

REPORTS - FIELD

Cairo

Balkan Mission

Medical

Cairo Repts. - Health

FILED UNDER: *Campers General*

DATE: *25 October 1944*

FROM: *Lt. Col. Brown*

TO: *Lehman*

DRAFTED BY:

TYPE OF COMMUNICATION: *Letter*

SUBJECT: *Attaching correspondence with
Col. Wright re heating facilities and
winter clothing for refugees in Camps.*

Comptroller General

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
8, Sharia Dar El-Shifa - Garden City - Cairo
Telephone: 47816

BUREAU OF AREAS (D.D.G.)
RECEIVED

AUG 16 1944

TIME

CAWA No. 92

1 August 1944

To: Mr. M. A. Menshikov, Deputy Director General,
Bureau of Areas, U.N.R.R.A., 1344 Connecticut
Avenue, Washington 25, D. C.

From: Alvin Roseman, Deputy Chief of Mission, Balkans
Mission.

Subject: Attached communication - Assignment of Miss
Rosenwald to North Africa.

1. There is attached hereto letter from Colonel
Brown to Doctor Crabtree together with memorandum from Miss
Arnstein to Colonel Brown, above subject, which will be found
to be self-explanatory.

Alvin Roseman
Deputy Chief of Mission

AR/rr
Encls-4

action - Health

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
8, Sharia Dar El-Shifa - Garden City - Cairo
Telephone: 47816

CAWA No. 91

1 August 1944

Doctor James A. Crabtree,
Deputy Director of Health,
U. N. R. R. A.,
1344 Connecticut Avenue,
Washington 25, D. C.

Dear Doctor Crabtree:

The attached memorandum was sent to me by Miss Arnstein on the subject of transferring Miss Rosenwald to North Africa. It describes our present nursing situation fully and therefore I am forwarding it to you as she submitted it to me.

I think the facts presented in this memorandum speak for themselves.

Sincerely yours,

W. E. BROWN,
Lt. Col., U.S.P.H.S.
Director
Health Division

WEB/rr
Enclosure-3

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION
8, Sharia Dar El-Shifa - Garden City - Cairo
Telephone: 47816

1st August 1944

To: Lt. Col. W. E. Brown, Director, Health Division, U.N.R.R.A.
From: Margaret G. Arnstein, Chief, Nursing Branch
Subj: Assignment of Miss Rosenwald to North Africa

1. I do not understand how the Washington Office can ask us to transfer a nurse out of this area at the present moment. If they must have a nurse for North Africa it would seem to me that it should be possible for Moneera Finley, who is at Casablanca, to be transferred to North Africa temporarily until she can be replaced from Washington, and come here to join the Greek Mission.

2. Miss Lilian Johnston has written me that they have been trying to have her sent to this area. There are three nurses including Miss Finley in the Casablanca camp and a total of 600 refugees and 8 patients. The situation here at the present time is as follows:

NUSEIRAT CAMP

Camp census	-	10,000
Hospital census	-	200 (approximately)
Graduate nurses	-	4
British nurses' aides	-	4

KHATATBA CAMP

Camp census	-	7,500
Hospital census	-	135 (approximately)
Graduate nurses	-	7 (4 of these are QA's on temporary loan)
Nurses' aides (non refugee)	-	2

MOSES WELLS CAMP

Camp census	-	4,000
Hospital census	-	60 (approximately)
Graduate nurses	-	2

Subj: Assignment of Miss Rosenwald to
North Africa

1 August 1944

TOLUMBAT CAMP

Camp census	800
Hospital census	
(Infirmary	12
Graduate nurses	- 0

EL SHATT CAMP

Camp census	- 20,000
Hospital census	- 300 (approximately)
Measles Hospital	
cases 28 July	- 370 (approximately)
Graduate nurses	- 10 (3 of these are QA's on temporary loan)
Nurses' aides (non refugee)	- 3

The measles epidemic is just reaching its peak at El Shatt. There have already been 1,500 cases and 2,500 more are expected. The cases are housed in two buildings which were formerly recreation halls which are about three miles apart. We have three graduate nurses to cover the twenty-four period for both of these buildings. We have been using refugee women who have had no previous training or experience, voluntary society personnel who have not had previous nursing experience, and, in fact, everybody who could be taught to do a specific procedure or who had good common sense, a level head and some administrative ability. However, as a minimum we should have one graduate nurse on each eight-hour shift in each building, as naturally none of the untrained workers can develop the judgment necessary in a period of a week or two.

The children with measles are very ill and require a great deal of nursing care. Medications (usually sulpha drugs) are ordered for every child. Many of the dehydrated ones have to receive subcutaneous fluids. In addition, in the last few weeks, a serious eye infection has developed which requires time consuming care. Naturally with only three nurses the present trained personnel give none of this care but they must teach the untrained people how to do it and must supervise it and see that it is done.

3. The measles admissions are still rising and may be expected to continue to rise for another week or two. Miss Conley, who is in charge of the measles work, was in the office yesterday morning and told me that two of her best voluntary society people who have been taking administrative charge during certain shifts were to be withdrawn for training. She said that she did not know how she could possibly manage without them. In addition, she pointed out to me that they were dangerously short of nurses and that she thought they must get more help. I agreed but at the moment did not see from where it could be obtained.

Subj: Assignment of Miss Rosenwald to
North Africa

1 August 1944

I called Miss Sowter who agreed to assign one more British Army nurse to El Shatt for the next three-week period.

4. Three nurses came in from the States yesterday and will be ready to go to camp in a week. These three nurses and the QA will relieve the desperate shortage but will not give us one nurse to spare. In fact, until the three nurses arrived from the States I was considering moving Miss Rosenwald from Nuseirat to El Shatt for temporary duty but decided that Nuseirat really could not spare her at the present time.

5. In case the Washington office wonders why we are still so short of nurses in spite of having received a good many I would like to point out these facts.

- (a) Our refugee census has been constantly increasing and is to continue to increase. Voluntary Society Personnel are being withdrawn for training and will be withdrawn in ever increasing numbers.
- (b) Our camps have had to take increased responsibility for their own patients as the British Army hospitals had only agreed to help out temporarily in their first emergency.
- (c) We were constantly short of nurses in all the camps in the first months and the patients were neglected to the extent that I think one can say that a certain number of patients died because of lack of nursing care. The nurses who have arrived in this area have remedied this situation but as can be seen from the figures presented we have not received enough aid to be able to spare even one.

MARGARET G. ARNSTEIN,
Chief, Nursing Branch.

MGA/rr

UNRRA
BUREAU OF AREAS
Refugee Camp Division
Room 317
Dupont Circle Building

Date 6/13

TO: M. Menshikov

FROM: Carolin A. Flexner

Please return _____

You may keep for your
files X

Please communicate with me
after you have read _____

Conley
Journal

Excerpts from Miss Margaret Arnstein's Letter of May 19, 1944

If one could shout and sing in a letter, I would be doing so for Miss Conley and Miss Frazier arrived yesterday, and will be coming into the office today! I have not had a chance to talk to them and it may be I will have a number of things cleared up after they come in. I have tried to write this letter for about four days and thought that I had better get it started now that I have a quiet moment.

I may say that we all, including other than those in the Health Division were very distressed when we received the cable that six secretaries and two nurses were coming. We need secretaries, yes, but we need nurses even more, how I wished it had been four and four. However, I guess there is no sense in crying over spilt milk. I know you are trying as hard as you can to get the nurses to us. I know so well how frustrated we felt when we were trying to get off in February. I am not feeling critical at all but I have been trying to see how I can make the nursing needs out here more vivid to the Washington Office. I looked over our cables and letters and guess we have not done a very good job in describing our shortage. The nurses who are here are all so tired, so tense and nervous that things do not run as smoothly as they should.

At El Shatt we have four nurses to cover the 24 hours with a hospital census of over 120. Of course we have nurses aids from the refugee group and from a more educated group of ten, sent down from Alexandria. All of them with no previous training or experience. The refugees are very limited in education and in sense of responsibility. Perhaps one has to be either in camp or be a literary artist to describe what the situation is. I spent one week down there recently. I had originally planned to go for two days just for conferences and observations and stayed to work. One cannot compare the patient-nurse ratio under camp conditions with what we have at home for in camps we have none of the conveniences. You run miles for water and when you get there, there is no hot water. We had very little equipment at the time. We had only two cups for the whole Children's Ward of 50 patients (except of course at mealtime) and it meant we had to run back and forth washing these cups which was perhaps only a gesture in view of the fact that we had no hot water. We did not have sufficient linen or diapers and you know the trouble one runs into under such circumstances. One had to go outdoors from the children's ward in order to get to the kitchen, main building and supplies, and when wind and sand were blowing, this was not like strolling along a green lawn.

At Khatatba we are having a measles epidemic and an enormous amount of broncho-pneumonia which seems to go with the measles down here. The shortage of nurses is just as acute there as at El Shatt and the only reason I am not so explicit about it is that I have only visited there for a day.

In Nuseirat there is another measles epidemic and we have three graduate nurses in the whole camp, two of them in the hospital who at present are "taking care" of 300 patients. However, we have some well trained VAD's who have worked in Greek military hospitals for the last several years and they are acting as Head Nurses on some of the wards.

If we had no nurses here at all, I suppose the people would not be more neglected than they have been in the last few years in their own country, but as we have a few nurses it is impossible to give them no care. Goodness knows they get little enough.

As I said before the present nursing staff is working itself out, and in some instances persons who previously had had an excellent reputation for their ability to get along with others are developing rather poor reputations in that respect out here. I know that it is due to nothing but fatigue, but it does not always help to say that to administrators who have not known them previously and who themselves perhaps are overtired.

I am sure that this has not been thoroughly understood because I heard two days ago that Miss Finley was in Casablanca and that they have only 50 refugees there, and the highest total they expect is 500. I think that a nurse for this area should have been sent down by boat and then she could have been flown on from Lisbon. Two persons in the Greek War Relief did this and are now here.

The refugees are in good condition for refugees, but one sees much more infant and child diarrhea, many more broncho-pneumonias, much more malnutrition of the serious nature amongst the babies than one sees in the worst sections at home. I do not know what the statistics are as yet, as nobody has had time to count. There are a good many babies on formula although the majority of them of course are breast fed. I do not know what the proportion would be in Yugoslavia or Greece but a number of people say that the numbers of bottle fed babies are at present higher because of the condition of the mothers.

In both Yugoslav camps, refugees have been arriving in 3,000 to 5,000 lots. One hardly gets one group inoculated and settled before the next one arrives. During one of my visits at camp it was inoculation day and I found them as usual short handed. I assisted with the inoculations and in one morning Dr. Dodd, a Friends' Ambulance Unit boy, and myself gave typhus inoculations and vaccinated some 1200 persons. You can well imagine that doing it at this speed, our technique was non-existent but I am glad to say that apparently there were no abscesses or infections.

Certainly if we had had more help we could have done it in a safer and more humane fashion.

The simplest type of treatments seem like major operations. One of the doctors was giving intra-peritoneals to two babies suffering from severe dehydration. That should be quite simple but it often took from one half to one hour to get the stove lit.* This sometimes involved trips to the hospital and medical stores. The saline had to be boiled as there was no other means of sterilizing it. The person running the autoclave was so inexperienced that it was not thought safe to trust the saline to him.

These are just a few examples of what goes on here, and I will try to write more of this type in the near future.

*The tale of the primus stove is an Edgar Allen Poe horror story all its own.