

PUBLIC HEALTH AND MEDICAL CARE**1. General.**

The health of displaced persons is one of the most important considerations in their care. Lack of adequate public health and medical care and of adequate sanitary control and facilities may lead to serious consequences. A complete health and medical program cannot be outlined here, but the material set forth in this section should be helpful in enabling those concerned with the health of displaced persons to discharge their responsibilities more adequately.

2. Responsibility of Assembly Center Director.

The Center Director is responsible for the complete operation of the Center including the maintenance of health. The Chief of the health and medical personnel on his staff reports directly to him, and he has overall responsibility for the provision of health, medical and sanitary services to the end that communicable diseases are prevented or controlled and needed medical care is provided.

3. Responsibility of the Assembly Center Medical Officer.

Whenever possible, a full time Medical Officer will be assigned to the Center staff. When personnel is not available, one Medical Officer may work in several Centers. When there are several physician in the Center, one will be designated as the Center Medical Officer. This officer will be responsible for:

- a. Supervising all other medical and public health personnel in the Center, both as to their training and satisfactory performance of duties.
- b. Medical inspection of displaced persons entering the Center.
- c. Determination of physical capacity for work.
- d. Delousing and maintenance of louse-free conditions in the Center.
- e. Formulation, administration and operation of a medical care program including facilities for isolation of persons suffering from infectious diseases; provision of a dispensary, an infirmary, outside hospitalization of persons who cannot be cared for adequately in the Center facilities.
- f. Medical inspection of all persons departing permanently from the Center and certification of their ability to travel, including a statement of special care required while traveling.
- g. Maintenance of medical records, including completion of medical portions of displaced persons record forms, daily medical register, and records of delousings.
- h. Serving as consultant on nutrition and reviewing mess operations with regard to the adequacy of the dietaries supplied.
- i. Advising on matters of general sanitation, water supply, laundry and bathing facilities, waste disposal, messing and dish-washing facilities and methods.
- j. Preparing such periodic and special public health reports as

may be required by the Center Director and Military Government Public Health Officers.

4. Responsibility of the Chief Nurse.

a. Establishment and supervision of all nursing services under direction of the Center Medical Officer. These services should include special accommodations for feeding, bathing and other care for infants

b. Recruitment and training as required of nurses, nurses' aides and auxiliary nursing workers.

5. Responsibility of Military Government Public Health Officers.

a. In Germany, each Center or group of Centers will be in an area under the jurisdiction of the Commanding Officer of a Military Government Detachment in a Stadtkreis, Landkreis or larger political sub-division. There will be a Military Government Public Health Officer on that Detachment or on a Detachment at a higher political sub-division and military echelon. The Military Government Public Health Officer is responsible, in the area under his jurisdiction, for technical supervision of Public Health activities in the Centers and among displaced persons not in Centers.

b. Assembly Center Directors and Assembly Center Medical Officers will call on appropriate Military Government Public Health Officers for advice and assistance in carrying out their responsibilities for public health operations in Centers

6. Center Public Health Personnel:

a. Public Health personnel in Centers will normally be recruited from among the displaced persons themselves or may be provided in whole or in part in UNRRA or other displaced persons teams.

b. German Medical personnel will not be used in Centers except in case of emergencies when no Allied Medical personnel is available.

c. Normally, 1 physician, 1 trained nurse, 2 nurses' aides and 2 medical and 2 male orderlies will be required for each Center for approximately 2,000 displaced persons. If the Center population is smaller, 1 physician may handle two or more Centers. If the Center population is greater than 2,000 or if a particular Center contains an unusually large number of persons who are ill, it may be necessary to have an expanded medical staff. If there is a constant shifting of population in the Center, it may be necessary to have full time orderlies for dusting of incoming persons.

7. Center Medical Facilities:

a. *Medical Inspection Room.* Each Center should have a room in its admission control section to be used for medical inspection of newly arriving displaced persons. Attached to this, or as part of it, should be another room or set-off space in which displaced persons who are withdrawn from the line for more complete examination may be seated until they can be more fully studied.

b. *Dusting Room.* Attached or close to the inspection room

should be a dusting room. It is preferable to have separate ones for men and women.

c. *Center Dispensary.* Each Center should have a dispensary in which ambulatory sick patients may be examined and treated at fixed, stated hours. Whenever possible, arrangements should be provided to furnish 24 hours daily emergency services.

d. *Center Hospital.* Each Center should have a small hospital for isolation of patients with communicable diseases, and for patients who require bed care but who do not have illnesses that require specialist care which must be provided in an outside hospital.

- (1) Normally, bed capacity should be a minimum of:
 - 4-6 beds for children per 1,000 displaced children.
 - 4 beds for communicable disease per 1,000 displaced children.
 - 2 beds for maternity cases per 1,000 displaced pregnant women (more will be required if many of the pregnant women are in the late months of pregnancy).
 - 4 general beds per 1,000 adults.

These figures are accepted peacetime standards for a stable population; in view of the nature of the population in Centers, i.e. the probable complete turnover at frequent intervals and increased opportunities for accidents, these standards must be considered as minimal. In case of epidemics, and of considerable serious malnutrition, additional emergency beds may be needed.

- (2) The dispensary and hospital should have minimal equipment and medical supplies to give routine medical care.

e. *Outside Hospital.* The personnel of each Center should ascertain to which outside hospital they are to evacuate patients requiring specialist care, especially for acute surgical emergencies when there are inadequate facilities and specialists in the Center.

f. *Transportation for the Sick.* Provision for transporting patients to hospitals or elsewhere by ambulance or by other vehicle should be made. In many instances, ambulances may be called from a hospital or other agency outside the Center.

8. Public Health Program.—Operating Procedures.

a. *Arrival Medical Inspection.* On arrival, all persons will be medically inspected by the Center Medical Officer before they are allowed to mingle with the other inhabitants of the Center.

- (1) The physical inspection must be complete enough to determine the general physical condition of the person inspected. Particular attention must be given to the detection of communicable disease.
- (2) A record of the results of such inspections should be entered on A.E.F. DP Registration Record (Form DP 2) in items 25, 26, 27 and 28.
- (3) When large groups of people must be inspected at irregular intervals, it may be necessary to make arrangements for obtaining the temporary services of additional medical and nursing personnel from another Center until such inspections are completed.

b. *Disinfestation.* Each person and the clothing he is wearing will be deloused prior to billeting with the general population in any Assembly Center. This disinfesting should be performed at the first Assembly Center entered. Subsequent disinfesting will be performed only as lousiness develops.

For the purpose of disinfesting, the use of insecticide powders such as: Insecticide Powder, Delousing (10 % DDT) AL 63 MK III, AL 63 MIV, and Anti-louse Powder (all contain DDT), is the preferred method. However, other methods, such as use of steam, hot air or chemicals should be utilized if powder is not available. The dusting procedure is described in Public Health Technical Instruction No. 6, 11 March 1945, and copies of this publication should be in the hands of all Center personnel concerned with delousing with DDT. Record of date and method of delousing will be made on the A.E.F. DP Registration Record Form DP 2 (Item 25). When one of the insecticide powders referred to above has been used, a brief notation of that fact will be made; also on the reverse side of the A.E.F. DP Index Card (Form DP 1). A notation of "DDT" and "date" will suffice.

Routine dusting of the extra clothing and bedding carried by displaced persons and refugees is **not** to be practised except in instances when exanthematic typhus fever occur in the Center or when the displaced persons have not been dusted previously, and have come from an area where typhus is epidemic.

c. *Medical Clearance.* Clearance of displaced persons for movement will be carried out as follows:

- (1) All persons leaving an Assembly Center will be inspected by a Center physician, within 24 hours prior to departure.
- (2) Record of the inspection will be made on the A.E.F. DP Registration Record (Form DP 2).
- (3) Medical clearance will be refused:
 - (a) Persons ill with any of the communicable diseases listed in paragraph 8d(1) below, while in the infectious stage.
 - (b) Susceptible persons who have been in intimate contact with cases of plague, cholera or smallpox while such persons are within the estimated incubation period of the disease.
 - (c) Susceptible persons who have been intimate contacts of cases of exanthematic typhus fever and have not been deloused with one of the insecticide powders referred to above, while such contacts are within the estimated incubation period of the disease.
- (4) Susceptible persons who are intimate contacts of cases of the communicable diseases listed in paragraph 8d(1) below, other than those in paragraph 8c(3) (b) above, may be given medical clearance provided the conditions of travel will permit adequate surveillance and isolation if necessary; otherwise clearances to such persons will be refused.
- (5) Susceptible persons who have been intimate contacts of cases of exanthematic typhus fever may be allowed to travel if they have been dusted and are louse free. However,

- they should travel in such a way that they may be kept under medical surveillance.
- (6) Medical clearances are official records of international importance when displaced persons cross national borders and grave responsibility rests upon the physician executing such clearance. Medical clearances will be recognized in lieu of quarantine detention and treatment at borders provided that the travel or experience of the individual subsequent to issue of clearance has not been such as to render him infected with communicable disease.
- d. *Control of Communicable Diseases.* Measures will be taken to control communicable diseases as follows:
- (1) Isolation. All persons ill with the following communicable diseases are to be isolated during the infectious period of the disease and not given Medical Clearance or permission to travel until declared non-infectious by the Center Medical Officer: Plague, smallpox, cholera, yellow fever, exanthematic typhus fever, meningococcus meningitis, diphtheria, poliomyelitis, scarlet fever, measles, mumps, typhoid fever, bacillary dysentery and infectious jaundice. Persons with other diseases, particularly dangerous or presenting special hazards, may be treated similarly. Care must be exercised to detect cases of venereal diseases in an infectious state. Such patients should be isolated to prevent them from infecting others and treated until they are rendered non-infectious. They may be allowed to travel, but care must be exercised to see that they do not infect others while traveling. Treatment should be continued during the whole period they are in Centers in the displaced persons repatriation scheme with a view to providing a "cure" if they are in Centers for a long enough time.
- (2) Quarantine. Persons who are contacts of cases of diseases listed in paragraph 8d(1), and who remain in Centers, will be kept under surveillance during the incubation period of the disease. Normally, entire Centers will not be placed under quarantine unless there is a spreading focus of plague, cholera, smallpox or exanthematic typhus fever within the Center.
- (3) Immunization. Routine immunization against certain diseases should be practiced as time and facilities permit, particularly in the presence of actual or threatened epidemics in the Center, adjoining community, or in other Centers or communities through which the displaced person may pass. The diseases that can be protected against satisfactorily by immunization and that should be considered are: Exanthematic typhus fever, typhoid fever, smallpox and diphtheria. It is especially important that all children under one year be immunized against smallpox and diphtheria. All Center operating personnel will be immunized against exanthematic typhus fever, with Cox type vaccine. They will also be immunized against typhoid fever and smallpox.

e. *Medical Records.* Records should be kept as stated above and as follows:

- (1) Records of persons hospitalized in civilian institutions. The Director of the hospital will be required to furnish a report on patients at the time of discharge. Such reports should be made in duplicate on the A.E.F. DP Supplementary Medical Record (Form CA/d6). The Center Medical Officer should assure the submission of such reports and maintenance of them at the Center.
- (2) A dispensary ledger in which the visits of patients are entered daily. Diagnosis and a brief outline of treatment should be shown. Records of individuals may also be kept if the Center Medical Officer so desires.
- (3) A separate Center hospital ledger showing information similar to that in the dispensary ledger.
- (4) A list of all patients sent to outside hospitals with their diagnoses and dates of admission and discharge. This may be kept in the Center hospital ledger.
- (5) A ledger showing receipts of Insecticide Powder Delousing (10 0/0 DDT), other anti-lice powders and hand dusters received, number of persons disinfected by method (dusting, steam, etc.) and date.
- (6) A separate list of births, deaths, and cases of communicable disease.
- (7) When groups of displaced persons who are ill or disabled leave Centers for movement to other Centers or home, adequate medical data should be sent with them to enable train or convoy Public Health personnel to provide adequate accommodation, isolation if required, supervision, and medical care while the people are moving.

f. *Observance of Health Laws.* Except in instances when directives state otherwise, all existing health laws and regulations in force in the area of the Center will be observed. Communicable diseases, births and deaths will be reported to the local authorities and as required by current local or national regulations.

g. *Adequacy of Food.* Mess operations will be reviewed with regard to the provision of the prescribed diets and satisfactory preparation of the food to prevent destruction and loss of vitamins. (See appendix (6) on food and nutrition.)

9. Public Health Program—Environmental Sanitation:

a. The Center Medical Officer is responsible under the Center Director for the proper supervision of all facilities and conditions involved in the provision of a safe environment.

b. *Provision of a Safe Water Supply.*

- (1) Water, adequate in quantity and safe in quality, should be provided for the needs of the people through convenient outlets. The quantity necessary per person will vary with the habits of the people and facilities for distributing and use.
- (2) The following information may be of use in planning or checking facilities to provide the quantity needed:

- (a) If water is distributed through the camp by pipe, at least 15 gallons (54 litres) per person per day.
- (b) If water cannot be piped throughout the entire camp, at least 5 gallons per person per day.
- (3) If water cannot be obtained from a chlorinated supply, water for drinking purposes, brushing teeth and washing of fruits and vegetables to be eaten raw should be treated with a chlorine solution in canvas water sterilizing bags or some other container suitable for distributing the water. High test calcium hypochlorite should be used if available. Sufficient chlorine should be added to give a residual chlorine content of 1.0 per million after a contact period of 30 minutes.
- (4) If chlorine is not available, the water to be used as listed in paragraph 9b(3) above, should be boiled before use.

c) *Waste Disposal.*

(1) *Human wastes.*

- (a) All human excretion will be disposed of in a manner to preclude the contamination or pollution of the water supply or exposure to flies, rodents, etc.
 - (b) If flush toilets are available, these should be used after making certain they empty into a suitable sewerage system or tight cesspool or pit. Such pits will have to be emptied periodically.
 - (c) If flush toilets are not used, some type of a pit latrine should be used. Military manuals of hygiene give information necessary for the construction and care of such latrines. For satisfactory use these latrines must be kept clean and fly-tight at all times. Because of continental habits, a squat-type latrine may be found most satisfactory. Due to difficulty in policing, can latrines should not be resorted to unless a pit latrine cannot be used. Urinals should be provided in latrine areas for males.
 - (d) Minimum allowance of latrine facilities follow:
 - 1 *Seats* One per 20 persons: more if there is a large percentage of women and children.
 - 2 *Urinals.* One urinal or 2 feet of urinal space per 25 males.
 - 3 *Location.* These should be located in areas such that the entire camp area is served. Where new facilities are constructed, they should be placed at least 100 yards from mess-halls and 100 feet from any source of water.
 - (e) Care and maintenance is essential. A detail of people must be assigned to keep latrine areas clean at all times. Any evidence of defecation or urination in other than the facilities provided should be investigated energetically and its repetition prevented.
- (2) *Ablution water and other liquid wastes.*
- (a) All wash water from bath houses, wash rooms, kitchens, laundries, etc., must be conducted to a sewerage system

if one is available and the capacity of the system is great enough to handle such wastes.

- (b) If a sewerage system is not available these wastes should be disposed of through an adequate cesspool, soakage pit and drainage field or some other method that will prevent the pooling and ponding of the liquids on the ground surface.

(3) *Garbage and trash.*

- (a) Trash and rubbish will be collected and disposed of in such a manner as to prevent creation of fire hazards, rat breeding areas or other nuisances. Containers for collecting of trash and rubbish should be provided in convenient locations in the Center.
- (b) Garbage will be collected and stored in watertight, covered containers. These cans should be emptied at least daily. When garbage is not collected by a municipal or other agent, it should be buried in such a way as to prevent fly or rat breeding. Containers must be kept in good repair.

d. *Messing.*

- (1) The kitchen will be adequately equipped and constructed in such a manner as to permit easy cleaning.
- (2) A dining room will be provided. Eating of meals in billets should be avoided.
- (3) Adequate dish washing facilities will be provided. These should consist of means whereby the dishes and other utensils are washed in warm soapy water and treated by a boiling water rinse. Where boiling water cannot be provided, a final chlorine rinse should be provided. Such arrangements would be covered by:
- (a) A container of warm soapy water for washing.
- (b) A clear-water rinse, preferably hot water.
- (c) A final chlorine rinse, using a chlorine concentration of 200 parts per million.
- (4) The storage, distribution, preparation and serving of food should be done in such a way as to avoid contamination of the food or serving of decomposed food. Food-handlers should be observed for possible infection with diseases that might be transmitted through the foot.
- (5) Constant supervision and inspection must be assured to maintain the conditions outlined above.

e. *Washing, Bathing and laundry facilities.*

- (1) Washing facilities should be provided on the basis of 6 wash bowls or the equivalent per 100 people.
- (2) Showers are much to be preferred for bathing. These should be provided on the basis of 8 shower heads or tubs per 1,000 people. If facilities cannot be provided in the Center, efforts should be made to obtain the use of municipal or other baths.
- (3) Some provision of tubs or basins should be provided for laundering of clothes.
- (4) Hot water should be provided, if possible, for washing, bathing and laundering.

f. *Animals.* Pets will not be permitted in Centers. Draught animals, sheep, hogs, etc., may be maintained provided they are stabled or kept in areas separate from the Center living areas. Stables or barns must be cleaned daily and manure disposed of in such a way as to prevent fly-breeding.

g. *Insect, Rodent, and Vermin Control.* All mess halls, kitchens, dispensaries and sickbays will be screened when possible. Measures will be taken to protect food stuffs from insect or rodent contamination. Efforts should be made to control and eradicate houseflies, mosquitoes, fleas, bedbugs, rats and mice in Center areas and buildings. If malaria should be a present danger, efforts should be made to provide mosquito nets to Center personnel.

h. *Sanitary Inspections.* Sanitary inspections of kitchens, mess halls, food dump, dormitories, latrines and other facilities important in environmental sanitation will be made daily by a qualified person under the direct supervision of the Center Medical Officer and energetic measures taken for the correction of unsuitable conditions found.

i. *Consultation.* Public Health Officers on the Staffs and on Military Government Detachments are available for consultation on public health problems.