent on account of injury or sickness from his unit for a period of over 30 days is considered as non-effective and not entitled to Army rations.

Officers and men employed under direct Allied command who are injured during such employment, other than by combat action, common enemy, and

0602
Declassified E.O. 12065 Section 3-402/NDIC No. 785020

A roster showing Name, Rank, Nature of Wounds, when and where wounded, Date of hospitalisation, and approximate length of confinement in hospital or convalescent camp, of all personnel issued rations for a period of over 30 days in hospital or convalescence will be submitted to this H.Q. on the 1st day of each month.

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- (2) Be transferred to civil hospitals and dropped from the strength state of the Army and issued no Army rations until they return to full duty with the Army, or
- (3) Be returned to full duty with the Army.

It is the policy that any member of the Italian Army, except combat casualties as defined herein, absent on account of injury or sickness from his unit for a period of over 30 days is considered as non-effective and not entitled to Army rations.

Officers and men employed under direct Allied command who are injured during such employment, other than by combat action against the common enemy, and who require hospitalisation in excess of 30 days will be reported to this Headquarters, with full particulars, and this Headquarters may authorise such personnel to remain in military hospitals over 30 days on Army ration scale. ~~Each~~ ^{These} will be the subject of a separate report and action by this H.Q.

It is desired that a copy of the orders issued by you to ensure that these instructions are carried out be furnished this Headquarters.

Copy to: HQ AAI for D.C.A.O.

All MIA L.Os.

S.T.

F.P. File

(signed) L. Browning
Major General,
Army Sub Commission, A.C.C.

785020

TRANSLATION.

From: Min of War.

Ref: 1/2416/SAN

To : MMIA.

Date: 6. 7. 44.

SUBJECT: Reduction of Strength admitted in Hospitals and Convalescent Depots.

Re your AQ/2 dated 23 6. 44. and further to our 1/2262/SAN dated 30.6.44.

Enclosed please find copy of instruction sent on same subject with today's date to all Directorates under our control in order that the instructions contained on your above-mentioned letter may be carried out.

We have endeavoured to make out our instruction in such a way as to allow MMIA an easy and complete control of what is to be done and to reduce to a minimum possible drawbacks. These will consist chiefly of the difficulty of transporting patients from Military hospitals to those others where Military patients will be admitted after 30 days of illness.

We consider that the measures taken correspond to the instructions issued by MMIA.

We will be very grateful if MMIA, in accordance with our request contained in our above-mentioned letter, will duly inform the civil organisation of the A.C.C. in order that proper measures will be taken by them in co-operation with the Italian civilian organisations which we will approach in order to ensure assistance to Military patients to be admitted to military medical establishments about to be ceded to civil organisations.

Sgt. Col. V. POLOSA.

Pending

Informé by Col. New
in A.C.C. AQ/7/1 of 4 July

ACC. to be informed

patients to be admitted to military medical establishments about to be
organisations.

Sgt) Col. V. POLOSA.

Pending

Informed by Col. Kew
in ~~1942~~ 1947/1 of 4 July

ACC. to be informed

6218

File in M/16

TRANSLATION.

From: A Min of War.

Ref: 1/2416/SAN

To : MIA.

Date: 6. 7. 44.

SUBJECT: Reduction of Strength admitted in Hospitals and Convalescent Depots.

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We consider that the measures taken correspond to the instructions issued by MIA.

We will be very grateful if MIA in accordance with our request contained in our above-mentioned letter, will duly inform the civil organisation of the A.C.C. in order that proper measures will be taken by them in co-operation with the Italian civilian organisations which we will approach in order to ensure assistance to Military patients to be admitted to military medical establishments about to be ceded to civil organisations.

Sgd. Col. V. PULOSA.

patients to be admitted to military medical establishments about 10 to 20 years to 25 years
organization.

Sgt) Col. V. POLOSA.

6217

TRANSLATION.

From: Min of War
To : Circular.

Ref: 1/2383/SAN. S E C R E T
Date: 6.7.44.

SUBJECT: Reduction of strength admitted to hospitals and convalescent depots.

Following definite instructions issued by MIA, to be carried out by the 20th of July 1944 regarding the limitation of Military food rations, it will be necessary to reduce the number of patients in all hospitals and convalescent depots under your control.

The following will therefore be carried out:

- (1) Military (Officers NCOs and men belonging to all the Armed Forces of whatsoever category) at present in medical establishments - hospitals and convalescent depots - as a result of wounds received in action against the common enemy since the 1st of September 1943 and military at present in medical establishments due to disease or injuries contracted whilst in operational units since that date.

Said military will remain in the medical establishments in which they are as long as it is necessary and until they are not officially discharged (fit for duty, under a lower medical category or on convalescent leave). They will be fed on Army rations during the whole of their stay in the medical establishments.

Obviously members of the 'GARIBOLDI' Division ^{on my other Division front} operating in MONTENEGRO are included amongst the above.

All personnel to whom this para is applicable will be included in a nominal roll to be sent in duplicate before the 25th of each month to this Ministry - Health Directorate General - containing the following information: Name and Surname, rank, unit, description of wounds, disease or injury, when wounded, taken ill or injured, whether in action or not, date of admittance into hospital, approximate foreseen sojourn in hospital or convalescent depot, place of residence of the family (Town and Province).

- (2) Military (Officers NCOs and men belonging to all the Armed Forces of whatsoever category) at present in medical establishments - hospitals and convalescent depots - as a result of wounds received during their employment directly under Allied command in Advanced Zones of the front and military in medical establishments due to disease or injury contracted under said conditions.

Basically the same conditions of para (1) are applicable. The same nominal roll will be sent in duplicate to this Ministry before the 25th of each month containing the same data as that described in para (1). Hospital authorities will exercise a strict control in order to avoid patients remaining in hospital of convalescent depot longer than strictly necessary.

Obviously members of the 'GARIBOLDI' Div^{or by other 3rd Division} operating in NWPERNERO are included amongst the above.

All personnel to whom this para is applicable will be included in a nominal roll to be sent in duplicate before the 25th of each month to this Ministry - Health Directorate General - containing the following information: Name and Surname, rank, unit, description of wounds, disease or injury, when wounded, taken ill or injured, whether in action or not, date of admittance into hospital, approximate foreseen sojourn in hospital or convalescent depot, place of residence of the family (Town and Province).

(2)

Military (Officers NCOs and men belonging to all the Armed Forces of whatsoever category) at present in medical establishments - hospitals and convalescent depots - as a result of wounds received during their employment directly under Allied command in Advanced Zones of the front and military in medical establishments due to disease or injury contracted under such conditions.

Basically the same conditions of para (1) are applicable. The same nominal roll will be sent in duplicate to this Ministry before the 25th of each month containing the same data as that described in para (1). Hospital authorities will exercise a strict control in order to avoid patients remaining in hospital of convalescent depot longer than strictly necessary.

(3)

Military (Officers NCOs and men belonging to all the Armed Forces of whatsoever category) mutilated or disabled having their families residing in territory still occupied by the enemy or still A.L.G. control and military suffering from tuberculosis at present undergoing pre-sanatorial treatment pending transfer to civilian sanatoriums as and when space becomes available.

As a general rule such military should be discharged or transferred within 30 days of admittance according to the instructions contained in para (4). In some exceptional cases a sojourn of more than 30 days in military medical establishments may be allowed on proposal backed by sound reasons. For this purpose it will be necessary to send a request containing all the necessary details to this Ministry on the 15th day after admittance when it is considered possible to form a sound judgement of the circumstances.

TRANSLATION.

From: Min of War

Ref: 1/2383/S.M. SECRET

To : Circular.

Date: 6.7.44.

SUBJECT: Reduction of strength admitted to hospitals and convalescent depots.

Following definite instructions issued by MMA, to be carried out by the 20th of July 1944 regarding the limitation of Military food rations, it will be necessary to reduce the number of patients in all hospitals and convalescent depots under your control.

The following will therefore be carried out:

(1)

Military (Officers NCOs and men belonging to all the Armed Forces of whatever category) at present in medical establishments - hospitals and convalescent depots - as a result of wounds received in action against the common enemy since the 1st of September 1943 and military at present in medical establishments due to disease or injuries contracted whilst in operational units since that date.

Said military will remain in the medical establishments in which they are as long as it is necessary and until they are not officially discharged (fit for duty, under a lower medical category or on convalescent leave). They will be fed on Army rations during the whole of their stay in the medical establishments.

Obviously members of the 'GARIBOLDI' Div operating in MONTEBELLO are included amongst the above.

All personnel to whom this para is applicable will be included in a nominal roll to be sent in duplicate before the 25th of each month to this Ministry - Health Directorate General - containing the following information. Name and Surname, rank, unit, description of wounds, disease or injury, when wounded, taken ill or injured, whether in action or not, date of admittance into hospital, approximate foreseen sojourn in hospital or convalescent depot, place of residence of the family (Town and Province).

(2)

Military (Officers NCOs and men belonging to all the Armed Forces of whatever category) at present in medical establishments - hospitals and convalescent depots - as a result of wounds received during their employment directly under Allied command in Advanced Zones of the front and military in medical establishments due to disease or injury contracted under equal conditions.

Basically the same conditions of para (1) are applicable. The same nominal will be sent in duplicate to this Ministry before the 25th of each month containing the same data as that described in para (1). Hospital authorities will exercise a strict control in order to avoid patients remaining in hospital or convalescent depot longer than strictly necessary.

Obviously members of the 'GARIBOLDI' Div operating in MONTEVIDEO are included amongst the above.

All personnel to whom this para is applicable will be included in a nominal roll to be sent in duplicate before the 25th of each month to this Ministry - Health Directorate General - containing the following information. Name and Surname, rank, unit, description of wounds, disease or injury, when wounded, taken ill or injured, whether in action or not, date of admittance into hospital, approximate foreseen sojourn in hospital or convalescent depot, place of residence of the family (Town and Province).

(2)

Military (Officers NOOs and men belonging to all the Armed Forces of whatever category) at present in medical establishments - hospitals and convalescent depots - as a result of wounds received during their employment directly under Allied command in Advanced Zones of the front and military in medical establishments due to disease or injury contracted under equal conditions.

Basically the same conditions of para (1) are applicable. The same nominal will be sent in duplicate to this Ministry before the 25th of each month containing the same data as that described in para (1). Hospital authorities will exercise a strict control in order to avoid patients remaining in hospital or convalescent depot longer than strictly necessary.

(3)

Military (Officers NOOs and men belonging to all the Armed Forces of whatever category) mutilated or disabled having their families residing in territory still occupied by the enemy or still A.M.G. control and military suffering from tuberculosis at present undergoing pre-sanitorial treatment pending transfer to civilian sanatoria as and when space becomes available.

As a general rule such military should be discharged or transferred within 30 days of admittance according to the instructions contained in para (4). In some exceptional cases a sojourn of more than 30 days in military medical establishments may be allowed on proposal backed by sound reasons. For this purpose it will be necessary to send a request containing all the necessary details to this Ministry on the 15th day after admittance when it is considered possible to form a sound judgement of the circumstances.

(3) (Contd.)

This request will at once be submitted to MIA who will authorize or refuse continuity of treatment in a military establishment after 30 days on military rations.

Individual requests as above should include complete data as per para (1).

(4)

Military (Officers NCOs and men belonging to all the Armed Forces of whatsoever category) at present in medical establishments - hospitals and convalescent depots suffering from disease or injury and not included in categories described in para (1) (2) and (3)

Of said military those who have already been in hospital over 30 days will not be fed on military rations any longer and therefore:

(a) If ready for discharge they will be discharged at once subject to normal procedure.

(b) If still requiring attention they will be transferred to certain hospitals and convalescent depots where they will be fed on civilian rations supplied by A.M.G. until such a time as it is possible to subject them to normal procedure.

In order to carry out the above instructions the military referred to should be transferred to civilian hospitals but, bearing in mind shortage of civilian hospital accommodation, the Directors of Health will allot some of the military hospitals and convalescent depots under their control for the exclusive use of the patients in question. Consequently such hospitals and convalescent depots will be considered from the point of view of rations as civilian establishments. No military entitled to Army ration will therefore be admitted to such establishments except for first aid in which case he will be transferred to the nearest military hospital as soon as possible. The staff employed in said hospital (medical officers Nuns, voluntary nurses and medical orderlies) will continue to be fed on Army rations until such a time as they are substituted by civilian staff. No change is ordered regarding documentation or reports as made out up to this date. Technical, disciplinary, and administrative dependencies remain unchanged.

It is pointed out that the period of 30 days is counted as from the day in which the patient leaves his unit to go to a medical establishment. It is understood that as regards military referred to in paras (3) and (4) for whom a long period of sickness is foreseen and who will have to be transferred as lying patients transfer should be arranged before the 30th day (generally speaking during the preceding week in order to economise transport and to be able to transfer if possible groups of patients instead of one patient at a time. Patients who can at once be diagnosed as chronic or long period patients (TB, mental diseases, disabled men returned from POW camps etc) should be transferred to civilian establishments or those above mentioned as soon as possible after diagnosis. The Health Directorates to which this Circular is addressed will carry out these instructions with all urgency in order that the new system will be completely in force at midnight on the 20th July 1944. It is pointed out that the selection of hospitals and convalescent depots to be made to function as civilian hospitals and convalescent depots (for the time being only insofar as rationing is concerned) will be made bearing in mind that:

be transferred to the nearest military hospital as soon as possible. The staff employed in said hospital (medical officers Nuns, voluntary nurses and medical orderlies) will continue to be fed on Army rations until such a time as they are substituted by civilian staff. No change is ordered regarding documentation or reports as made out up to this date. Technical, disciplinary, and administrative dependencies remain unchanged.

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- (i) the number of beds to be ceded should be in proportion to the number of patients in said hospitals and expected future requirements.
- (ii) establishments selected should be in easily accessible places from where clearing is not cumbersome and which are suitable for admittance of repatriated ex-POW.

For your guidance it is pointed out that the likely ports of arrival are TARANTO, PALERMO and NAPLES.

Health Directorate of the 9th Army Corps is advised to send ^{6.21} the Giovinnazzo Hospital in which there is a section of the Orthopaedic centre.

transd: SEDJ.

typed: t.v.s.

/s/ Col. V. POLCOSA.

Sheet 2.

(3) (Contd.)

This request will at once be submitted to MHA who will authorize or refuse continuity of treatment in a military establishment after 30 days on military rations.

Individual requests as above should include complete data as per para (1).

(4)

Military (Officers NCOs and men belonging to all the Armed Forces of whatsoever category) at present in medical establishments - hospitals and convalescent depots suffering from disease or injury and not included in categories described in para (1) (2) and (3)

Of said military those who have already been in hospital over 30 days will not be fed on military rations any longer and therefore:

(a) If ready for discharge they will be discharged at once subject to normal procedure.

(b) If still requiring attention they will be transferred to certain hospitals and convalescent depots where they will be fed on civilian rations supplied by A.M.C. until such a time as it is possible to subject them to normal procedure.

In order to carry out the above instructions the military referred to should be transferred to civilian hospitals but, bearing in mind shortage of civilian hospital accommodations, the Directors of Health will allot some of the military hospitals and convalescent depots under their control for the exclusive use of the patients in question. Consequently such hospitals and convalescent depots will be considered from the point of view of rations as civilian establishments. No military entitled to Army ration will therefore be admitted to such establishments except for first aid in which case he will be transferred to the nearest military hospital as soon as possible. The staff employed in said hospital (medical officers, nurses, voluntary nurses and medical orderlies) will continue to be fed on Army rations until such a time as they are substituted by civilian staff. No change is ordered regarding documentation or reports as made out up to this date. Technical, disciplinary, and administrative dependencies remain unchanged.

It is pointed out that the period of 30 days is counted as from the day in which the patient leaves his unit to go to a medical establishment. It is understood that as regards military referred to in paras (3) and (4) for whom a long period of sickness is foreseen and who will have to be transferred as lying patients transfer should be arranged before the 30th day (generally speaking during the preceding week in order to economise transport and to be able to transfer if possible groups of patients instead of one patient at a time. Patients who can at once be diagnosed as chronic or long period patients (TB, mental diseases, disabled men returned from POW camps etc) should be transferred to civilian establishments or those above mentioned as soon as possible after diagnosis. The Health Directorates to which this Circular is addressed will carry out these instructions with all urgency in order that the new system will be completely in force at midnight on the 20th July 1944. It is pointed out that the selection of hospitals and convalescent depots to be made to function as civilian hospitals and convalescent depots (for the time being only) for the military is concerned will be made bearing in mind that:

the ambulatory care at the point of arrival and convalescent depots will be considered from the point of view of ration will therefore be civilian establishments. No military entitled to Army ration will be admitted to such establishments except for first aid in which case he will be transferred to the nearest military hospital as soon as possible. The staff employed in said hospital (medical officers, nurses, voluntary nurses and medical orderlies) will continue to be fed on Army rations until such a time as they are substituted by civilian staff. No change is ordered regarding documentation or reports as made out up to this date. Technical, disciplinary, and administrative dependencies remain unchanged.

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- (1) the number of beds to be ceded should be in proportion to the number of patients in said hospitals and expected future requirements.
- (2) establishments selected should be in easily accessible places from where clearing is not cumbersome and which are suitable for admission of repatriated ex-POW.

For your guidance it is pointed out that the likely ports of arrival are TARANTO, PALERMO and NAPLES.

Health Directorate of the 9th Army Corps is advised to select the Giovinazzo Hospital in which there is a section of the Orthopaedic centre.

/s/ Col. V. POLOSA.

transd: SSND.

typed: t.v.s.

Translation

From: Wai Ministry
To: M M I A.

Ref: 1/2262/Sen
Date: 30.6.44.

Subject: Medical assistance to long period patients, convalescents, and sick W. Pows.

We beg to refer to instructions contained in M M I A's AG/2 dated 23.6.44 regarding procedure to be followed with military of any rank of the U. Army whose land-up period exceeds 30 days.

As a result of a conversation which took place this morning (between Col. Van and General Caldarola), and in view of the present lack of equipment of the civilian hospital organization, the following arrangements have been temporarily agreed upon:-

1.) In addition to personnel admitted to hospital suffering from wounds received ~~while~~ in action or in contact with the Allies, personnel contracting diseases under the same circumstances will also be able to remain in hospitals or convalescent depots beyond the 30 days previously stipulated.

2.) A special ~~arrangement~~ ^{arrangement} may be ~~made~~ ^{granted} to personnel sick or convalescent for a period longer than 30 days who are still resident in enemy occupied territory.

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3.) M. M. I.A. will hasten all plans for convalescent military leaving their families in liberated territory, controlled by AMG in order that they may reach their homes as soon as possible.

4.) On our part every effort will be made to ensure in the shortest possible space of time (M. M. I.A. allows up to July 13th.), with the cooperation of the Ministry of the Interior, the Italian Red Cross, National Association of War Mutilated & Invalids, National Association of War Disabled, the necessary medical, material and moral assistance after 30 days of illness to sick or convalescent military, sick or convalescent P.O.W's as & when they are repatriated, military suffering from T.B. for the care of which the difficulties are well known since all the Sanatoriums are more than full up, etc etc.

From a practical point of view, bearing in mind the absolute inadequacy of civilian hospital equipment, in order to meet the above mentioned requirements, we point out the advisability of forming a "War disabled Assistance Board" consisting of representatives of the various Ministries

aid organizations concerned. (M of W, ² M of the Interior, St Red +, etc.) one of the main objects of which would be to organize assistance to ex P.O.W's in cooperation with the Civilian Allied Medical Authorities (ACC or AAMG).

The Military Medical organization could straight away supply the required establishments (Convalescent depots, long term disease hospitals, a ward of the M. Jose Orthopaedic Centre for war disabled) and provisionally even the doctors and other personnel. In due course, though, we maintain it up to the St Red Cross to take the place of the Army in these duties, providing its own personnel, civilian personnel, voluntary nurses, etc.

Should the "War Disabled Assistance Board" (A.R.G.) be formed it would be most useful to be able to take advantage of the invaluable experience gained by the "Civilian Refugees Assistance Board" whose work has undoubtedly been most useful. At least some of the men employed in this organization, even if only 6211 a medical point of view, could be used in the new Board.

Should the above be accepted on principle it would be necessary:

- 1) For M M I A to give the Allied Civilian Authorities (ACC-AMG) notice to the effect that from now onwards assistance to war disabled, ex P O W's and mutilated is their concern ~~for~~ in cooperation with our authorities.
- 2) For the High Commissioners for P O W's M. of the Interior, M. Fed + Nat. Ass. of Mut. + Invalids + Nat. Ass. of War disabled to be approached in this respect.
- 3) To nominate the respective representatives and inform them of their duties in order that the programme may be carried out with all possible speed.

Carrying out of the suggested programme implies a large amount of organization work, which in any case should be carried out without a hitch. It is hoped that the results to be obtained to be obtained will fully justify the effort which will have to be made.

It is now fully evident that ³ the "War Disabled Assistance Board" would further enormously the return to normal civilian life and activities of ex P.O.W's and particularly of those sick or wounded. The advantages of making use of an already existing ~~and~~ hospital organization are also clear.

This Directorate Genl. will commence work at once (collection of statistical data, selection of establishments to be ceded to the new organization, etc), and is confident that if all contribute an adequate effort, the problem can be rapidly and satisfactorily solved.

We await your approval of the proposed programme.

(Sgd)

(Sgd) for Caldarola ⁶²¹⁰
P.T.O

T.N. "War Disabled" does not
— mean exactly the same
as in English but has been
a more ample meaning.

The Italians use "Riduci di guerra"
which might be better translated
by "War sufferers" i.e. those
who have lost their means of
livelihood, who are too weak
to do the same work as before,
etc. etc. not only those who have
lost sight, arms or legs.

DJ

MINISTERO DELLA GUERRA

DIREZIONE GENERALE DI SANITA' MILITARE

N. 11/2262/SPM. All.

Dir. I^a Sez. I^a

P. M. 107 li 30 giugno 1944

OGGETTO: assistenza sanitaria agli ammalati a lungo decorso, ai convalescenti e agli ex prigionieri infermi.

AL MINISTERO DELLA GUERRA - GABINETTO
ALLO S.M.R.E. - UFFICIO DEL SOTTOCAPO
ALLA A.C.C. SOTTOCOMMISSIONE PER L'ESERCITO

S. E. D. E.
P. M. 151
LEQUILLE

Si fa riferimento alle disposizioni contenute nel foglio AQ/2 del 23/6/1944 dell'A.C.C. - Sottocommissione per l'Esercito, relative al trattamento per i militari di qualsiasi grado del R.E. che superino il 30° giorno di malattia.

In seguito ad un colloquio avuto stamane (Col. Kerr - Gen. Galda - rola), e in vista della attuale insufficienza di attrezzatura della organizzazione ospedaliera civile, si è convenuto di addividuare ai seguenti temporanti:

- 1) - oltre al personale ricoverato in ospedale in conseguenza di ferite riportate in combattimento o in servizio presso gli Alleati (~~mentale~~ ~~mentale~~), potrà rimanere ricoverato in ospedale o in convalescenza - rio oltre 30 gg. anche il personale che ha contratto malattia nella massima posizione;
- 2) - uno speciale trattamento potrà essere riservato ai militari ammalati o convalescenti oltre il periodo di 30 gg., aventi le famiglie in territorio ancora occupato dal nemico;
- 3) - la A.C.C. Sottocommissione per l'Esercito solleciterà l'autorizzazione, per i militari convalescenti che hanno la famiglia nel territorio controllato dall'A.M.G., affinché essi possano raggiungere le proprie case;
- 4) - da parte nostra si farà ogni sforzo allo scopo di assicurare nel più breve tempo possibile (una minima eventuale tolleranza sul termine del giorno 13 luglio è stata assicurata dalla A.C.C. Sottocommissione per l'Esercito), con il concorso del Ministero degli Interni, della C.R.I., dell'Opera Nazionale Mutilati e Invalidi di Guerra e dell'Associazione Nazionale reduci di Guerra, ~~la~~ ~~la~~ la necessaria assistenza sanitaria, materiale e morale ai militari ammalati o convalescenti oltre il 30° giorno di malattia, agli ex prigionieri ammalati e feriti

malattia.

In seguito ad un colloquio avuto stamane (Col.Kerr - Gen.Calda-rola), e in vista della attuale insufficienza di attenzione della organizzazione ospedaliera civile, si è convenuto di addividere ai seguenti tempe-ramenti:

- 1)- oltre al personale ricoverato in ospedale in conseguenza di ferite ri-portate in combattimento o in servizio presso gli Alleati (~~particolari~~ ~~malati~~), potrà rimanere ricoverato in ospedale o in convalescenza=rio oltre 30 gg. anche il personale che ha contratto malattia nella me-desima posizione;
- 2)- uno speciale trattamento potrà essere riservato ai militari ammalati o convalescenti oltre il periodo di 30 gg., aventi le famiglie in territo-rio ancora occupato dal nemico;
- 3)- la A.C.C. Sottocommissione per l'Esercito solleciterà l'autorizzazione, per i militari convalescenti che hanno la famiglia nel territorio con-trollato dall'A.M.G., affinché essi possano raggiungere le proprie case;
- 4)- da parte nostra si farà ogni sforzo allo scopo di assicurare nel più breve tempo possibile (una minima eventuale tolleranza sul termine del giorno 13 luglio è stata assicurata dalla A.C.C. Sottocommissione per l'Esercito), con il concorso del Ministero degli Interni, della C.R.I., dell'Opera Nazionale Mutilati e Invalidi di Guerra e dell'Associazione Nazionale reduci di Guerra, ~~alla~~ ~~la~~ ~~la~~ la necessaria assi-stenza sanitaria, materiale e morale ai militari ammalati o convalescenti oltre il 30° giorno di malattia, agli ex prigionieri ammalati e feriti di mano in mano che vengono rimpatriati, ai militari tubercolotici per i quali com'è noto esistono difficoltà di ricovero presso i sanatori che sono attualmente sovraffollati, ecc.

Dal punto di vista pratico, stante l'assoluta insufficienza ^{dell'} attrezza-tura ospedaliera civile, per fronteggiare le necessità sopra menzionate, si presuppone l'opportunità di istituire un'Ufficio Assistenza Reduci di Guerra, che dovrebbe essere costituito dai rappresentanti dei vari Ministeri ed En-ti interessati (Ministero della Guerra - Ministero degli Interni - C.R.I. -

././././.

Organizzazione sanitaria del R. Esercito potrebbe senz'altro fornire o questo scopo gli stabilimenti sanitari occorrenti (convalescenziari, ospedali per degenti a lungo decorso, una Sezione del Centro Antropedico M. José per i mutilati di guerra) e in via provvisoria anche il personale occorrente (medici e personale sanitario). Successivamente, si ritiene che la C.R. I. sia l'Ente più indicato per subentrare all'Esercito nei compiti summenzionati, provvedendo al riguardo sia con il proprio personale come con personale civile, infermiere volontarie ecc..

Se verrà costituito un "Ufficio Assistenza Reduci di Guerra" (A.R.G.) ci si potrà valere della preziosa esperienza raccolta attraverso l'opera dell'Ufficio Assistenza Profughi Civili, la cui opera è stata ed è indissolubilmente utilissima. Per l'attuale organizzazione, si potrebbero almeno in parte, e se non altro nel campo sanitario, utilizzare gli stessi uomini già impiegati per organizzare la A.P.C.

Se il programma di massima esposto sarà approvato, si ritiene necessario:

1)- che la A.C.C. Sottocommissione per l'Esercito informi in tempo debito la Autorità Alleata dell'organizzazione civile (A.C.C. - A.M.G.) che d'ora innanzi spetterà ad essa provvedere, insieme alle nostre Autorità, all'assistenza ai reduci dalla guerra e della prigionia ed ai mutilati;

2)- che vengano interessati l'Alto Commissario per i Prigionieri di Guerra, il Ministero degli Interni, la C.R.I., l'Opera Nazionale Mutilati ed invalidi di guerra e l'Associazione Nazionale Reduci di Guerra, ciascuno per la parte di propria competenza;

3)- che vengano nominati dei rappresentanti e promossi degli incontri allo scopo di dare attuazione rapida e concreta al programma tracciato.

La realizzazione del programma proposto implica un notevole lavoro riorganizzativo, che in tutti i casi dovrà potersi svolgere senza scosse. Si spera che i risultati che si dovrebbero raggiungere giustifichino lo sforzo che si dovrà compiere.

E' evidente comunque il beneficio che potrebbe essere arrecato dall'Ufficio Assistenza Reduci di Guerra ai fini della restituzione graduale degli ex prigionieri, e in particolare di quelli ammalati e feriti, alla vita e all'attività civile. E' anche chiaro il vantaggio che si avrebbe nell'appoggiarsi a questo scopo ad una organizzazione ospedaliera già esistente.

Questa Direzione Generale darà subito inizio al lavoro preparato.

sario:

- 1)- che la A.C.C. Sottocommissione per l'Esercito informi in tempo debito le Autorità Alleate dell'organizzazione civile (A.C.C. - A.M.G.) che d'ora innanzi spetterà ad essa provvedere, insieme alle nostre Autorità, all'assistenza ai reduci della guerra e dalla prigionia ed ai mutilati;
- 2)- che vengano interessati l'Alto Commissario per i Prigionieri di Guerra, il Ministero degli Interni, la C.R.I., l'Opera Nazionale Mutilati ed invalidi di guerra e l'Associazione Nazionale Reduci di Guerra, ciascuno per la parte di propria competenza;
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Questa Direzione Generale darà subito inizio al lavoro preparato (raccolta dei dati statistici, scelta degli stabilimenti sanitari che potranno essere ceduti alla nuova organizzazione ecc.), e confida che se tutti daranno un contributo adeguato di lavoro, il problema prospettato potrà essere rapidamente e favorevolmente risolto.

Si rimane in attesa della approvazione e del benessere degli enti in indirizzo nei riguardi del programma formulato.-

IL DIRETTORE GENERALE
(F. Calafarola)

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