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Information Outgoing-

Public Health + Welfare

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Public Health and Welfare

Modern health and welfare programs, under close supervision of trained officers in Allied military government, are beginning to take form in Sicily and occupied areas of Italy. As a result, living conditions are steadily improving in the occupied zone. There are no serious epidemics, and although food, fuel and clothing are scarce and homes have been broken by the war, there have been no cases of starvation. Normalcy is returning.

Like other phases of military government, health and welfare programs for Italy were prepared in North Africa before the invasion by British and American officers attached to AMGOT. In the United States, public health and welfare are distinctly separated services, but in England they are combined because functions may be overlapped. The British system has been adopted, with success.

Seven health and welfare officers landed in Sicily, with the invasion forces, but civil administration problems were more pressing at first and these experts were at the outset put to the job of running communes. However, within six weeks they were replaced by general administrators and assumed duties in their own field. Additional health and welfare officers arrived. Supervision of health and welfare efforts have successively progressed from Army control, to AMGOT on the provincial level, and now under the Allied Commission on a territorial level. Brigadier G. S. Parkinson, retired British Army officer and longtime professor in the London School of Tropical Medicine, heads up the Health and Welfare section of the Allied Commission. His deputy is Lieut.-Col. W.C. Williams, for years state commissioner of health for Tennessee.

Like other public functions, health and welfare services have been placed directly in the hands of Italian officials, who operate under Allied Commission supervision. During the invasion most of the native health officers remained at their posts and were willing to work. The majority were found to be able officials, apparently selected on the basis of ability rather than Fascist Party worth. To date it has not been necessary to discharge a single public health officer because of Fascist leanings.

Captured medical officers have been released and sent back home, and there is no shortage of personnel, on the basis of pre-war conditions. However, the underprivileged classes in Italy never were provided with proper medical facilities.

During the early phases of the invasion typhoid outbreaks were discovered. Several towns had from 50 to 150 cases and little effort had been made by native health officers to isolate them or to stamp out sources of infection. AMGOT officials directed local authorities to quarantine the cases, and obtained chemicals for chlorination of water supplies. Immunization efforts, however, have been only partly successful because of the native fear of the hypodermic needle. Italian doctors had been using a capsule "vaccine" although most of them knew the treatment was not effective. However, the typhoid situation behind the combat lines is now under control.

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Malaria was found to be prevalent but in mild form. There had been no control program before the invasion because of divided responsibility among a half dozen agencies. AMGOT consolidated a program of prevention and treatment under the provincial health officer, and has put to work in Sicily alone 1700 Italians in malaria control.

No typhus cases have been reported; however, the system of reporting communicable diseases and death causes has never been effective and is now

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broken down by lack of communications. Allied Commission authorities say a reporting system will be working within a month.

Living conditions are improving. Near Augusta some families are still in caves, but a housing program is under way there and elsewhere in Sicily. Bomb shelters have been cleared out, and although the natives face a cold winter because of the lack of fuel, there is some sort of housing available for all.

Water supplies were restricted for a time, but even in Naples, where bomb damage caused at least seven major breaks in the ~~Stammaria~~ Sorino Aqueduct, emergency repairs have been made and water is now adequate. Naples' water supply was restored within three weeks after occupation.

Organization of an effective health program has been handicapped not only because of the collapse of the domestic political machine, but also by the improper training, before the war, of administrative officials. A typical instance is the experience of one AMCO health officer who asked the prefecture in one province for a list of child welfare institutions supported by the provincial treasury. The American officer was told the list would be prepared the following day.

"Why tomorrow? Have you got so many you can't list them now?" he asked.

"Oh, no, we just have 17," replied the prefecture, "but if I asked my clerk to prepare the list now it would upset him terribly. You see, we are not used to getting things done in such a hurry like you Americans!"

Medical supplies in the occupied areas are scarce, as the chief supply point is north of Rome, and because of the shipping problem Allied supplies cannot yet be brought in in any great quantity.

Captured supplies were adequate for a month's requirements, and were augmented by the arrival from the United States of 300 tons, 90 tons of which were sent on to Naples alone.

The majority of hospitals were undamaged by the war. These, plus emergency Red Cross hospitals set up to care for wounded civilians and Italian soldiers, have provided ample bed space.

The University of Catania Medical School will be reopened soon, and medical schools in Palermo and Messina will be later.

Norman Davis, president of the American Red Cross, was in Sicily in September and placed his organization at the disposal of AMG for emergency welfare work. Fifteen Red Cross workers arrived shortly thereafter, and more are on the way.

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AMG public ~~administration~~ welfare officers were directed to supervise the general assistance program, child welfare, air raid protection, refugee camps and, in cooperation with AMG finance officers, the social insurance program.

Before the war the Fascists had built up a complicated social insurance system with more forms of coverage on paper than anywhere else in the world. The system was not bankable, however, and was loosely financed out of taxes and party funds. Coverage was also largely on paper; payments depended chiefly on political influence. Policies covered old age, unemployment, accidents, and sickness; and there also were benefits for getting married, additional payments for rearing families (with increasing amounts for each

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additional child) and benefits to families of soldiers in service.

ANG impounded all available insurance funds and suspended payments for a time. Now, all benefits except the one to families of soldiers have been resumed, payments being made out of impounded funds and occupational currency.

This form of relief is considerable; in Catania alone, for example, the number of weekly payments now going out through the postal system totals 4000.

Chief form of public relief to the needy is a cash grant made in 15-day periods to persons certified as needy by local welfare committees. This cash grant is being made by the Allied military government in occupational lire. The grant is 25 lire per day for the head of a family and 5 lire additional for each dependent. This maximum is rare; the average is about 10 lire for family head and 2 or 3 lire for each dependent.

Administration is through the communal relief committees, named by the mayor. Under Fascist rule these committees existed only on paper and welfare programs were administered through various Fascist orders whose main job was to indoctrinate the beneficiaries with party theories. One such group was the Sons of the Wolf, the Fascist conception of the American Boy Scout movement.

ANG officers uncovered these communal assistance committees, made up chiefly of socially-minded citizens, and put them to work. Additional case workers and investigators have been recruited, and this force has been augmented by the native police.

Cash relief is granted solely on a need, or "means test" basis; and the fact that only about 25 per cent of the population is now receiving this grant indicates the test is being fairly well applied.

Mass feeding, such as soup kitchens, have not been required in most areas, although they have been operated in Catania and Agrigento. Army food and equipment has been used in part for these two kitchens.

Public relief work has kept down violence and mob action. The system developed for Palermo has been adopted elsewhere. The city was zoned and district officers set up for payment of cash relief, in order to keep the needy from gathering at one central point.

Welfare officers in military government daily collide with many pathetic cases, and it has therefore been difficult to keep efforts confined to the indirect level. But there are ~~only~~ also occasional smiles. One officer was approached by a mother who said she had seven children and that she needed help. Her brood was hovering about her skirts, and the officer counted them.

"But I only see six children," he said.

The mother counted her youngsters one at a time, calling each by name, being noisily assisted by each child in turn. Yet she too only could count six.

Finally, ~~when~~ from the voluminous folds of her skirts piped a small voice: "Mama, you forgot me."

"Angelo," cried the mother happily. "Yes, I do have seven, see?" And turning to Angelo, she scolded, "You quiet one. Why do you always make me forget you?"

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