

654

Medical Care

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Mr. William Morrell
UNRRA
Dupont Circle Building
Washington, D. C.

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Dear Mr. Morrell:

I enjoyed meeting you during my visit to Washington last week and this is the letter which I promised to write you after our conversation.

We should be most interested in receiving your observations on the mental health of the inhabitants of the countries which you are shortly to visit. We would like to know if there is any common pattern of psychiatric symptoms (restlessness, irritability, inability to make decisions, apathy, etc.) which is exhibited by individuals who have been under peculiarly trying conditions, and also what the medical and welfare organizations in the various countries are trying to do about this subject. Do they recognize mental illness as a serious potential problem and, if so, what are they doing to combat it?

If, in the course of your travels, you happen to run into any prominent psychiatrists, they might have ready answers to these questions.

Mr. Patrick is now on the West Coast and so I haven't had a chance to talk to him about the pieces which he discussed with you. Naturally, you should go ahead with any arrangement which he made with you.

I was extremely impressed with the efficiency of the Public Relations section of your office and I believe that I accomplished quite a good deal there, due to their efforts.

I hope that you will have an interesting trip and that I shall see you when you get back.

Very sincerely,
(signed) Phil Boyer
Philip Boyer, Jr.

654 (In Displaced
Persons)

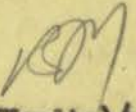
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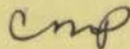
TO: James A. Crabtree

FROM: C. H. Pierce

The attached documents concerning medical services for displaced persons has been forwarded to us by Mr. Soorma of the Southwest Pacific Area Office. He has asked for Headquarters' comments on these plans.

Before replying to him, I would appreciate having such comments as the Health Division would care to make.


CMP(RJYoudin)/mm



1654

UNRRA - HEALTH DIVISION
FIELD WORK IN DENTAL HEALTH SERVICE
GENERAL PRINCIPLES GOVERNING FIELD OPERATIONS

Plans for providing dental health service and supplies for UNRRA field operations must of necessity be flexible and subject to revision. As now conceived, dental activities will be divided in five major subdivisions.

1. Assistance in provision of dental supplies and equipment to eligible paying and non-paying countries.
2. Provision of dental services to displaced persons in Assembly Centers, camps, etc.
3. Loan of personnel.
4. Assisting on request in development of national dental health services.
5. Epidemiological study.

1. Provision of supplies and equipment

It is anticipated that dental services can be reestablished in some of the countries by providing certain items of supply and equipment until such time as local manufacture and distribution of these items can be resumed. In many instances this will permit dental health services to be reestablished at an early date.

Estimation of the needs in this respect will be obtained by the Dental Consultant through conferences with the Medical Director of the Country Missions, country health authorities and representatives of the dental profession in the various countries. The mechanism for the distribution of medical supplies will be used for the distribution of dental supplies.

In the organization of the dental supply table for UNRRA health service, every effort has been made to include only items essential to a rational, conservative program. Operative equipment is of the inexpensive portable type. Dental laboratory equipment and materials have been restricted to those permitting the construction of vulcanite dentures only.

2. Provision of Dental Service to Displaced Persons

It is planned to provide a minimum of essential dental treatment for displaced persons in the refugee camps, in assembly centers and in hospitals conducted by UNRRA.

This service should consist of:

1. Treatment of diseases of the mouth.
2. Extraction of teeth.
3. Plastic fillings for the conservation of teeth.
4. Replacement of teeth with dentures in selected cases.

In some areas it may be possible to provide only items No. 1 and 2. In other places, items No. 1, 2, and 3 or the complete program recommended can be provided.

Owing to living conditions in war-torn countries, it is anticipated there will be a high prevalence of mouth diseases such as Vincents infection, scurvy, and stomatitis due to avitaminosis. These diseases will probably require intensive local treatment as well as a cooperative preventive program with medical and nutritional services.

A rational program for the conservation of savable decayed teeth can be developed by the use of plastic filling materials of silver amalgam and cements. No provision is being made to supply a luxury type of dentistry such as inlays, crowns and bridges requiring precious metals and an extensive amount of operating time.

It is presumed that a majority of the displaced persons from occupied countries have not had access to dental services for a period of years. This combined with a sub-normal nutritional and hygienic status would indicate the necessity of the wholesale extraction of teeth in many of the older age groups. To meet such a condition, UNRRA will set up a dental laboratory unit for the construction of dentures. Wherever distance and transportation facilities permit, a central laboratory will be established to supply units of from five to ten camps and hospitals.

3. Personnel

For the present, it is recommended that the administrative personnel for the dental service of the Health Division consist of:

1. A consultant specialist in Dentistry
2. A Dental Officer for each country mission

The Consultant Specialist will serve under the general direction of the Director of the Health Division and tentatively under the immediate supervision of the Medical Director of the European Division. The duties of the Consultant Specialist in Dentistry are as follows:

1. To advise with Chief Medical Officers of the Country Missions regarding the status of dental health in these countries.
2. To assist Chief Medical Officers in coordinating dental health activities with national government agencies.
3. To assist Country Missions in determination of the need for dental supplies to be provided national governments by UNRRA.
4. To advise Chief Medical Officers and Camp Medical Officers regarding the operation of dental clinics in the hospitals and camps.
5. Through the country missions to assist national governments in the establishment of public dental health services.

It is anticipated that an administrative dental Public Health Officer will be needed in each country mission where UNRRA is actively assisting in the development of an extensive health program.

It will be the duty of this dental health officer to advise the Chief Medical Officer regarding all matters of dental health service and supply and to supervise the dental clinical services in the camps and hospitals. He will also on request, assist national governments in establishing dental health services.

Dental clinicians for providing dental treatment in camps, assembly centers and hospitals will of necessity be obtained largely from local sources. It will be necessary for the Country Dental Officers to recruit and pass judgement upon the qualification of this type of dental personnel.

4. Assistance, on request, in development of national dental health services.

It is anticipated that the health authorities of some of the occupied allied countries will request the assistance of UNRRA in the organization and development of a dental public health program for the prevention and control of dental diseases. At this early date only principles broad enough to be applicable to all dental conditions can be suggested here. It will be necessary to set up a specific program for each country as information regarding dental disease, funds, facilities, professional personnel, population distribution and other variable factors can be acquired. This information can be obtained by the dental consultant and the dental officers in the country missions with the assistance of the national health agencies, the UNRRA Health Division staff of the country missions and the dental professions of those countries. Broadly speaking, public dental health programs for these countries should be based upon the early and periodical treatment of dental caries and the prevention of periodontal and other preventable mouth diseases. In general, this presupposes a two point program consisting of a health education and dental caries control program for the younger age groups.

Methods on the conduct of such a program will vary in each country. It may be assumed that the health policies of the countries will also vary concerning the degree of governmental participation in the establishment of clinical services. This will effect the approach to the problem as well as the type of program to be recommended for each country.

5. Epidemiological Study

In order to obtain a more adequate estimate of the dental needs of the various countries, it may be necessary to make a sampling survey of dental health conditions in certain areas. The extent and need for such surveys will depend upon the result of information acquired by the Dental Consultant and Chief Medical Officers from national governmental health authorities and UNRRA medical personnel operating in the various countries and upon the availability of dental personnel to conduct such surveys.

It is recommended that a dental public health officer be assigned to nutritional field units to determine the effects of nutritional deficiencies on the teeth and their investing structure.

6 December 1944

Frank C. Cady
Dental Consultant