

Displaced Persons - Children - Health and Diet

13/12/1945

- 19/2/1947

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ORIGINAL ORDER

UN ARCHIVES

SERIES S-0437

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FILE 1

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UNRRA Area Team 1068  
Muhldorf  
APO 75 US Army

*General  
Infiltration*

19 February, 1947.

TO: UNRRA District No. 5 H.Q.'s.  
FROM: Miss Lotte Lotheim, Principal Welfare Officer.  
SUBJECT: Mental Hygiene Program in Purten 1 and Aschau -  
Monthly Report Feb. 8th to Feb. 20th, 1947.

In reference to the report of February 8th, 1947, I should like to point out further development of the mental hygiene program at Purten 1 and Aschau.

Purten 1

Emphasis is placed on education of Madrichim; the Madrichim meet 3 times a week (for  $1\frac{1}{2}$  hours each time) in order to get acquainted with basic concepts of a child's development, his behaviour, his problems. Such a general training course is necessary in order to create a basis for discussion of specific children's problems with the individual madrich. This course has to be presented in the simplest language - as the educational background and the intellectual capacity of the Madrichim varies greatly. Furthermore - since the "world" of the madrich is the Kibutzor collective group - one has continuously to be aware of this in order to keep alive their interest and understanding.

Then: The individual madrich is seen together with the group he supervises. At this time he is helped to "see" the individual child, his behaviour, his problems, and gradually he will be helped how to handle these problems on an individual basis as well as on the basis of group life. (It also gives opportunity to observe the "exceptional" child) At this time main attention is given to 3 madrichim who supervise the youngest age-group (6 - 9). They are in great need of guidance; they have to be "taught" how to educate children to be clean, to be orderly, how to play with children, how to stimulate their interest..... Therefore each day at least  $1\frac{1}{2}$  hours is spent with them and their group, and practical demonstrations are given.

The original plan to have regular meetings with the teachers has not materialized yet. However considerable time is spent with one teacher who came to ask "how to give drawing lessons to children". He complained that the children got "bored", easily tired, that most children did not show "any talent" and that they were used to draw "tiny little figures" in the corner of their drawing paper. This young teacher is helped:

- (1) to recognize the reason for "drawing little figures" or objects as tiny as possible in the corner".

/Ctd.



- 2) how to stimulate the interest
- 3) how to stir up feeling for rhythm and color
- 4) how to make the drawing lesson a part of the total education of the child.

He is helped with practical suggestions and demonstrations.

On request a talk was given about "social work in USA" before an audience of 40 people (committees, teachers, madrichim, workers). The reaction was interesting: the audience - as such - was not able to accept the informal talk "objectively". Discussion was immediately directed into political, Zionist channels. "We do not need social work, we need nationalism". The following day this experience was used as basic for a discussion with various "Key" people of the camp in order to help them to see the "dangers" in their "nationalistic education."

#### Aschau

The initial introduction of a Mental Hygiene Program was similar to that in Purten I, though the reaction was different due to the different characters of the Mizrachi-Group in Aschau (Orthodox group). The recognition of the need for guidance in their dealing with children was the same. They accepted the plan of a general training course for the Madrichim as the first step and individual counseling as the second. There is great concern for those children with severe behaviour difficulties. There appears to be split between the Hungarian and the Polish group. There appears to be considerable conflict for those children who have parents in Aschau but do not live in the Kibutz.

I should like to tie together the basic difficulties. One is confronted with in both Centers:

- (1) Great need for assistance in the planning of routine (therefore unusual burden on the individual)
- (2) Those who are called upon to "lead" held on to their provoking experiences of the past - with such great emotional need - that is difficult for them to be "objective". (Intellectually they admit this and find the following excuse: "We must hold on to it - in order to keep alive among our people that our goal is Palestine")
- (3) Overidentification.

Any suggestions are greatly appreciated.

(Signed) Bertha L. Lotheim  
Principal Welfare Officer



*Just  
Zupfel*

15th February, 1947

TO: Miss Susan Pettis, Child Welfare Officer for Jewish Children, US Zone Headquarters, Heidelberg.

SUBJECT: Mental Hygiene Program at the Children's Centre, Purten 1 - report by Miss Lotte Lotheim.

1. Attached you will find the report of Miss Lotheim which was made up at the request of the Area Team Director, Mr. Wattleworth.

2. Miss Lotheim was in my office last week, on Saturday, to discuss her weeks work. She has found considerable cooperation and interest and seemed very enthusiastic about the entire plan. Her only difficulty at this point seems to be the usual one of transport. I feel that she has gotten a good start and is off in the correct direction and will be most useful to the camps in our area. She is going to work between Purten I and Aschau for the present time. I think that her use in other camps should be geared to the amount that needs to be done where she is at present and the progress which is made.

For the Director

Martha A. Steinmetz  
Child Search & Repatriation Officer  
District No. 5

Encl. 2

Distribution:  
3 - Miss Pettis  
1 - file



COPY

UNRRA AREA TEAM 1068

MUHLDOFF

APO 757

U.S. ARMY.

8th February 1947.

SUBJECT: Mental Hygiene Program at the Children's Centre, Purten 1.

From ; Miss Lottie Lotheim.

This is the set up I found in this Children's Centre:

There are 164 children with the following breakdown:

|     |          |   |     |   |   |    |
|-----|----------|---|-----|---|---|----|
| 159 | children | - | age | 6 | - | 17 |
| 3   | "        | - | "   | 1 | - | 5  |
| 2   | "        | - | "   | 0 | - | 1  |

In addition 80 workers. The majority of the population are Polish Jews, about 1/3 Hungarian. Languages spoken are Polish, Hungarian, Russian, Yiddish. (Russian due to the fact that many of the children spent a considerable time in Russia. This fact has to be remembered, since it attributes considerably toward difficulties in education).

The children are housed according to age groups and supervised by Madrichim or group leaders:

Group 1 children between the age 6 to 9 supervised by 3 Madrichim, young girls between 18 and 21.

Group II children age 9 to 13 supervised by 2 Madrichim, 1 young man age 22, and 1 young woman - age 20.

Group III children age 13 to 16, 1 Madricha - age 22.

Group IV. children age 16 to 18. At this time without a group leader, but a young man is expected soon to lead this group who presents great difficulties.

There is a school with 7 classes and 8 teachers among these one trained teacher, and 2 with higher education, one teacher of music.

There are two committees:

1. Committee of workers (5 persons) to integrate community life regarding:

(a) The cultural program.



- (b) The economic program.
- (c) The handling of personal problems.

2. Committee of Education:

- (a) Madrichim
- (b) Teachers.

The pattern of life in this Children's Centre is guided by high educational principles of "Ichud" which stands for "Unity", and means that this Zionist group accepts members out of all social classes, and does not appear to be politically split. It is my impression that the leaders in this Centre are going a fine educational job under the leadership of Miss Entin, JAPP representative, considering the difficulties they are confronted with and the lack of trained personnel.

In view of the fact that this Centre has been operating under a fine spirit much co-operation was given by the Camp Administrator as well as by the JAPP representative when the plan of a Mental Hygiene Program was introduced. It was felt, although the Education in this Centre is guided by Mental Hygiene Principles - that there is a need for integration of such a programme into all aspects of camp life. Furthermore, it was recognised that some of the young leaders have not gained enough "emotional distance" regarding the problems they are dealing with - that often there is such "a passion to help which may lead to over-protection of the children and to overidentification.

The next step was to discuss the subject with the "key-people" in the Centre - such as the principal teacher, the representatives of the Committees, the doctor and the nurse. Discussion with these people centred around three main points.

1. Recognition for integration of a Mental Hygiene Program into all aspects of camp life.
2. To find proper methods to make this integration workable.
3. Need to pay attention to individual children with serious behaviour problems.

This is the way some of these people expressed themselves: "The Madrichim are young people who have no method in their working with children. They have to be taught to observe children and recognise their individuality".

"In order to teach these people one must find a simple language".



"Meetings with the Administrative D.P. staff would be desirable in order to improve relationship between them and the children".

This request was illustrated by the following examples, e.g., a child comes to the kitchen to beg for bread and then the child may be told "get away quickly, you are a beggar". Question was raised, "what would have been the proper answer".

The need for helping the adolescent was emphasized. Literature was requested.

The following plan was accepted:

1. To have ~~general~~ meeting with all Madrichim (which already took place).
2. To have weekly conferences with ~~all group leaders~~ the individual group leader and from time to time have a meeting with all group leaders where they can exchange their experiences.
3. To have regular weekly meetings with teachers as well as with the rest of the D.P. staff.
4. To have meetings with "selected" groups and JAFP representative.
5. To pay special attention to individual children with serious problems.

Lotte Lotheim,  
Prin. Welfare Officer,  
AREA TEAM 1068.



## Drive by UN Will Aid Tots

LAKE SUCCESS, N. Y., March 26 (AP)—Contributions of one day's pay from every working man and woman in the world will be sought by the UN to keep an estimated 20,000,000 children from slow starvation.

The voluntary contributions will be collected on a special "Save the Children Day" to be designated by UN Secretary General Trygve Lie.

The UN Economic and Social Council approved the relief collection plan as part of the program of the International Children's Emergency Fund.

The fund's executive board, in a report to the council, estimated that at least 60,000,000 children today lack sufficient food for healthy growth and a third of this number desperately need another meal a day to keep them well and alive. The cost was estimated at \$400,000,000 for one year.

The fund was created by UN last December to meet this war-born emergency.



JNRRA US ZONE HEADQUARTERS

APG 757. US ARMY  
INTER - OFFICE MEMO

SUBJECT:

Drive by U.N. will aid tots.

| No. | Date    | From                       | To;                        | Remarks:   |
|-----|---------|----------------------------|----------------------------|--|
| 1   | 28/3/47 | Child Search Heise.        | Miss Armstrong Health Div. | <p>Note the attached newspaper item and please return it.</p> <p>D.P. Hq has asked me to present graphic material on children's needs and problems. Have you material along the line of your discussion yesterday which is prepared in such form that we can forward it through D.P. Hq to Washington?</p> <p>C.D.H.<br/>RP.</p> |
|     | 1/5/47  | May R. Anthony Health Div. | Miss Hiesse Child Search   | <p>I hope this summary concerning feeding of Displaced Persons children will help.</p> <p>M.R.A.</p>   |

Number, date and identify your remarks and draw a line completely across the page under your communication. Comment also on task.



UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
U.S. ZONE HEADQUARTERS: THIRD U.S. ARMY HEADQUARTERS  
APO 757-U.S. ARMY

*Childen*  
*Search*  
5.29

Phone: Heidelberg 5836, Ext. 48

March 31, 1947

SUBJECT: Problems relating to the feeding of children  
in Displaced Persons centers and camps.

TO : Child Search Officer  
Miss Cornelia Heise.

Enclosed is a directive USFET AG 383.7 GEC-AGO, 11 Oct. 1946 "Care and Feeding in Approved Assembly Centers of United Nations Displaced Persons, Persecutees and Those Assimilated to Them in Status", giving the basic diet allocated for all groups of the Displaced Persons population.

Although the allocation of calories is sufficient for children except those in the age groups 10 through 17 it is very difficult to utilize the foods provided to make an adequate diet. The carbohydrate content of the diet is so high and the fat and sugar allowance so low, that it is impossible to prepare all the food in such a way that the children can eat it.

Weight studies of Displaced Persons made in the US Zone of Germany show the children from 10 to 19 years of age have been below standard weight since June 1946 and each monthly weight summary shows a gradual decrease in the weight averages of this group. The percentage of deviation from the normal standard in the month of February 1947 was for males -7.1 and for females -4.5 (Fifth weight report enclosed).

To protect the health of the adolescent group the caloric allowance should be raised from 2700 to 3000 calories. The amount of flour and cereal should be reduced by at least 500 calories and the calories added should be made up of fat, additional vegetables, fresh milk and sugar or jam or marmalade in order that the other foods provided may be utilized.

In addition to the above mentioned problems relative to the feeding of children there are consistent discrepancies in supplies that make it impossible to acquire the full ration as prescribed.



In order that children be adequately fed it is necessary that the complete allocated ration for children 0 through 10 years of age be received and that children 10 through 17 receive additional food. The following items are recommended:

|                 |            |              |          |
|-----------------|------------|--------------|----------|
| cheese          | per person | 20 gms       | per day  |
| Fat             | per person | 40 gms       | per day  |
| sugar or jam    |            |              |          |
| or marmelade    | per person | 30 gms       | per day  |
| milk evaporated | per person | 3 14 oz cans | per week |
| Fruits and      |            |              |          |
| vegetables **   | per person | 300 gms      | per day  |

\*\* This is a minimum allowance of vegetables and is seldom met in procurement from indigenous sources.

For the Chief, Health Division

*Mary R. Armstrong*

Mary R. Armstrong  
Zone Nutritionist

MRA/eh

In reply please quote

H 31/3/47



March 1947

General Bulletin No.

SUBJECT: Fifth Report on Weights of Displaced Persons.

1. Attached are the summaries of weights of Displaced Persons in approved Assembly Centers US Zone for November, December 1946 and January and February 1947.

2. It will be noted from these tables that the adolescent group 10 to 19 years of age and the persons over 60 years of age continue to be below standard weight. The general weight averages of persons in Infiltrate camps, Jewish camps other than Infiltrates and Displaced Persons other than those in Jewish camps have been determined. In every case the general weight averages for each age group are approximately the same. Therefore it is apparent that all adolescent children in Displaced Persons camps are receiving a ration inadequate for normal health.

3. The Menu Pattern presently in the hands of all Messing officers should be followed as a guide in the allocation of rations in such a way as to give as much extra food as possible to this group.

Paul B. Edwards  
Zone Director



SUMMARY OF WEIGHTS OF  
14,972 DISPLACED PERSONS  
IN U.S. ZONE DURING  
NOVEMBER 1946.

| AGE GROUPS | 1 - 9 | 10 - 19 | 20 - 39 | 40 - 59 | over 60 |
|------------|-------|---------|---------|---------|---------|
|------------|-------|---------|---------|---------|---------|

MALE

|                             |              |             |             |            |             |
|-----------------------------|--------------|-------------|-------------|------------|-------------|
| Average age yrs.            | 4.50         | 15.03       | 29.10       | 46.99      | 64.75       |
| Number weighed              | 777          | 946         | 4,630       | 1158       | 222         |
| Av. wt. lbs.                | 41           | 116         | 149         | 153        | 144         |
| Normal Std. lbs.            | 36           | 119         | 147         | 152        | 153         |
| Deviation lbs.<br>from Std. | +5<br>+13.60 | -3<br>-2.52 | +2<br>+1.36 | +1<br>+6.5 | -9<br>-5.88 |

FEMALE

|                             |              |             |             |             |             |
|-----------------------------|--------------|-------------|-------------|-------------|-------------|
| Average age yrs.            | 5.41         | 15.47       | 28.01       | 47.09       | 65.87       |
| Number weighed              | 806          | 1,085       | 3,888       | 1,165       | 295         |
| Av. wt. lbs.                | 43           | 114         | 132         | 140         | 135         |
| Normal Std. lbs.            | 39           | 112         | 128         | 137         | 138         |
| Deviation lbs.<br>from Std. | +4<br>+10.25 | +2<br>+1.78 | +4<br>+3.12 | +3<br>+2.18 | -3<br>-2.17 |

BASED ON DATA SUBMITTED FROM 22 D.P. CAMPS.



SUMMARY OF WEIGHTS OF  
7878 DISPLACED PERSONS  
IN U.S. ZONE DURING  
DECEMBER 1946

| AGE GROUP | 1 - 9 | 10 - 19 | 20 - 39 | 40 - 59 | over 60 |
|-----------|-------|---------|---------|---------|---------|
|-----------|-------|---------|---------|---------|---------|

MALE

|                  |      |       |       |       |       |
|------------------|------|-------|-------|-------|-------|
| Aver. age yrs.   | 5.29 | 15.09 | 28.87 | 46.76 | 65.15 |
| Number weighed   | 541  | 569   | 2114  | 679   | 184   |
| Average wt. lbs. | 114  | 113   | 149   | 151   | 150   |
| Normal std. lbs. | 112  | 117   | 147   | 152   | 153   |
| Deviation lbs.   | +2   | -3    | +2    | -1    | -3    |
| from Standard %  | +4.8 | -2.6  | +1.4  | -.7   | -2.0  |

FEMALE

|                  |       |       |       |       |       |
|------------------|-------|-------|-------|-------|-------|
| Aver. age yrs.   | 5.19  | 15.32 | 27.67 | 47.06 | 63.85 |
| Number weighed   | 559   | 664   | 1762  | 639   | 193   |
| Aver. wt. lbs.   | 113   | 116   | 131   | 137   | 139   |
| Normal std. lbs. | 107   | 112   | 128   | 137   | 138   |
| Deviation lbs.   | +6    | +2    | +3    | ---   | +1    |
| from standard %  | +16.2 | +1.8  | +2.3  | ---   | +.7   |

Based on data submitted from 30 Displaced Persons camps.



SUMMARY OF WEIGHTS OF  
9523 DISPLACED PERSONS  
IN U.S. ZONE DURING  
JANUARY 1947

| AGE GROUP | 1 - 9 | 10 - 19 | 20 - 39 | 40 - 59 | over 60 years |
|-----------|-------|---------|---------|---------|---------------|
|-----------|-------|---------|---------|---------|---------------|

MALE:

|                  |      |       |       |       |       |
|------------------|------|-------|-------|-------|-------|
| Average yrs.     | 5.19 | 14.70 | 28.98 | 47.71 | 65.13 |
| Number weighed   | 840  | 873   | 2,169 | 920   | 222   |
| Aver. wt. lbs.   | 44   | 109   | 149   | 153   | 149   |
| Normal std. lbs. | 42   | 113   | 147   | 152   | 153   |
| Deviation lbs.   | +2   | -4    | +2    | +1    | -4    |
| % of deviation   | +4.8 | -3.5  | +1.4  | +0.7  | -2.6  |

FEMALES

|                  |       |       |       |       |       |
|------------------|-------|-------|-------|-------|-------|
| Average yrs.     | 5.17  | 14.77 | 28.19 | 47.51 | 64.52 |
| Number weighed   | 804   | 748   | 1,774 | 892   | 281   |
| Aver. wt. lbs.   | 43    | 105   | 133   | 141   | 140   |
| Normal std. lbs. | 37    | 110   | 128   | 137   | 138   |
| Deviation lbs.   | +5    | -5    | +5    | +4    | +2    |
| % of deviation   | +13.5 | -4.5  | +3.9  | +2.9  | +1.4  |

Based on data submitted from 31 Displaced Persons Camps.



SUMMARY OF WEIGHTS OF  
12,337 Displaced Persons  
IN U.S. ZONE DURING  
FEBRUARY 1947.

| AGE GROUPS | 1 - 9 | 10 - 19 | 20 - 39 | 40 - 59 | over 60 yrs. |
|------------|-------|---------|---------|---------|--------------|
|------------|-------|---------|---------|---------|--------------|

MALE:

|                  |       |       |       |       |       |
|------------------|-------|-------|-------|-------|-------|
| Average yrs      | 5.08  | 14.24 | 28.77 | 46.61 | 64.50 |
| Number weighed   | 985   | 1037  | 2,432 | 1301  | 275   |
| Aver. wt. lbs.   | 43    | 105   | 148   | 150   | 139   |
| Normal std. lbs. | 38    | 113   | 147   | 152   | 153   |
| Deviation lbs.   | +5    | -8    | +1    | -2    | -14   |
| % of deviation   | +13.1 | -7.1  | +.7   | -1.3  | -9.1  |

FEMALE

|                  |       |       |       |       |       |
|------------------|-------|-------|-------|-------|-------|
| Average yrs      | 5.20  | 14.64 | 27.87 | 47.42 | 66.92 |
| Number weighed   | 987   | 1082  | 2640  | 1210  | 388   |
| Aver. wt. lbs.   | 43    | 105   | 133   | 139   | 135   |
| Normal std. lbs. | 37    | 110   | 128   | 137   | 138   |
| Deviation lbs.   | +6    | -5    | +5    | +2    | -3    |
| % of deviation   | +16.2 | -4.5  | +3.9  | +1.5  | -2.2  |

Based on data submitted from 52 Displaced Persons Camps.



# Children's Center Memorandum

UNRECORDED  
APO 757, US ARMY  
INTER-OFFICE MEMO

C 3.6

File -  
Health  
Children

SUBJECT: Report on death of child

| No. | Date   | From:                 | To:                | Remarks   |
|-----|--------|-----------------------|--------------------|---|
|     | 2/1/47 | Heise<br>Child Search | Landsberg<br>Heise | For your information<br>will probably come up<br>through your channels<br>also. Please return<br>to Child Search.   |
|     |        | Landsberg             | Heise              | <p>COTN</p> <p>Thanks for this infor-<br/>mation which had <u>not</u><br/>come through as yet.<br/>I am investigating whether + when<br/>this child was immunized -</p> <p>E-L-</p> |

Number, date and identify your remarks and draw a line completely across the page under your communication. Comment also on back.



RP - Ask Medical  
whether they have had  
this report. By 20, file  
1946

Wd. RP.

December 30, 1946

To: Mrs. Martha Steinmetz, District 5 Child Search  
and Repatriation Officer

Re: Illness and death of HARASCHKO, Peter, born  
January 5, 1946

December 25--Rounds of building showed the child  
to have a slight temperature, namely 38.6.

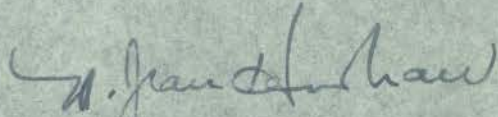
December 26--In the morning the child was again  
examined. He was found to be breathing heavily, to  
have a nose cold, and his throat was somewhat red.  
The D. P. doctor examined the child at approximately  
noon and found it to be suffering from bronchial  
pneumonia with suspected diphtheria. A swab was im-  
mediately taken and the ambulance sent to Gstadt for  
the child to convey it to the hospital in Munich.  
In the afternoon en route the ambulance broke down  
two kilometers from the Snack Bar at the Rosenheim  
cut-off from the autobahn. The mother, the nurse,  
and the chauffeur were in charge and telephoned at  
once, reporting the ambulance breakdown. As we had  
no other vehicle which was roadworthy, we telephoned  
the area team and asked that either an ambulance or  
a small car be sent to convey the child to a hospital  
and that assistance be arranged for the ambulance.  
The Area Principal Welfare Officer, Mrs. Henry, was  
visiting our center on business and agreed to check  
on the situation on her way back to Rosenheim. She  
found the child and attendant still in the ambulance  
after an hour-and-a-half delay and took them to the  
Snack Bar. The child was already dead. Later the  
child was returned to Prien as our ambulance had been  
repaired sufficiently to crawl back.

The cause of death was found to be the result of  
the combined condition of edema and diphtheria (the  
diphtheria swab was found to be positive). It is of  
interest to note that this child is the same child  
who had diphtheria bacillus in the sinus of the ab-  
scess which occasioned his transfer to hospital in  
April. He later suffered from pneumonia and whooping  
cough and suffered another stay in hospital.



-2-

All preventive measures have been taken in accordance with the instructions of Dr. Salgado with reference to the Gstadt lodge in which this child had been living.

A handwritten signature in dark ink, appearing to read "M. Jean Henshaw". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

M. Jean Henshaw  
Director, Team 1069 at Prien



UNRRA US ZONE HDQTRS  
APO 757, US ARMY  
INTER-OFFICE MEMO

*Health*

SUBJECT: *DPs in German hospitals at Marburg.*

| No. | Date     | From:  | To:          | Remarks                       |
|-----|----------|--------|--------------|-------------------------------|
| 1.  | 5-2-1947 | Health | Child Search | For your information.<br>J.B. |

Number, date and identify your remarks and draw a line completely across the page under your communication. Comment also on back.



# UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

UNRPA DISTRICT OFFICE NO. 2,  
Health Division,  
7, Dr. Born Strasse,  
Bad Wildungen.

Tel: 302.

24th January 1947.

TO : U.S. Zone Field Operations,  
UNRPA, Heidelberg.  
Attention : Health Division - Major Gratch.

FROM : District Medical Office.

SUBJECT : D/Ps in German Hospitals at Marburg.



With reference to your letter of December 12th, I enclose report on the above subject from Deputy Director Area 1023.

I do not think that the real trouble regarding the documentation of these patients originates in the Camps sending such patients to Marburg. There are in this District some 50,000 Polish D/Ps living outside of camps and for whom the camps are not responsible. I think a lot of the difficulty experienced by the German Hospitals in Marburg is in connection with D/Ps of this sort. However, as you will see from the attached letter steps are being taken to ensure that D/Ps sent to these hospitals from Camps have proper documentation.

*A. F. Cooney*  
A. F. Cooney,  
Act. District Medical Officer.

AFC/AM.

Encl:



2078

24. 1. 47.



COPY.

AREA TEAM No. 1023

HERSFELD.

2nd January 1947.

TO : Dr. A. F. Cooney, District Medical Officer,  
UNRRA District No. 2, Bad Wildungen.

FROM : T. W. Allsop, Deputy Area Director,  
Area Team 1023, Hersfeld.

SUBJECT : DPs in German Hospitals in Marburg.

Your letter of the 17th December enclosing a letter from Miss Heisse, Child Search Officer, to hand. I have contacted Mr. Clarke of OMGUS Berlin by telephone and it would appear that patients are being sent to the Marburg hospitals for treatment without any personnel data and, as many of these patients do not speak German, it is impossible for the hospital authorities to obtain this.

I have promised Mr. Clarke that, as far as lies in our power, this situation will be remedied and, in order to save time, instructions are being sent from this office to all our camps for proper documentation to be sent with all patients attending Marburg hospitals for treatment.

It is hoped that you will concur with the action taken by this office.

T. W. Allsop  
Deputy Area Director  
Area Team No. 1023,



*Zone Director*  
*General*

20th December, 1946.

SUBJECT: Request of Kinderheilstätte Mittelberg/Oy. for  
UNRRA Assistance.  
TO : UNRRA District Office No. 5,  
MUNICH.  
ATTN : Child Search Officer

1. Enclosed is a translation of a letter from the vicar of the Kinderheilstätte Mittelberg, asking for Christmas assistance. You will note the letter states that 45 children from UNRRA camps have received care and that 10 are still in the sanatorium.

2. The Zone Medical Officer suggests that the question of UNRRA children in this hospital be checked by the Medical Officer. It is his impression that these must be private patients since UNRRA has a children's TB hospital in Bad Worishofen. Will you arrange with the District medical service for investigation and make whatever decision you think is warranted on the immediate request for clothing and sweets.

3. We are not replying to the letter which came to us from the Central Tracing Bureau, since we could answer in general terms only by explaining that UNRRA assistance is available only to displaced persons and that the problem had been referred to you. Will you or the Medical Officer, in making the contact, indicate that it is being made in response to the vicar's letter to the Central Tracing Bureau.

4. We take it for granted that you will register those children who turn out to be unaccompanied and of United Nations origin.

For the Zone Director:

CORNELIA D. HEISE  
Child Search Officer

CDH/ML

DISTRIBUTION:  
2 - District 5  
1 - Dr. Sainz  
1 - file



INTER-OFFICE MEMORANDUM.

UNRRA HQS ~~END~~  
APO 757 ~~403~~  
US ARMY.

~~Category~~

~~RECEIVED XXXXXXXX OR POSSIBLE~~

SUBJECT: Request for gifts to German Hospital REMARKS:

| Date      | TO: <del>XXXX</del> | From                        | <del>STATUS AND ACTION DURING</del>  | <del>FINAL ACTION</del> |
|-----------|---------------------|-----------------------------|--|-------------------------|
| 6/12/46   | Dr. Sainz<br>///    | Heise -<br>Child<br>Search. | 1- 1 letter to ZRRRC been using<br>this hospital?<br>2- Any of our children there<br>now?<br>3- Your suggestions in reply<br>to letter - mine would<br>be "thumbs down" - ZRRRC<br>can assist DP's only.<br>CSTV.                          |                         |
| 11-XII-46 | Miss Heise -        | Sainz -                     | 1- Agree to your (3). This must be<br>purely private patients, since the<br>children's TB hosp. is Bad Wöris-<br>hofen -<br>2- Suggest this be referred to<br>Dist. 5 Med. Off. for checking<br>on medical use of this insta-<br>llation - |                         |



A. S. Form 3

UNITED NATIONS RELIEF AND  
REHABILITATION ADMINISTRATION

Correspondence Control Slip

No. 26.379

Date Rec'd 4.12.46

Follow up dt.

Refrd. to Child Welfare

Dir. Central Tracing  
From: Bureau, CHQ

File Ref.

Dated: 28.11.46

Subject Matter: Letter from Dr. Schopphoven.



CENTRAL TRACING BUREAU.

UNRRA

CENTRAL HEADQUARTERS FOR GERMANY  
APO 757 OR BAOR

584/CT.

28th November 1946.



TO : Miss C. Heise, Zone Child Search and Repatriation  
Specialist, HEIDELBERG, U. S. Zone.

FROM : Child Tracing Branch.

SUBJECT : Letter from Dr. Schopphoven.

We are forwarding to you the attached letter and pamphlet sent to us by Dr. Schopphoven for any action which you may wish to take.

*Tipton M. Westfall*  
*for* J. R. BOWRING.  
Colonel.  
Director, Central Tracing Bureau.

Encls.





Im Schnee

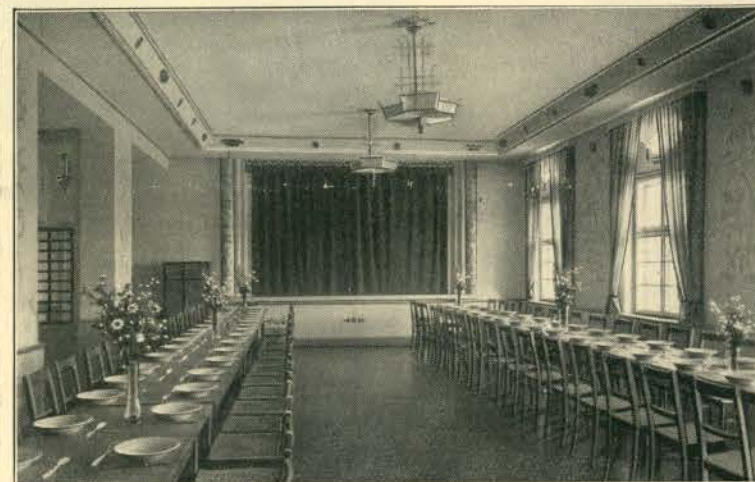
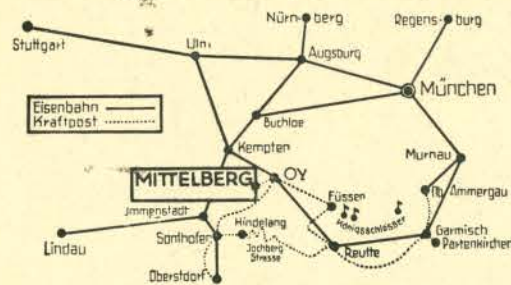
ensschwwestern, welche von Jugend-  
ndergärtnerinnen unterstützt werden.  
estellte Lehrerin erteilt Unterricht in  
n Grenzen. Zur Fortbildung in  
ern ist Gelegenheit geboten. Gottes-  
gionsunterricht findet regelmäßig  
eider christlichen Konfessionen statt.  
lung ist nach ärztlicher Anordnung  
e angepaßt und wechselt in Liegekuren  
aziergängen, Unterricht und Spiel, bei  
n Luft- und Sonnenbädern.

auf besonderer Karte ärztlich bescheinigt werden, daß  
er frei von ansteckenden Krankheiten ist. Aufgenommen  
werden sowohl Privatpatienten wie auch Patienten  
von Versicherungen.

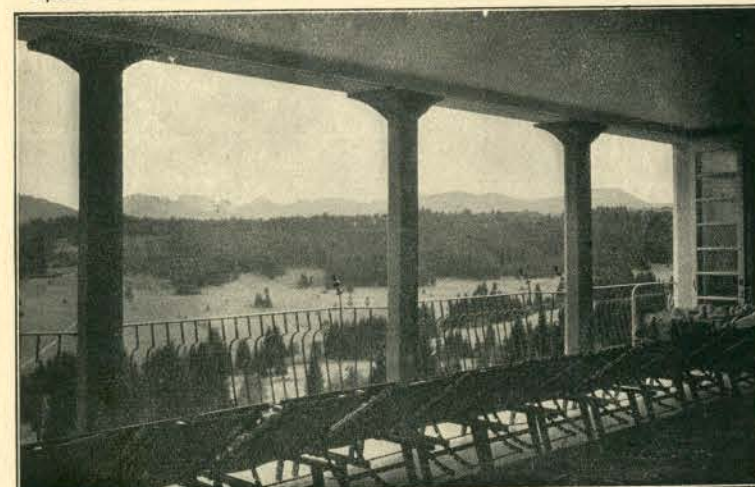
Die Patienten werden zweimal täglich ärztlich besucht  
Zur Anwendung kommen alle modernen Behandlungs-  
formen der Tuberkulose mit Einschluß von Pneumothorax  
und Phrenicus-Exhairesse, sowie die orthopädische Be-  
handlung der Knochentuberkulose.

#### und Heilbehandlung:

atienten mit aktiven Tuberkulosen  
i, der Knochen und Gelenke, des Brust-  
Haut sowie anderer Organsysteme,  
isolierbedürftige Tuberkulosen der  
sche Erkrankungen der Lungen mit  
chiektasen. Zur Aufnahme kommen  
en vom 4. Lebensjahre ab sowie  
die gesonderte Abteilungen bestehen.  
Aufenthaltes wird vom Anstalts-  
soll in der Regel nicht unter drei  
Bettnässen ist vorher mitzuteilen;  
st ein 10%iger Aufschlag zu entrichten.  
inweisung muß für jeden Patienten



Speise- und Theatersaal

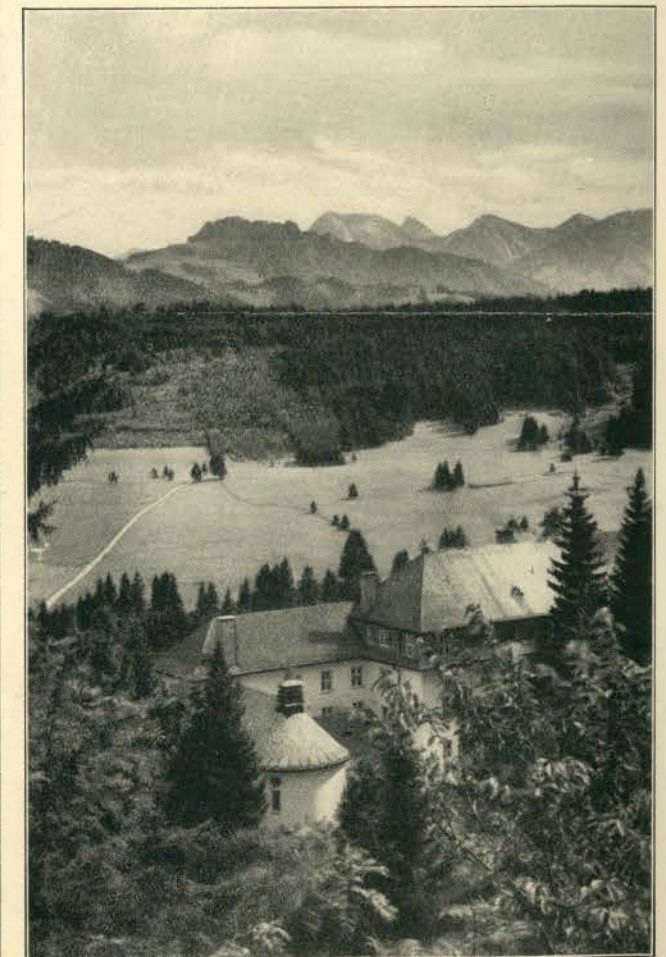


Liegehalle

# KINDERHEILSTÄTTE MITTELBERG.

bei Oy \* 1050 m. ü. d. M.

DIE HÖCHSTGELEGENE  
KINDERHEILSTÄTTE  
DEUTSCHLANDS.



BAYERISCHES ALLGÄU  
STATION OY DER BAHNLINIE KEMPTEN-PFRONTEN-GARMISCH

Waldmann & Bucher, Kempten, Fellberg





Winterfreuden

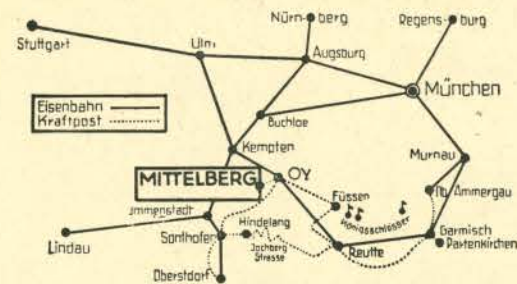
Händen von Ordensschwwestern, welche von Jugendleiterinnen und Kindergärtnerinnen unterstützt werden. Eine staatlich angestellte Lehrerin erteilt Unterricht in ärztlich festgelegten Grenzen. Zur Fortbildung in Mittelschul-Fächern ist Gelegenheit geboten. Gottesdienst und Religionsunterricht findet regelmäßig durch Geistliche beider christlichen Konfessionen statt. Die Tageseinteilung ist nach ärztlicher Anordnung dem einzelnen Falle angepaßt und wechselt in Liegekuren bzw. Bettruhe, Spaziergängen, Unterricht und Spiel, bei geeigneten Fällen in Luft- und Sonnenbädern.

### Heilanzeigen und Heilbehandlung:

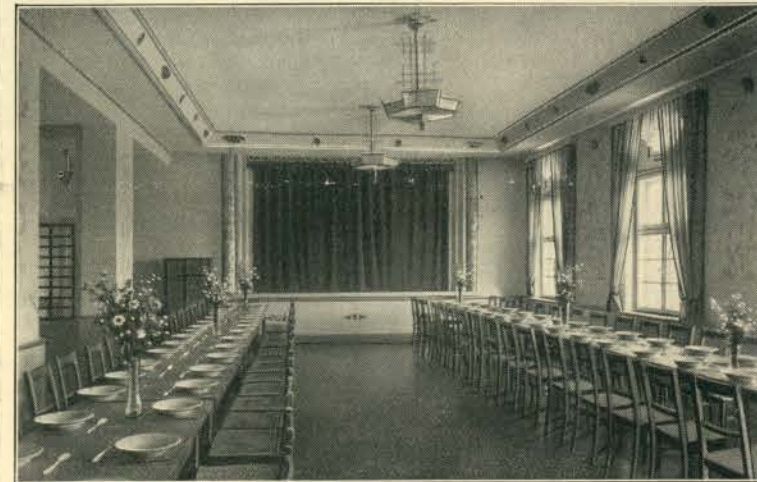
Geeignet sind Patienten mit aktiven Tuberkulosen der Lungen, Drüsen, der Knochen und Gelenke, des Brust- und Bauchfells, der Haut sowie anderer Organsysteme, besserungsfähige isolierbedürftige Tuberkulosen der Lungen, unspezifische Erkrankungen der Lungen mit Einschluß der Bronchiektasen. Zur Aufnahme kommen Knaben und Mädchen vom 4. Lebensjahre ab sowie Jugendliche, für welche gesonderte Abteilungen bestehen. Die Dauer des Aufenthaltes wird vom Anstaltsarzt bestimmt und soll in der Regel nicht unter drei Monaten betragen. Bettnäßen ist vorher mitzuteilen; für solche Kranke ist ein 10%iger Aufschlag zu entrichten. Kurz vor der Einweisung muß für jeden Patienten

auf besonderer Karte ärztlich bescheinigt werden, daß er frei von ansteckenden Krankheiten ist. Aufgenommen werden sowohl Privatpatienten wie auch Patienten von Versicherungen.

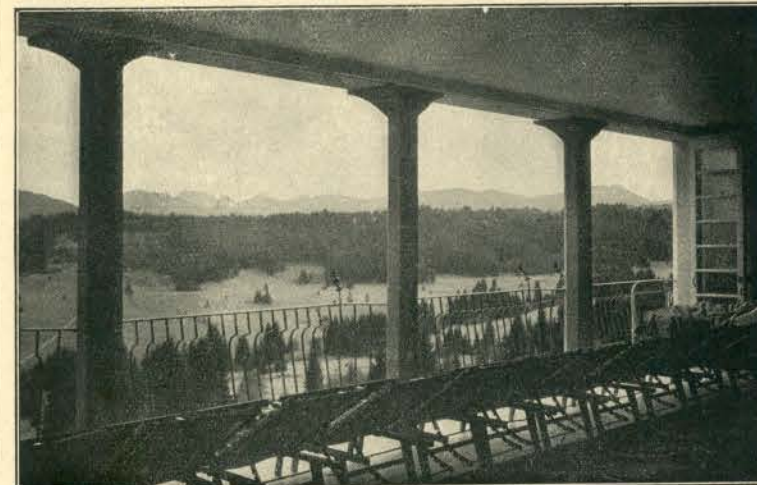
Die Patienten werden zweimal täglich ärztlich besucht. Zur Anwendung kommen alle modernen Behandlungsformen der Tuberkulose mit Einschluß von Pneumothorax und Phrenicus-Exhairese, sowie die orthopädische Behandlung der Knochentuberkulose.



Im Schnee



Speise- und Theatersaal



Liegehalle





Eingang



Blick aufs Gebirge

**Lage:** Die 1926 in Betrieb genommene Anstalt, 3 km von der Bahnstation entfernt, liegt an einem Ausläufer des Grüntens und ist hiedurch und durch hohe Tannenwälder gegen West- und Nordwinde hervorragend geschützt. Die dem Höhenklima eigenen Vorzüge kommen infolge der Lage zur vollen Auswirkung, zunächst die natürliche Höhen- und ihre Reichtum an ultravioletten Strahlen, ferner die Trockenheit, Nebel- und Staubfreiheit der Höhenluft. Das stattliche Gebäude ist

100 m lang und zum Aufenthalt von ca. 300 Patienten bestimmt. Im Sommer bilden Anhöhen und Wald, sowie die Anlagen und die herrlich gelegene Spielwiese, im Winter sanftgeneigte Schneeflächen Gelegenheit zu jeder Art von Bewegung.

**Einrichtung:** Da die Anstalt eine klinisch geleitete Heilstätte ist, so ist auf die ärztlichen Einrichtungen besondere Sorgfalt verwendet. Es stehen zur Verfügung: Laboratorium für die klinischen Untersuchungen, Gipsraum,

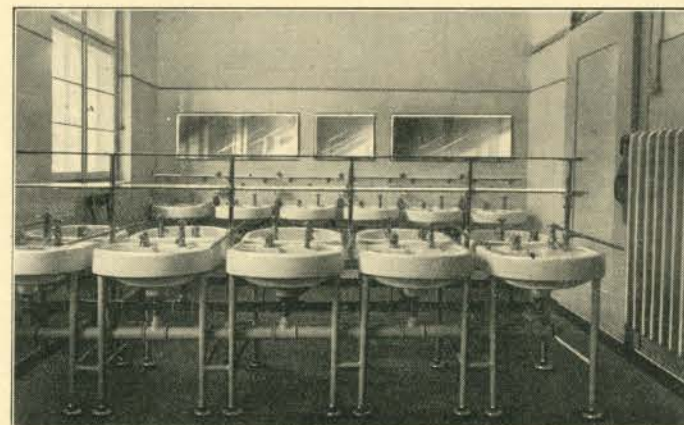
Untersuchungszimmer, Operationsratzimmer ist nach modernen Grundsätzen und Therapie eingerichtet. Das Besondere ausgerüstet mit verschiedenen Höhenlampen. In dem Raum für Inhalation sind Inhalatoren aufgestellt. Für Isolierung von tuberkulösen ist eine geschlossene Abteilung, für akute Infektionskrankheiten Nebengebäude vorhanden. Um die Nutzung von Luft, Licht und Sonne auszunutzen, sind rechts und links große Liegehallen an der Südseite offen, bei Bedarf jedoch durch vollständig abschließbar und zu jeder Jahreszeit sind. Außerdem sind für Knochentransplantationen vorhanden, deren größte über der Anstalt befindet.

Schulpflichtige Kinder erhalten in der Anstaltsschule Unterricht. Für Gesunde steht der Gymnastiksaal zur Verfügung. In der Anstalt an keiner der neuzeitlichen Einrichtungen fehlt: Wasserversorgung, elektrisches Licht, Aufzüge, Kabinen mit Duschen, Personen- und Wannenbädern. Die Schlafzimmer sind auf 2—7 Betten gegen Süden gelegen.

**Betrieb:** Die Kinderheilstätte unter der Leitung des leitenden Arztes, dem ärztliche Assistenten stehen. Der leitende Arzt überwacht die Behandlung, bei der besondere Sorgfalt auf die Ernährung sowie reichliche und kräftige Ernährung, Pflege und Erziehung der Kinder. Die wirtschaftliche Führung des Hauses



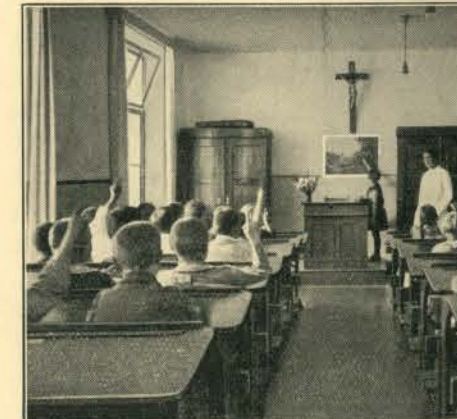
Gang parterre



Waschraum



Untersuchungsraum und Laboratorium



Schule





Blick aufs Gebirge

**Lage:** Die 1926 in Betrieb genommene Anstalt, 3 km von der Bahnstation entfernt, liegt an einem Ausläufer des Grüntens und ist hiedurch und durch hohe Tannenzwälder gegen West- und Nordwinde hervorragend geschützt. Die dem Höhenklima eigenen Vorzüge kommen infolge der Lage zur vollen Auswirkung, zunächst die natürliche Höhensonne und ihr Reichtum an ultravioletten Strahlen, ferner die Trockenheit, Nebel- und Staubfreiheit der Höhenluft. Das stattliche Gebäude ist

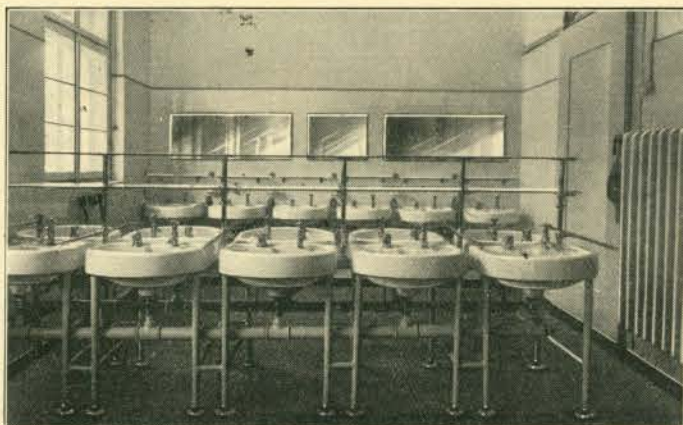
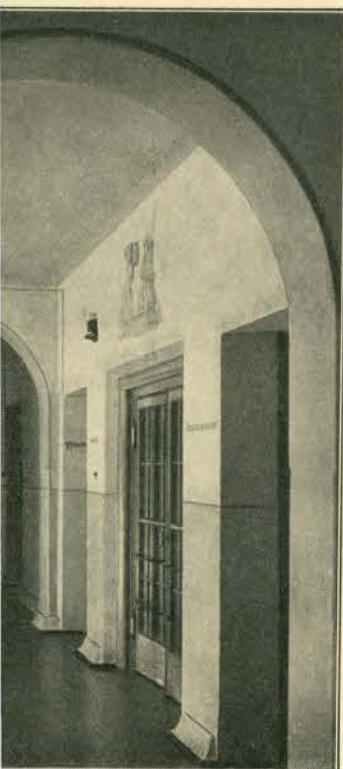
100 m lang und zum Aufenthalt von ca. 300 Patienten bestimmt. Im Sommer bilden Anhöhen und Wald, sowie die Anlagen und die herrlich gelegene Spielwiese, im Winter sanftgeneigte Schneeflächen Gelegenheit zu jeder Art von Bewegung.

**Einrichtung:** Da die Anstalt eine klinisch geleitete Heilstätte ist, so ist auf die ärztlichen Einrichtungen besondere Sorgfalt verwendet. Es stehen zur Verfügung: Laboratorium für die klinischen Untersuchungen, Gipsraum,

Untersuchungszimmer, Operationsraum. Das Röntgenzimmer ist nach modernen Grundsätzen für Diagnostik und Therapie eingerichtet. Das Bestrahlungszimmer ist ausgerüstet mit verschiedenen Höhensonnen und Heizlampen. In dem Raum für Inhalation sind vier Tischinhalatorien aufgestellt. Für isolierungsbedürftige Tuberkulosen ist eine geschlossene Abteilung mit eigenem Eingang, für akute Infektionskrankheiten eine solche im Nebengebäude vorhanden. Um die natürlichen Heilkräfte von Luft, Licht und Sonne auszunützen, sind dem Bau rechts und links große Liegehallen angegliedert, die nach Süden offen, bei Bedarf jedoch durch Harmonikaglastüren vollständig abschließbar und zu jeder Jahreszeit benützbar sind. Außerdem sind für Knochentuberkulosen Solarien vorhanden, deren größte über der Eingangspforte sich befindet.

Schulpflichtige Kinder erhalten in der staatlichen Anstaltsschule Unterricht. Für Gesundheitsturnen steht der Gymnastiksaal zur Verfügung. Außerdem fehlt es an keiner der neuzeitlichen Einrichtungen: Warmwasserheizung, elektrischem Licht, ausreichenden Badekabinen mit Duschen, Personen- und Speisenaufzügen. Die Schlafzimmer sind auf 2—7 Betten beschränkt und gegen Süden gelegen.

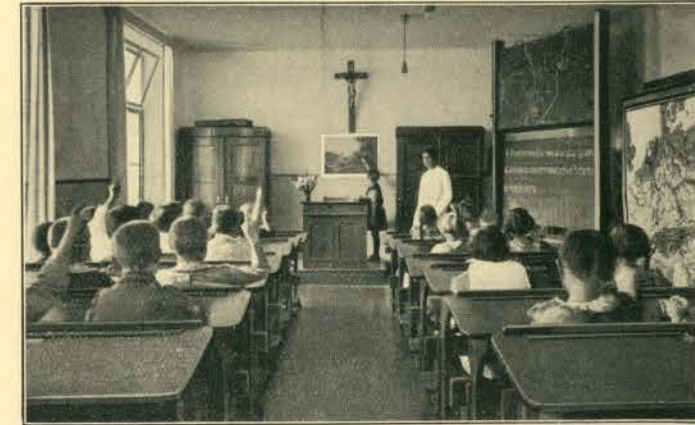
**Betrieb:** Die Kinderheilstätte untersteht in gesundheitlicher Beziehung der beständigen Aufsicht des leitenden Arztes, dem ärztliche Assistenten zur Seite stehen. Der leitende Arzt überwacht auch die Verköstigung, bei der besondere Sorgfalt auf individuelle Gestaltung sowie reichliche und kräftige Ernährung gelegt wird. Pflege und Erziehung der Kinder sowie die wirtschaftliche Führung des Hauses liegen in den



Waschraum



Untersuchungsraum und Laboratorium



Schule





Dr. Schopphoven

KINDERHEILSTÄTTE  
MITTELBERG  
bei Oy, bayer. Allgäu  
TELEFON Oy 14  
Postscheckkonto München  
5 1 3 1 3

MITTELBERG BEI OY, den 16.11.46.



An das

Unrra-Hauptquartier

Frankfurt/Main.

In diesem Jahre hatten wir an die 45 Kinder aus Unrra-Lagern in unserer Kinderheilstätte zur Tuberkuloseheilbehandlung. Die ersten Einweisungen geschahen auf Ihre Order. Gegenwärtig haben wir noch 10 Kinder mit schweren Befunden, meist Knochen- und Gelenktuberkulosen. Die Kinder kamen von den Lagern Fürth, Memmingen, Kempten, Dillingen/Do. und aus dem Unrra-Sanatorium Bad Wörishofen. Sie können sich überall erkundigen und Sie werden feststellen, daß die Kinder bei uns gut und liebevoll betreut waren.

Es nahen nun zwei schöne Kinderfeste: St. Nikolaus und Weihnachten. Wir haben hier im Ganzen 300 Kinder, durchwegs aus ärmsten Familienverhältnissen und Flüchtlinge. Da wir eine isolierte Stiftung sind und keine Zuwendungen von großen Organisationen (Caritas und Rotes Kreuz) erhalten, wagen wir Sie zu bitten, uns doch etwas zu helfen, den Kindern an diesen beiden Tagen eine Freude zu machen. Besonderen

22 NOV 1946



MITTELBERG BEI OY den 10.11.40.



Mangel haben wir an Süßigkeiten und warmer Kleidung. (Es  
fehlen uns auch Weihnachtskerzen zum Schmücken des Baumes!)  
Wir wären Ihnen auch für die kleinste Gabe recht dankbar.

Mit Vertrauen und aufrichtigem Dank im Voraus

Ihr ergebener

*Dr. P. Schopphoven*

Dr. P. Schopphoven, Vikar.

Kinderheilstätte Mittelberg b. Oy



Translation

Dr. Schopphoven  
~~Chilx~~ Sanatorium for Children  
Mittelberg/Oy  
Upper Bavarian Allgäu

Mittelberg/Oy

16.11.1946

UNRRA Hqs.  
Frankfurt/Main

This year we had approximately 45 children from UNRRA camps in our children's sanatorium for tuberculosis. The first transports arrived according to your directions. At present we still have 10 children with grave diagnoses - mostly bone and joint tuberculosis. The children came from the camps Fürth, Memmingen, Kempten, Dillingen/Do., and from the UNRRA-sanatorium Bad Wörishofen. You can make inquiries anywhere you like and you will be informed that these children have been well taken care of.

Two beautiful children's festivals will soon be celebrated. ~~Xmas~~ St. Nicolas and Xmas. We have here 300 children in all, mostly children from very poor families and from fugitives. As we are an isolated charity establishment, which does not receive donations from large organizations (Caritas and Red Cross), we take the liberty to ask you to help us brighten these two festivals ~~for~~ for the children. We are especially in need of warm clothes and sweets (we also need Xmas candles for decorating the Xmas tree). We would be grateful for the smallest gift.

Thanking you in anticipation, we remain

yours truly

sgd. Dr. P. Schopphoven, vicar  
Kinderheilstätte Mittelberg/  
b. Oy



6861 - 6868, Ext. 336

12 December 1946

SUBJECT: DPs in German hospitals at Marburg

TO : District Director, District No. 2  
Attention: District Medical Officer

1. Enclosed please find a copy of a letter of Miss Cornelia D. Heise, Zone Child Search Officer, regarding some administrative difficulties in connection with DP patients in German hospitals in the Marburg community.

2. Since Marburg area is under your jurisdiction, will you please be so kind and, after necessary investigation, give me some elements which would enable me to answer Miss Heise's questions.

Thank you.

For A. Sainz de la Pena, M.D.  
Chief,  
Health Division

*I. Gratch*

I. GRATCH, Major U.S.P.H.S.  
Dep. Chief Medical Officer

Attachment



UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
U.S. ZONE HEADQUARTERS: THIRD U.S. ARMY HEADQUARTERS  
APO 757-U.S. ARMY

Phone: Ext. 326.

December 7, 1946.

SUBJECT: D.P.s in German hospitals at Marburg.

TO : Dr. Sainz,  
Director, Health Division.

1. Last week while I was in Berlin Mr. G. J. Clarke of the Public Welfare Office, O.M.G.(U.S.) asked for UNRRA help in a matter regarding displaced persons in German hospitals in the Marburg community.

2. The Wohlfahrts Oberinspector, Herr Kaiser, reports information coming into the German hospitals with D.P. patients is insufficient to enable the hospitals to get reimbursement from German Public Welfare funds for the care of the patients. It may be that this is a welfare rather than a medical problem. Do we have a large number of patients in German hospitals in Marburg? What instructions are now in force on providing information to German hospitals when D.P. patients are admitted? It seems to us that even for purposes of complete identification we would need to provide the minimum of information which would be required to establish the hospitals' claim for reimbursement from German sources.

3. Will you take up the matter directly with Mr. Clarke or with the German official or should the problem be handled through other channels? Mr. Clarke's telephone number at Berlin is 43588.

*CDH*  
Cornelia D. Heise  
Child Search Officer.

Distribution:  
2 - Director, Health Division  
1 - File

CDH:rp



U N R R A  
US ZONE HEADQUARTERS  
HEIDELBERG

Health care  
C3.6  
28th October 1946

GENERAL BULLETIN NO. 134.

SUBJECT: Authorization and Distribution of Food in Displaced Persons  
Assembly Centers.

1. Reference: Letter Hq USFET file AG 389.7 GEC-AGO, dated 11 October 1946, subject: "Care and Feeding in Approved Assembly Centers of United Nations Displaced Persons, Persecutees and Those Assimilated to Them in Status".

2. Problems in feeding persons in Assembly Centers have arisen because there has not been a clear understanding as to the difference between receiving the food into the camp, which is a supply problem, and the messing problem, which is the using of this food in the camp so that all groups are adequately fed. The food authorized for Displaced Persons Assembly Centers may be changed from time to time by official order but the food that is distributed to the different groups should be kept as close to the standard as possible because that has been determined as essential for full nutritional health.

3. The attached chart has been prepared in the hope that the differences mentioned above can be more clearly understood. It will be noted from the chart that certain groups require exactly the amount of food that has been authorized; other groups require more food than authorized, for example adolescents from 10 to 19 years, especially boys; still other groups require less, for example infants and small children. It would have been possible for the Army to have authorized eight categories of rations in place of five but exactly the same thing can be accomplished if the food is distributed properly. The people in the camp must realize that they are only entitled to the quantity of food needed to maintain good health. Any extra food from any group must be used to build up the groups that are below standard.

4. It is to be noticed that a similar ration is authorized for all groups requiring special care. The proper foods for these people must be selected from this ration. The foods that are not satisfactory should be devoted to some other group. A special bulletin on this is being prepared and will be issued in the near future.

5. Since many DP camps are using bad methods of food distribution it may require the understanding and unequivocal support of the Director and all members of the Team to make a satisfactory distribution possible.

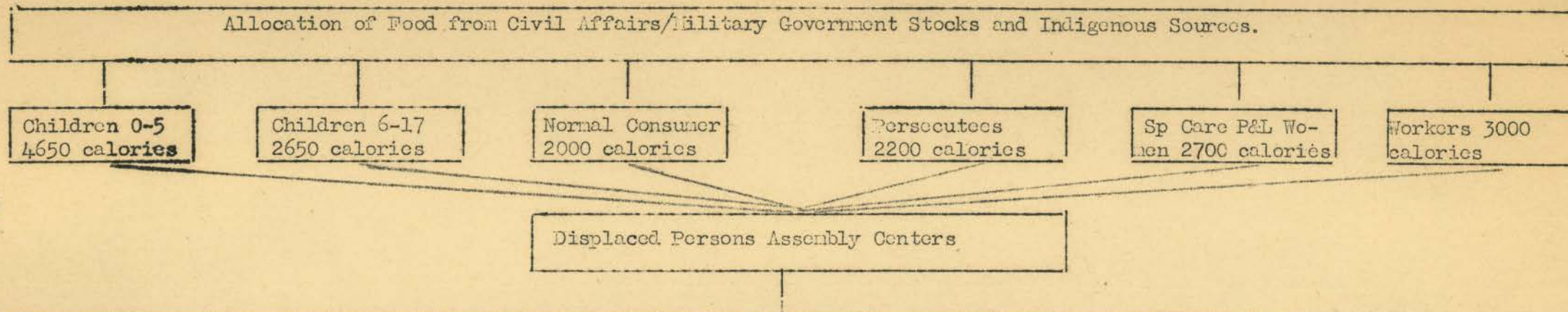
*J. H. Taylor*  
for  
J. H. WHITING,  
Zone Director.

DISTRIBUTION:

"A" plus  
50 extra copies for  
Health Division.



Letter Hq USEET, file AG 389.7 GEC-AGO, dated 11 October 1946, subject: "Care and Feeding in Approved Assembly Centers of United Nations Displaced Persons, Persecutees and Those Assimilated To Them in Status."



| Distribution of Food Received in Camp - Minimum Consumption Levels Necessary for full Nutritional Health |                               |                               |                               |                                 |                                  |                              |                                   |
|--|-------------------------------|-------------------------------|-------------------------------|---------------------------------|----------------------------------|------------------------------|-----------------------------------|
| Children 0-1<br>100 calories p.kg  | Children 1-3<br>1200 calories | Children 4-5<br>1600 calories | Children 6-9<br>2000 calories | Children 10-17<br>2700 calories | Normal Consumer<br>2000 calories | P & L Women<br>2700 calories | Workers 2800 cal<br>3500 calories |

1. No person is to draw rations in more than one category.
2. Infants 0-3 months if bottle fed should be issued Milk and Sugar only. If breast fed do not issue any rations. Food drawn for this group is to be used for Adolescents, Underweights or Special Groups needing more food.
3. Infants 4-12 months should be issued only what is needed to supply adequate calories. Use extra food as suggested above.
4. Women who are pregnant receive the special ration after the 3rd month. Mothers of infants under one year receive the special ration only if they are nursing the infant wholly or in part.
5. Food for persons requiring special diets, but who are not in hospitals, should be selected from food provided under "Special Care". Only foods that are suitable to the individual should be used. Extra food should revert to some other group.
6. Light workers should receive 2800 calories, while very heavy workers should be given 3500 calories. This can be done if the food is properly distributed. Workers who receive the noonday meal from the Army are not entitled to the "Workers Ration" but should be considered "Normal Consumer".



RESTRICTED

HEADQUARTERS  
US FORCES, EUROPEAN THEATER

AG 383.7 GEC-AGO

APO 757  
11 October 1946

SUBJECT: Care and Feeding, in Approved Assembly Centers, of United Nations Displaced Persons, Persecutees and Those Assimilated to them in Status

TO : Commanding Generals:  
Office of Military Government for Germany (US)  
Third US Army Area  
Berlin District, US Army

1. Rescissions:

Letter, this headquarters, file as above, subject: "Care and Feeding of United Nations Displaced Persons, Persecutees, and those Assimilated to them in Status", 27 May 1946.

2. Definition of an Assembly Center.

A United Nations Displaced Persons Assembly Center is a camp or an accommodation area under the control of the US Army, established for the purpose of providing temporary care to the United Nations displaced persons and those assimilated to them in status. An Assembly Center shall be construed to include such housing facilities as are considered annexes thereto, properly authorized by and under control of the assembly center authorities. Such housing must be capable of control and supervision and the inmates thereof must be properly registered, possess valid identification cards and must maintain regular contact with assembly center authorities.

3. Feeding United Nations Displaced Persons in Approved Assembly Centers.

a. Ration:

The ration for displaced persons in approved assembly centers is shown in Inclosure 1. This ration is divided into seven basic categories and eligibility will be determined as follows:

- (1) Children, 0 through 5 years.
- (2) Children, 6 through 17 years.
- (3) Normal consumer:

Those persons 18 years of age or over who are not eligible for workers ration or who are not in hospital or entitled to special care or, in the case of females, those who are not eligible for the pregnant or lactating women ration.

- 1 - RESTRICTED



# RESTRICTED

## (4) Pregnant or lactating women:

Those women past the third month of pregnancy and those women nursing infants under one year of age.

## (5) Workers:

Those persons engaged in one of the following types of work of indicated duration:

(a) Performing any of the following or equivalent functions for at least 24 hours per week:

1. Woodcutting
2. Ditch digging, stone work, road building and landscaping
3. Farming and truck gardening
4. Construction and maintenance
5. Trucking and hauling
6. Laundry and heavy sanitary work
7. Heating plant operation

(b) Performing any of the following or equivalent functions for at least 44 hours per week:

1. Administrative and clerical work
2. Medical, nursing and sanitation work
3. Warehouse and stock room work
4. Cooking, baking and kitchen police
5. Tailoring, barbering, shoe repair and craft work
6. Automobile mechanics and driving
7. Teaching and welfare work
8. Area and building policing
9. Students attending college or university

## (6) Special care.

Those persons not in hospitals who have some disease or disturbance which makes it impossible for them to exist on the normal consumer ration. This ration is limited to persons who would otherwise be issued the normal consumer ration, and will be issued only upon approval of the UNRRA area medical officer.

## (7) Hospitals:

Those persons in UNRRA operated Class I, II or III hospitals. All persons in German civilian hospitals will receive the German civilian hospital ration.

## b. Substitution of foods.

(1) Foods other than those shown in Inclosure 1 may be substituted for a basis of comparable caloric value and will be issued as substitutions and not as additions to the authorized ration.



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(2) The hospital ration for those who are eligible to receive such ration may be varied and other items not specifically allocated may be issued to patients requiring such foods on recommendation of the doctor in charge, provided the caloric value of the total amount of food issued does not exceed the caloric value of the hospital ration authorized by this directive.

(3) Orthodox Jews may be issued fresh kosher meat provided the amount of fresh meat issued does not exceed the amounts of meat authorized by this directive.

## c. Replacement of spoiled supplies:

In those instances where spoilage is discovered in utilizing food from indigenous sources or Civil Affairs/Military Government stocks replacement may be secured upon presentation of proof of spoilage to issuing depot.

## d. Food reserves:

Not less than seven days nor more than fourteen days of reserve of food supplies will be maintained at each Displaced Persons Assembly Center at all times.

## e. Persecuted persons:

Those persons who have been persecuted for racial or religious reasons or for activities in favour of the Allies are authorized to receive an additional 200 calories daily (see Inclosure 1) within the following limitations.

(1) Such persons must live in an approved assembly center especially established for persecuted persons.

(2) Such persons must be 18 years of age or over and not hospitalized nor receiving special care nor the workers ration, and in the case of females not receiving the pregnant or lactating women ration.

## f. Children age 0 to 1 year:

Those children age 0 to 1 year being fed on milk formulas are authorized to receive a total of 60 grams of sugar daily (see Inclosure 1).

## g. Yeast and condiments:

To the extent that these commodities are available except salt they will be obtained from German resources for the feeding of displaced persons in assembly centers.

## 4. Food supply for Displaced Persons.

### a. Responsibility for supply:



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The provision of food for United Nations displaced persons in approved assembly centers is a G-5 responsibility. Office of Military Government for Germany (US) will furnish from indigenous sources items of the ration as indicated on monthly allocation.

## b. Sources of Supply:

### (1) Indigenous sources:

Office of Military Government for Germany (US) will make available for the feeding of displaced persons all items that are authorized for issue provided such items can be procured from the German economy.

### (2) Civil Affairs/Military Government stocks:

After indigenous sources have been utilized to the fullest possible extent items that are still required to complete the authorized ration will be allocated from Civil Affairs/Military Government stocks.

## c. Method of operation for issue of food supplies and delineation of responsibility:

### (1) G-5 USFET, will:

(a) Receive from Office of Military Government for Germany (US) list of items, tonnages, and date of availability of foods to be utilized for displaced persons feeding.

(b) Advise Third US Army Area what items from indigenous sources will require storage in depots under their control.

(c) Make monthly allocation of all items required to complete the authorized ration for the following month, with indication of what supplies are to be obtained from indigenous sources and what supplies from Civil Affairs/Military Government stocks.

(d) As necessary, in conjunction with monthly allocation, publish a letter showing the computation and ratio of substitution foods to be used in completing the authorized ration.

### (2) Office of Military Government for Germany (US), will:

(a) Inform G-5, this headquarters of indigenous foods made available for Displaced Persons feeding program.

(b) Inform each land military government of indigenous foods to be made available for displaced persons and instruct land military governments or their representatives to honor requisitions submitted by authorized representatives of Third US Army Area for items made available.

(c) Instruct land military governments to designate the specific German agencies, vendors, or merchants who will deliver indigenous foods upon presentation of approved requisition.



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Instruct land military governments to designate the specific German agencies who will warehouse indigenous foods until such time as they are required for issue.

( ) Instruct land military governments to arrange in coordination with Third US Army Area necessary transportation and delivery of food supplies.

(3) Third US Army Area will:

(a) Requisition through land military governments items from indigenous sources as directed by this headquarters.

(b) Provide storage for indigenous and Civil Affairs/ Military Government foods as required.

(c) Coordinate with land military governments schedule of quantities to be delivered to respective delivery points.

(d) Maintain and operate supply and issue points to distribute foods for displaced persons' camps.

(e) Publish directives and instructions as may be necessary to exercise close supervision and control of displaced persons operations and as are required to implement the procedures outlined in this directive.

(f) Submit to this headquarters on the first of each month a report of the average strength by category of displaced persons living in approved assembly centers for the preceding month. This report will be broken down as follows:

1. Children 0 to 1 year
2. Children 2 through 5 years
3. Children 6 through 17 years
4. Normal consumer
5. Pregnant and lactating women
6. Workers
7. Special care
8. Hospitals
9. Persecutees

5. Clothing, Organizational Equipment and Expendable Supplies.

Attached hereto as Inclosure 2 is the Table of Allowances for clothing, organizational equipment and expendable supplies, which will be strictly adhered to.

6. This Report will bear Report Control Symbol ETOMG-8.

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BY COMMAND OF GENERAL McJARNEY:

*Peter Peters*

PETER PETERS

Lt Col, AGD

Assistant Adjutant General

2 Incls:

Incl 1 - Ration Scale with  
Supplements

Incl 2 - T/A for Clothing, Organizational  
Equipment and Expendable Supplies

Telephone: Frankfurt 2-2778

DISTRIBUTION:

- 250 - CG, OMG(US)
- 600 - CG, Third US Army (Quartermaster)
- 10 - CG, Berlin District, US Army
- 5 - CG, Hq Command, USFET
- 250 - G-5 USFET (Supply Branch)
- 25 - G-5 Displaced Persons Branch
- 125 - G-5 UNRRA Liaison
- 10 - OMG for Wurttemberg-Baden
- 10 - OMG for Bavaria (Supply Branch)
- 10 - OMG for Greater Hesse
- 10 - CG, CBS (17th Port)
- 5 - CG, CBS
- 5 - CG, USFA
- 5 - G-1
- 5 - G-3
- 5 - G-4
- 5 - US Political Advisor
- 2 - BAOR (Q)
- 2 - BAOR (Office of Mil. Gov.  
Displaced Persons' Branch)
- 2 - USFET Mission to Franco

- 6 - RESTRICTED



# RATION SCALE FOR DISPLACED PERSONS IN APPROVED ASSEMBLY CENTERS

| FOOD                  | Cal<br>Per<br>100<br>Grams | Children<br>0-5 years |       |      | Lbs per<br>week per<br>100 pers | Children<br>6-17 years |       |      | Lbs per<br>week per<br>100 pers | Normal Consumer      |       |      | * Persecutees                   |                      |       |      |                                 |
|-----------------------|----------------------------|-----------------------|-------|------|---------------------------------|------------------------|-------|------|---------------------------------|----------------------|-------|------|---------------------------------|----------------------|-------|------|---------------------------------|
|                       |                            | Per Day<br>Per pers.  |       |      |                                 | Per Day<br>Per pers.   |       |      |                                 | Per Day<br>Per pers. |       |      | Lbs per<br>week per<br>100 pers | Per Day<br>Per pers. |       |      | Lbs per<br>week per<br>100 pers |
|                       |                            | Grms                  | Oz    | Cal. |                                 | Grms                   | Oz    | Cal. |                                 | Grms                 | Oz    | Cal. |                                 | Grms                 | Oz    | Cal. |                                 |
| Flour                 | 350                        | 100                   | 3.53  | 350  | 154.44                          | 375                    | 13.23 | 1312 | 579.14                          | 300                  | 10.58 | 1050 | 463.31                          | 350                  | 12.34 | 1225 | 540.53                          |
| Nahrmitel             | 357                        | 25                    | .88   | 89   | 38.61                           | 50                     | 1.76  | 178  | 77.22                           | 40                   | 1.41  | 143  | 60.78                           | 40                   | 1.41  | 143  | 60.78                           |
| Nahrmitel (Baby food) | 357                        | 25                    | .88   | 89   | 38.61                           | 0                      | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               |
| Meat, fresh           | 200                        | 25                    | .88   | 50   | 38.61                           | 60                     | 1.94  | 120  | 91.66                           | 60                   | 1.94  | 120  | 91.66                           | 60                   | 1.94  | 120  | 91.66                           |
| Milk, fresh, whole    | 53                         | 750                   | 26.45 | 397  | 1148.28                         | 0                      | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               |
| Milk, fresh, skim     | 34                         | 0                     | 0     | 0    | 0                               | 500                    | 17.64 | 170  | 762.19                          | 200                  | 7.05  | 68   | 308.88                          | 200                  | 7.05  | 68   | 308.88                          |
| Cheese, hard          | 256                        | 0                     | 0     | 0    | 0                               | 20                     | .71   | 51   | 30.89                           | 10                   | .35   | 25   | 15.44                           | 10                   | .35   | 25   | 15.44                           |
| Quark                 | 108                        | 10                    | .35   | 11   | 15.44                           | 0                      | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               |
| Fats                  | 765                        | 15                    | .53   | 115  | 23.17                           | 25                     | .88   | 191  | 38.61                           | 20                   | .71   | 153  | 30.89                           | 20                   | .71   | 153  | 30.89                           |
| Sugar                 | 400                        | 25                    | .88   | 100  | 38.61                           | 20                     | .71   | 80   | 30.89                           | 15                   | .53   | 60   | 23.17                           | 15                   | .53   | 60   | 23.17                           |
| Salt                  |                            | 20                    | .71   |      | 30.89                           | 20                     | .71   |      | 30.89                           | 20                   | .71   |      | 30.89                           | 20                   | .71   |      | 30.89                           |
| Eggs, fresh           | 139                        | 0                     | 0     | 0    | 0                               | 0                      | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               |
| Potatoes              | 65                         | 300                   | 10.58 | 195  | 463.31                          | 450                    | 15.87 | 292  | 684.97                          | 450                  | 15.87 | 292  | 684.97                          | 500                  | 17.63 | 325  | 762.19                          |
| Fruits and Vegetables | 20                         | 300                   | 10.58 | 60   | 463.31                          | 300                    | 10.58 | 60   | 463.31                          | 300                  | 10.58 | 60   | 463.31                          | 300                  | 10.58 | 60   | 463.31                          |
| Coffee, ersatz        | 0                          | 0                     | 0     | 0    | 0                               | 7                      | .25   | 0    | 10.81                           | 10                   | .35   | 0    | 15.44                           | 10                   | .35   | 0    | 15.44                           |
| Chocolate             | 515                        | 15                    | .53   | 77   | 23.17                           | 15                     | .53   | 77   | 23.17                           | 0                    | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               |
| Juice, citrus         | 40                         | 100                   | 3.53  | 40   | 154.44                          | 75                     | 2.65  | 30   | 114.83                          | 0                    | 0     | 0    | 0                               | 0                    | 0     | 0    | 0                               |
| Eggs, dry             | 585                        | 10                    | .35   | 58   | 15.44                           | 10                     | .35   | 58   | 15.44                           | 5                    | .18   | 29   | 7.72                            | 5                    | .18   | 29   | 7.72                            |
| Catsup                | 110                        | 15                    | .53   | 16   | 23.17                           | 15                     | .53   | 16   | 23.17                           | 15                   | .53   | 16   | 23.17                           | 15                   | .53   | 16   | 23.17                           |
| Totals                | 4354                       | 1735                  | 61.19 | 1650 | 2669.50                         | 1942                   | 68.34 | 2650 | 2977.19                         | 1445                 | 50.79 | 2000 | 2219.63                         | 1545                 | 54.31 | 2200 | 2374.07                         |

## Supplemental Rations for Children age 0-1 years (being fed on milk formulae)

Sugar 35 1.23 140 54.05

\*This is in effect the normal consumer ration plus a supplement of 50 grams of flour and 50 grams of potatoes, and is to be issued only to those persons eligible under the provisions of paragraph 3 E.



# RATION SCALE FOR DISPLACED PERSONS IN APPROVED ASSEMBLY CENTERS

| Food                   | Special Care and<br>P & L Women |       |      | Lbs per<br>week per<br>100 pers. | Workers              |       |      | Lbs per<br>week per<br>100 pers. | Hospitals            |       |      | Lbs per<br>week per<br>100 pers. |
|------------------------|---------------------------------|-------|------|----------------------------------|----------------------|-------|------|----------------------------------|----------------------|-------|------|----------------------------------|
|                        | Per Day<br>Per pers.            |       |      |                                  | Per Day<br>Per pers. |       |      |                                  | Per Day<br>Per pers. |       |      |                                  |
|                        | Grams                           | Oz    | Cal. |                                  | Grams                | Oz    | Cal. |                                  | Grams                | Oz    | Cal. |                                  |
| Flour                  | 275                             | 9.70  | 965  | 424.70                           | 450                  | 15.87 | 1575 | 684.97                           | 375                  | 13.23 | 1312 | 579.14                           |
| Nahrnittel             | 100                             | 3.53  | 357  | 154.44                           | 100                  | 3.53  | 357  | 154.44                           | 100                  | 3.53  | 357  | 154.44                           |
| Nahrnittel (Baby food) | 0                               | 0     | 0    | 0                                | 0                    | 0     | 0    | 0                                | 0                    | 0     | 0    | 0                                |
| Meat, fresh            | 70                              | 2.47  | 140  | 107.11                           | 70                   | 2.47  | 140  | 107.11                           | 70                   | 2.47  | 140  | 107.11                           |
| Milk, fresh whole      | 500                             | 17.64 | 265  | 762.19                           | 0                    | 0     | 0    | 0                                | 500                  | 17.64 | 265  | 762.19                           |
| Milk, fresh skim       | 200                             | 7.05  | 68   | 308.88                           | 200                  | 7.05  | 68   | 308.88                           | 400                  | 14.11 | 136  | 607.75                           |
| Cheese, hard           | 20                              | .71   | 51   | 30.89                            | 15                   | .53   | 38   | 23.17                            | 20                   | .71   | 51   | 30.89                            |
| Quark                  | 20                              | .71   | 22   | 30.89                            | 0                    | 0     | 0    | 0                                | 20                   | .71   | 22   | 30.89                            |
| Fats                   | 40                              | 1.41  | 306  | 60.78                            | 35                   | 1.23  | 268  | 54.05                            | 40                   | 1.41  | 306  | 60.78                            |
| Sugar                  | 25                              | .88   | 100  | 38.61                            | 15                   | .53   | 60   | 23.17                            | 30                   | 1.06  | 120  | 46.33                            |
| Salt                   | 20                              | .71   | 0    | 30.89                            | 20                   | .71   | 0    | 30.89                            | 20                   | .71   | 0    | 30.89                            |
| Eggs, fresh            | 0                               | 0     | 0    | 0                                | 0                    | 0     | 0    | 0                                | 50                   | 1.76  | 70   | 76.22                            |
| Potatoes               | 300                             | 10.58 | 195  | 463.31                           | 600                  | 19.40 | 390  | 916.63                           | 350                  | 12.35 | 227  | 540.53                           |
| Fruits and Vegetables  | 300                             | 10.58 | 60   | 463.31                           | 300                  | 10.58 | 60   | 463.31                           | 300                  | 10.58 | 60   | 463.31                           |
| Coffee, ersatz         | 10                              | .35   | 0    | 15.44                            | 15                   | .53   | 0    | 23.17                            | 10                   | .35   | 0    | 15.44                            |
| Chocolate              | 15                              | .53   | 77   | 23.17                            | 0                    | 0     | 0    | 0                                | 15                   | .53   | 77   | 23.17                            |
| Juice, citrus          | 75                              | 2.65  | 30   | 114.83                           | 30                   | 1.06  | 12   | 46.33                            | 150                  | 5.29  | 60   | 231.66                           |
| Eggs, dry              | 10                              | .35   | 58   | 15.44                            | 5                    | .18   | 29   | 7.72                             | 0                    | 0     | 0    | 0                                |
| Catsup                 | 15                              | .53   | 16   | 23.17                            | 15                   | .53   | 16   | 23.17                            | 15                   | .53   | 16   | 23.17                            |
| Totals                 | 1995                            | 70.38 | 2700 | 3068.05                          | 1870                 | 64.20 | 3000 | 2867.01                          | 2465                 | 86.97 | 3200 | 3783.91                          |

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## CLOTHING, ORGANIZATIONAL EQUIPMENT AND EXPENDABLE SUPPLIES

### (1) MINIMUM DISPLACED PERSONS CLOTHING SCALE

| ITEM                        | UNIT | ALLOWANCE | REMARKS          |
|-----------------------------|------|-----------|------------------|
| Shoes                       | pair | 1         |                  |
| Shoe Strings                | "    |           | as needed        |
| Shirt                       | each | 2         |                  |
| Suit, complete              | "    | 1         |                  |
| or                          |      |           |                  |
| Trouser and Jacket          |      |           |                  |
| or                          |      |           |                  |
| Battle Dress Garment (dyed) |      |           |                  |
| Overalls or Coveralls       | pair | 1         | as required      |
| Overcoat                    | each | 1         |                  |
| Underwear (complete set)    | "    | 2         |                  |
| Socks or Hosiery            | pair | 4         |                  |
| Headgear                    | each | 1         |                  |
| Handkerchief                | "    | 6         |                  |
| Gloves                      | pair | 1         |                  |
| Dresses                     | each | 2         |                  |
| Sanitary Pads               | "    | 4         | per month        |
| Brassiere                   | "    | 2         |                  |
| Wincoyettes                 | "    | 1         | for infants only |
| Diapers                     | "    | 10        | for infants only |
| Blankets/Comforters         | "    | 3         |                  |

- Requisition for clothing in excess of above scale will be approved by supervising military unit for issue when deemed necessary by consideration of work category or circumstance.
- Maintenance will be furnished as required and upon approval of supervising military unit. Salvaged items will be returned to issuing depot (washed and cleaned) for replacement.
- Individual clothing RECORD CARDS will be maintained by centers to prevent over issue.

### (2) ORGANIZATIONAL EQUIPMENT FOR 1,000 INDIVIDUAL DISPLACED PERSONS

| ITEM                  | UNIT | INITIAL ISSUE |
|-----------------------|------|---------------|
| Bowl, mix             | ea   | 4             |
| Cup, coffee           | ea   | 250           |
| Cleaver, butcher      | ea   | 4             |
| Colander, seamless    | ea   | 3             |
| Fork, table           | ea   | 250           |
| Fork, flesh           | ea   | 2             |
| Knife, paring         | ea   | 12            |
| Knife, table          | ea   | 250           |
| Ladle, 15"            | ea   | 36            |
| Measure, lipped, 1 pt | ea   | 12            |



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| <u>ITEM</u>                         | <u>UNIT</u> | <u>INITIAL ISSUE</u> |
|-------------------------------------|-------------|----------------------|
| Pan, bake, roast 2 7/8x3/8x19 1/4   | ea          | 12                   |
| Pan, bake, roast 2 7/8x3/8x19 1/4   | ea          | 6                    |
| Pot, stock, 15 gal                  | ea          | 16                   |
| Pot, stock, 10 gal                  | ea          | 8                    |
| Pitcher, 5 qt (Jug-10 qt)           | ea          | 60                   |
| Plate, soup                         | ea          | 250                  |
| Spoon, basting                      | ea          | 6                    |
| Steel, butcher, 10"                 | ea          | 2                    |
| Saw                                 | ea          | 2                    |
| Axe, chopping, hand                 | ea          | 1                    |
| Dipper, 1 or 2 qt                   | ea          | 10                   |
| Knife, carving                      | ea          | 2                    |
| Lantern, kerosene                   | ea          | 6                    |
| Sledge, 10 lb                       | ea          | 5                    |
| Opener, can, hand                   | ea          | 12                   |
| Spoon, table                        | ea          | 250                  |
| Spoon, serving                      | ea          | 36                   |
| Kit, cobblers                       | ea          | 1                    |
| Shovels                             | ea          | 10                   |
| Spade                               | ea          | 2                    |
| Puller, nail                        | ea          | 1                    |
| Tool Kit, (carpenter)               | ea          | 1                    |
| Hammer, claw, 1 lb; Pliers, S/L 6"  | ea          |                      |
| Spanner, adj; Screwdriver           |             |                      |
| Cloth, sponge                       | doz         | 1                    |
| Cloth, tea and glass                | doz         | 6                    |
| Can, corrugated, nesting:           | ea          | 3                    |
| 10 gal, 16 gal, 24 gal, 32 gal      |             |                      |
| Container, water, 5 gal             | ea          | 20                   |
| Bake, 14 tooth                      | ea          | 5                    |
| Bucket, 14 qt                       | ea          | 10                   |
| Duster, hand                        | ea          | 2                    |
| Bag, canvas, water, sterile         | ea          | 5                    |
| Covers, mattress                    | ea          | 1000                 |
| Knife, cooks, 12"                   | ea          | 3                    |
| Range, field (LFR No. 1)            | ea          | 4                    |
| Saucopans (8 pt)                    | ea          | 4                    |
| Containers, Root, Insul.            | ea          | 20                   |
| Containers, 5 gal circ., insul.     | ea          | 30                   |
| Pailers, 6 gal pots                 | ea          | 18                   |
| Heater, water, M-1937, w/24 gal can | ea          | 9                    |
| Pick, hdd, br 6-7                   | ea          | 5                    |
| Containers, 3 gal circ., insul.     | ea          | 15                   |

## (3) EXPENDABLE SUPPLIES (MONTHLY ALLOWANCE)

|                            |      |     |
|----------------------------|------|-----|
| Brooms                     | ea   | 24  |
| Compound, rinse, germicide | box  | 120 |
| Calcium, hypochlorite:     |      |     |
| can, 3 3/4 lb              | can  | 5   |
| ampules                    | tubo | 500 |



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| <u>ITEM</u>             | <u>UNIT</u> | <u>INITIAL ISSUE</u> |
|-------------------------|-------------|----------------------|
| Disinfectant (cresolo)  | gal         | 8                    |
| Handle, mop, spring     | ea          | 12                   |
| Lyme, chlorinated       | lb          | 100                  |
| Lye, caustic, soda      | lb          | 50                   |
| Matches                 | box         | 100                  |
| Mops, cotton            | ea          | 30                   |
| Powder                  |             |                      |
| Insecticide             | lb          | 10                   |
| Scouring                | lb          | 28                   |
| Ortholodine             | tablots     | 500                  |
| Soap                    |             |                      |
| Grit                    | lb          | 120                  |
| Laundry                 | lb          | 1000                 |
| Paper, toilet           | roll        | 600                  |
| Steel wool              | lb          | 15                   |
| Candles                 | lb          | 40                   |
| Wick, lantern, kerosene | yard        | 6                    |
| Brushes, scrub, hand    | ea          | 8                    |
| Powder, DDT             | lb          | 5                    |



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Health

UNRRA HEADQUARTERS, U.S. ZONE  
HEALTH DIVISION  
CONSOLIDATED SANITARY REPORT - DISPLACED PERSONS CAMPS  
FOR MONTH OF SEPTEMBER  
1946

| ITEM                           | % of Camps satisfactory |        |        |        |             |
|--------------------------------|-------------------------|--------|--------|--------|-------------|
|                                | Dist.1                  | Dist.2 | Dist.3 | Dist.5 | Zone wt.av. |
| <u>GENERAL INFORMATION</u>     |                         |        |        |        |             |
| 1. Camp Drainage               | 97                      | 98     | 99     | 98     | 97          |
| 2. Clean Camp Area             | 97                      | 95     | 97     | 100    | 96          |
| 3. Garbage Disposal            | 93                      | 89     | 89     | 98     | 93          |
| 4. Supplies (sanitation)       | 57                      | 57     | 81     | 84     | 59          |
| 5. DDT Dusting                 | 97                      | 84     | 91     | 94     | 88          |
| 6. Lice Control                | 100                     | 100    | 100    | 100    | 100         |
| 7. Fly Control                 | 94                      | 96     | 94     | 99     | 94          |
| 8. Rodent Control              | 99                      | 93     | 88     | 96     | 90          |
| <u>QUARTERS</u>                |                         |        |        |        |             |
| 9. Conditions of Buildings     | 89                      | 84     | 90     | 90     | 83          |
| 10. Clean Rooms                | 88                      | 95     | 83     | 95     | 92          |
| 11. Bed Space                  | 96                      | 89     | 97     | 99     | 93          |
| 12. Bed Bug Control            | 89                      | 95     | 98     | 96     | 93          |
| <u>WATER SUPPLY</u>            |                         |        |        |        |             |
| 13. Source                     | 96                      | 95     | 93     | 99     | 93          |
| 14. Chlorinated or Bact. Exam. | 96                      | 93     | 91     | 98     | 91          |
| 15. Distribution               | 99                      | 96     | 94     | 99     | 95          |
| 16. Supply Adequate            | 97                      | 95     | 93     | 99     | 93          |
| <u>TOILET FACILITIES</u>       |                         |        |        |        |             |
| 17. Numbers                    | 75                      | 73     | 71     | 75     | 61          |
| 18a State of Repair            | 100                     | 95     | 100    | 100    | 99          |
| 18b Cleanliness                | 100                     | 98     | 98     | 100    | 99          |
| <u>HANDWASHING FACILITIES</u>  |                         |        |        |        |             |
| 19. Number                     | 89                      | 84     | 63     | 88     | 69          |
| 20. Maintenance                | 100                     | 91     | 100    | 100    | 98          |
| 21. Cleanliness                | 100                     | 96     | 98     | 100    | 98          |

( over )



|                                     | Dist.1 | Dist.2 | Dist.3 | Dist.5 | Zone wt. av. |
|-------------------------------------|--------|--------|--------|--------|--------------|
| <u>BATHING FACILITIES</u>           |        |        |        |        |              |
| 22. Number                          | 99     | 91     | 88     | 85     | 86           |
| 23. Cleanliness                     | 100    | 98     | 99     | 99     | 99           |
| 24. Maintenance                     | 100    | 96     | 100    | 100    | 99           |
| 25. Special for Infants             | 70     | 41     | 56     | 44     | 55           |
| <u>LAUNDRY FACILITIES</u>           |        |        |        |        |              |
| 26. Type                            | 93     | 86     | 83     | 94     | 83           |
| 27. Maintenance                     | 99     | 98     | 98     | 98     | 97           |
| 28. Cleanliness                     | 99     | 100    | 97     | 96     | 97           |
| 29. Adequacy                        | 88     | 86     | 92     | 90     | 87           |
| <u>MESS SANITATION</u>              |        |        |        |        |              |
| 30. Food Storage                    | 96     | 100    | 100    | 99     | 98           |
| 31. Refrigeration                   | 78     | 41     | 61     | 75     | 55           |
| 32. Kitchen Equipment               | 91     | 87     | 87     | 94     | 86           |
| 33. Kitchen Cleanliness             | 96     | 95     | 98     | 100    | 96           |
| 34. Dining Room                     | 96     | 79     | 88     | 85     | 81           |
| 35. Dining Room Cleanliness         | 100    | 93     | 99     | 100    | 98           |
| 36. Serving of food                 | 100    | 96     | 100    | 100    | 99           |
| 37. Dishwashing Equipment           | 91     | 80     | 94     | 91     | 86           |
| 38. Dishwashing Methodes            | 96     | 89     | 95     | 90     | 90           |
| 39. Dish Storage                    | 93     | 93     | 94     | 93     | 93           |
| 40. Personal Hygiene-Mess Personnel | 100    | 100    | 100    | 100    | 100          |
| 41. Phy. Exam. - Mess personnel     | 100    | 100    | 100    | 100    | 100          |
| Population covered by Reports       | 55,552 | 96,337 | 87,646 | 87,421 | 326,949      |
| % of Teams Reporting                | 77     | 95     | 86     | 66     | 81           |
| % of Camps Reporting                | 88     | 71     | 63     | 61     | 71           |
| % of Population Covered by Reports  | 84     | 94     | 86     | 65     | 82           |

The above percentages are derived from the monthly sanitary reports submitted by the UNRRA Doctors.

The weighted averages for the Zone are obtained by dividing the total number of satisfactory answers by the number of camps that reported.

DISTRIBUTION "A".



RS-C 56  
file  
Children  
Health


**UNRRA**  
CENTRAL HEADQUARTERS FOR GERMANY  
APO 757 OR BAOR

9 August, 1946.

TO: UNRRA Headquarters, U.S. Zone.  
(Attention: Child Welfare Officer).

SUBJ: PRE-TUBERCULAR CHILDREN FOR TEMPORARY STAY  
IN SWITZERLAND.

1. Thank you for your letter of the 30th June, 1946. The possibility of sending to Switzerland for special care pre-tubercular Polish unaccompanied children has been discussed with a Representative of the Don Suisse organization and with the Polish Red Cross.
2. The suggested scheme was for such children to be sent to Switzerland for an agreed period prior to repatriation. We understand that the Don Suisse organization is interested in such a proposal, providing that any child sent has a definite statement from the Chief Liaison Officer in the Zone from which the child is taken to the effect that repatriation will take place at the end of the agreed period of the child's stay in Switzerland. The Swiss Government would require this stipulation, as, obviously, they cannot be responsible for any children after the agreed period.
3. In order that the Polish Red Cross may take up the matter so that clearance can be obtained for any such children to be moved, we should appreciate an early reply from you as to the approximate number of children you anticipate would be eligible for such a scheme. It must be emphasised that the children should be pre-tubercular and not active cases.

  
CARL H. MARTINI  
Assistant Chief of Operations  
(Relief Services)

MB/nj.



15 July, 1946.

SUBJECT: Child Welfare problems, monthly report Team 902.

TO: District Relief Services Officer,  
UNRRA District No. 5.  
Munich.

1. We have read with interest and understanding the problems in planning for children which are being encountered by the Welfare Department at Altersheim Hospital. We assume there has been consultation with the District Child Welfare Officer on children's cases since she also has brought to our attention the fact that there was an urgent need for case work service to individual children and also for a small center equipped to care for children, particularly infants, whose parents are temporarily not in a position to provide adequately for them. Usually the reason for such failure has been illness of the parent, although in some instances it has been neglect. It is our understanding that District 5 is working on plans for such a center.

2. We should like to make two suggestions:

a. That the Hospital Welfare Department use the District Child Welfare Officer for consultation on problems of post hospital care of children. It is probable that the hospital welfare is already doing this. District Child Welfare Officer may be able to help in children's clothing and books which have been reported by the team to be an immediate need.

b. That if the volume of cases warrants a request be made for a social service worker for the children's section of the hospital. We are from time to time getting from the Voluntary Agencies offers of personnel to work with children. We shall be glad to consider any request made by the hospital when personnel is available or to urge some agency to provide medical social service for children if the request is made by the hospital.

For the Zone Director:

(Miss) G. K. Richman  
Assistant Director,  
Relief Services.

Prepared by Cornelia D. Heise  
Child Welfare Branch,  
Relief Services Division.

Distribution/over



2 - District Relief Services Officer

- 1 - Zone Health Division  
1 - Miss Richman  
1 - File ✓

CDH:rp



July 15, 1946.

SUBJECT: Responsibility of Medical Section  
re Hospital Trains.

TO : District Director District No.1  
Attn: District Medical Officer  
District Director District No.2  
Attn: District Medical Officer  
District Director District No.3  
Attn: District Medical Officer  
District Director District Office No.5  
Attn: District Medical Officer.

The D.M.O. to be responsible for the train will be notified by Zone. He will then assemble responsibility for following items:

1. Nominal roll of patients.
2. Procurement of UNRRA doctor to take charge of train.
3. Check with German physician in charge of train re train staff; qualifications and additional personnel needed. It has been considered advisable to limit personnel caring for patients on the train to the German staff; except in those instances where a D.P. physician or nurse desires to be repatriated.
4. See that a reliable Polish repatriate is available to aid the doctor in matters of translation and to act as a general liaison officer.
5. Sanitary inspection of the train including dusting with DDT and disinfection for latrines.
6. Distribution of patients and staff.
7. Procurement and briefing of messing officer. When Red Cross parcels are available only one hot meal need be served daily, depending on facilities. Hot drinks should be available twice daily.
8. Adequate medical supplies, food and water (drinking and washing) available.
9. Supervise transportation of patients to the train.

M.A. MOREHEAD  
1st Lt. USPHS  
Hospital Consultant

cc: Field Op.  
Child Welfare  
Repatriation

MAM:vdw.



*Child Welfare*  
*file*

UNITED HEADQUARTERS, U.S. ZONE  
HEALTH DIVISION  
CONSOLIDATED SANITARY REPORT - DISPLACED PERSONS CAMPS  
FOR MONTH OF JULY  
1946

| ITEM                            | % of Camps Satisfactory |          |          |          |              |
|---------------------------------|-------------------------|----------|----------|----------|--------------|
|                                 | District                | District | District | District | Zone wt. av. |
| <u>GENERAL INFORMATION</u>      |                         |          |          |          |              |
| 1. Camp Drainage                | 100                     | 94       | 97       | 98       | 97           |
| 2. Clean camp Area              | 97                      | 98       | 97       | 99       | 98           |
| 3. Garbage Disposal             | 94                      | 90       | 93       | 93       | 92           |
| 4. Supplies (Sanitation)        | 83                      | 55       | 79       | 85       | 76           |
| 5. DDT Dusting                  | 91                      | 87       | 91       | 97       | 92           |
| 6. Lice Control                 | 100                     | 98       | 99       | 98       | 98           |
| 7. Fly Control                  | 97                      | 94       | 95       | 94       | 95           |
| 8. Rodent Control               | 97                      | 90       | 86       | 97       | 92           |
| <u>QUARTERS</u>                 |                         |          |          |          |              |
| 9. Conditions of Buildings      | 92                      | 85       | 94       | 93       | 92           |
| 10. Clean Rooms                 | 96                      | 94       | 97       | 93       | 96           |
| 11. Bed Space                   | 97                      | 94       | 95       | 92       | 95           |
| 12. Bed Bug Control             | 96                      | 90       | 93       | 99       | 95           |
| <u>WATER SUPPLY</u>             |                         |          |          |          |              |
| 13. Source                      | 99                      | 98       | 95       | 98       | 97           |
| 14. Chlorinated or Disin. Water | 82                      | 85       | 53       | 71       | 69           |
| 15. Distribution                | 100                     | 96       | 93       | 97       | 96           |
| 16. Supply Adequate             | 100                     | 92       | 91       | 96       | 94           |
| <u>TOILET FACILITIES</u>        |                         |          |          |          |              |
| 17. Number                      | 82                      | 72       | 73       | 83       | 76           |
| 18a. State of Repairs           | 96                      | 94       | 96       | 97       | 96           |
| 18b. Cleanliness                | 96                      | 100      | 98       | 100      | 98           |
| <u>HANDWASHING FACILITIES</u>   |                         |          |          |          |              |
| 19. Number                      | 94                      | 89       | 73       | 87       | 83           |
| 20. Maintenance                 | 97                      | 90       | 98       | 100      | 97           |
| 21. Cleanliness                 | 97                      | 98       | 100      | 99       | 99           |

( over )



|                                     | Dist.1 | Dist.2 | Dist.3 | Dist.5 | Zone wt.av. |
|-------------------------------------|--------|--------|--------|--------|-------------|
| <u>BATHING FACILITIES</u>           |        |        |        |        |             |
| 22. Number                          | 94     | 87     | 89     | 88     | 90          |
| 23. Cleanliness                     | 99     | 92     | 100    | 100    | 98          |
| 24. Maintenance                     | 96     | 98     | 97     | 100    | 97          |
| 25. Special for Infants             | 70     | 46     | 43     | 35     | 50          |
| <u>LAUNDRY FACILITIES</u>           |        |        |        |        |             |
| 26. Type                            | 96     | 87     | 95     | 94     | 93          |
| 27. Maintenance                     | 99     | 96     | 96     | 98     | 97          |
| 28. Cleanliness                     | 97     | 96     | 97     | 99     | 97          |
| 29. Adequacy                        | 76     | 77     | 76     | 82     | 78          |
| <u>MESS SANITATION</u>              |        |        |        |        |             |
| 30. Food Storage                    | 96     | 96     | 99     | 98     | 97          |
| 31. Refrigeration                   | 79     | 57     | 56     | 69     | 64          |
| 32. Kitchen Equipment               | 94     | 87     | 89     | 92     | 90          |
| 33. Kitchen Cleanliness             | 96     | 100    | 100    | 100    | 99          |
| 34. Dining Room                     | 82     | 74     | 70     | 82     | 77          |
| 35. Dining Room Cleanliness         | 100    | 98     | 99     | 98     | 99          |
| 36. Serving of food                 | 99     | 96     | 98     | 93     | 97          |
| 37. Dishwashing Equipment           | 87     | 70     | 83     | 89     | 84          |
| 38. Dishwashing Methods             | 92     | 76     | 79     | 86     | 84          |
| 39. Dish Storage                    | 94     | 83     | 95     | 83     | 90          |
| 40. Personal Hygiene-Mess Personnel | 100    | 98     | 99     | 96     | 98          |
| 41. Phy. Exam. - Mess Personnel     | 100    | 100    | 100    | 100    | 100         |
| Population covered by Reports       | 50,679 | 92,137 | 81,847 | 77,074 | 301,737     |
| % of Teams Reporting                | 81     | 95     | 86     | 73     | 84          |
| % of Camps Reporting                | 78     | 71     | 71     | 60     | 69          |
| % of Population Covered by Reports  | 79     | 95     | 81     | 67     | 78          |

The above percentages are derived from the monthly sanitary reports submitted by the UNRRA Team Doctors.

The weighted averages for the Zone are obtained by dividing the total number of satisfactory answers by the number of camps that reported.

DISTRIBUTION "A"



• N(JM) ✓

July 6, 1946.

SUBJECT: HOSPITAL TRAIN TO POLAND.

DATE OF DEPARTURE: July 15, 1946.

TRAIN: American Army No 1116,  
is at present in Munich, Station Arnulfstrasse  
and Deroystasse.

CAPACITY: 240.

CARS: 14 total, 8 hospital cars.  
30 patients to car. Triple bunks with mattress,  
pillows, sheets and 2 blankets each.  
3 personnel cars,  
1 kitchen car  
1 water car  
1 baggage car.

PERSONNEL: 14 German personnel at present, more available.  
Dr. Hampe - Chefartz,  
11 Sanitantes,  
3 Kitchen  
Only German personnel to be used for patients.

Train is in excellent condition. Medical supplies furnished  
by 342 Med.Coll.Co.

cc: Child Welfare  
Repatriation  
Field Operations  
" " Distr. 5  
Dr. Cockrill.

  
M.A. MOREHEAD  
1st Lt. USPHS  
Zone Hospital Consultant

MAM:vdw.



FIELD - TRIP

1st District

6 - 15 July 1946.

This trip was made upon request of Major M. Bullard District Medical Officer, and Lt. R. Albert, District Nurse. The camps visited were selected by them for the Pediatrician.

Teams visited:

|          |     |   |                |
|----------|-----|---|----------------|
| Team No. | 190 | - | Geislingen     |
| "        | "   | - | Esslingen      |
| "        | "   | - | Waiblingen     |
| "        | "   | - | Pfersheim      |
| "        | "   | - | Karlsruhe      |
| "        | "   | - | Aglasterhausen |
| "        | "   | - | Stuttgart      |

Lt. Albert visited 4 of the Camps with me and Major Bullard accompanied me to Waiblingen. The fullest cooperation was given by the 1st District throughout my stay in the area.



The purpose of this visit was to interview a DP doctor who had been selected by Major Bullard for the Aglasterhausen Children's Center to fill the vacancy left by Dr. McKay. It was a gratifying experience to be called upon by the District Medical Officer for the specific reason to help her select a doctor for a children center. - The camp itself was only inspected briefly since most of the available time was taken up by the interview.

The following observations were made:

1) The work of the D.P. doctors has to be supervised much more carefully by the UNRRA doctor. At the same time, all 3 D.P. doctors complained bitterly about the UNRRA doctor's attitude toward his D.P. colleagues.

2) No records are kept of sick patients, no admission examination is done, no follow-up notes kept on any patient in the infirmary. One 8-year old child was seen in the infirmary with the horrid diagnosis of "Growing Pains". Upon physical examination by the visitor this appeared to be a clear-cut case of Rheumatic Fever with cardiac involvement. No written record available except the temperature curve.

3) Immunization records are kept very poorly, so that no clear picture could be obtained on the state of immunization among the children. It appears however, that there are many children who have either not been immunized completely against smallpox and diphtheria or have not been immunized at all.

4) Feeding is done by the families due to the set-up at this camp. There is no central camp but the people live in villas scattered throughout the city so that food has to be distributed raw. Therefore no check is possible on the actual food consumed by the children.

5) There seems to be a well-baby clinic but no records were available.

6) The UNRRA doctor had gone on leave so that information obtained was spotty. In all fairness to the UNRRA doctor this team should be visited again when he is at the camp to give fuller and more reliable information. Feelings among the D.P. doctors against the UNRRA doctor were running high so that no objective picture could be obtained.

The interview with the D.P. doctor was satisfactory. She is familiar with common diseases of childhood and has fairly good training. She needs help on infant-feeding but is quite willing to accept instructions. Because of her attitude toward "new things" and her willingness and almost eagerness to learn, because of her honesty in admitting lack of knowledge, it was thought that her appointment to Aglasterhausen would work out well especially since the Center has one of the best nurses in the Zone.



UNRRA Doctor : Dr. Villasana  
UNRRA Nurse: Miss Pairen

DP Drs: 27  
DP Nurses: 16.

|                   |         |   |             |
|-------------------|---------|---|-------------|
| Child population: | 0 - 1   | = | 71          |
|                   | 1 - 6   | = | 580         |
|                   | 6 - 10  | = | 315         |
|                   | 10 - 14 | = | 265         |
|                   |         |   | <u>1231</u> |

The main purpose of this visit was a talk on Pediatric problems to the DP doctors of the team. The topics were mainly Preventive medicine in infancy and childhood, with particular emphasis on Diphtheria immunization and Infant Feeding. A long and very animated discussion followed during which formulae were worked out with the D.P. Pediatrician whose ideas on 1/3 milk - 2/3 water could not be changed too easily. It took a long time and much insistence to convince her to listen at all. At the end of the meeting a paper was produced by this group to prove that the children at the camp were anemic and underweight because of the lack of fresh fruit and fresh vegetables, fresh cow's milk. This paper was turned over to the District Medical Director for further discussion with the group. It was quite obvious that the D.P. Pediatrician is a troublemaker who leads the group in the fight for "fresh food". It was finally possible to induce the Pediatrician to choose 3 babies and feed them "the American Way" as an experiment and to try the same thing on another 3 infants, should the first 3 survive the "experiment".

The impression was that the Doctors in this camp were determined to do things their own way, regardless of suggestions from UNRRA Health personnel. Thus they had decided inspite of orders to the contrary to immunize the children against Diphtheria by giving them entire dosis within 3 weeks instead of in 3 months and to change the prescribed amount to 0,2; 0,8; 1,2 cc. of Diphtheria toxoid to be given at weekly intervals.

The basic problem came up here once more as to whether it would be better to let the D.P.'s continue to do medicine, feeding etc. their own way without interference as they have been used to doing it in their own countries or whether to try to change their old ways to the more modern, American ones. The writer is of the definite opinion that whereas we cannot force the D.P. doctors to accept our way of treating children, everything should be tried to convince them of advantages so obvious to us. It has to be kept in mind that the health of these infants is UNRRA's responsibility and that we are avoiding this responsibility if we don't try the best we can to apply to them the methods we believe to be right. The following facts were found:

- 1) No Wassermanns taken on pregnant women.
- 2) 10% of the pregnant women have abortions.
- 3) There have been sporadic cases of Diphtheria last November and December and one case this June 1946.
- 4) There is no record kept indicating the % of children immunized against Smallpox and Diphtheria. The figures for Typhus was given as 46% and 66% for Typhoid.
- 5) All food is given out raw due to the fact that the D.P.'s live scattered throughout town.



6) No stools for Typhoid done on Kitchen personnel.

7) Within the past 6 months 2 children have died, one of 8 years and one of 4 years. Both died of Tbc.

8) There seem to be children with Tbc lesions living at the camp. The reason given was: "No place to send them to". This is an incorrect statement and District will check up on this situation.

9) D.P.'s go to anyone of the 27 doctors without any routing. Thus no follow-up by anyone of the doctors is possible nor does the UNRRA personnel know about the cases.

Recommendations:

1) To do Wassermann on every pregnant woman on her first visit to the prenatal clinic.

2) To set up at once correct immunization procedure and immunization file.

3) To check homes daily for any sick children, have school report daily on absent children by name. Nurse will go to homes where a child has been absent from school two days in succession or at frequent intervals.

4) To set up a check system whereby a patient can be accepted by any doctor only upon presentation of a referral-slip made out by the doctor in charge. Thus a registry will exist of patients who are under medical care and too much fluctuation from doctor to doctor will be avoided.

5) To do stool-examination for typhoid carriers on all kitchen personnel.

6) To make sure that no person with active Tbc remains at camp.

Conclusion:

Though it is recognized that because of the set-up of this team control of any kind is extremely difficult, it is strongly recommended that everything be done to obtain at least some centralization and control of the medical services.

The UNRRA doctor is doing his best to obtain this end. He has already done much but realized that still more will have to be done to get the situation into hand.

The cooperation this writer has been given by the nurse and doctor deserves special mentioning.



Nationality: Poles  
Director: Count Du Neuburg  
Dep. Director: Mr. Bozon  
UNRRA Doctor: Dr. Bermingham - DP Drs: 2  
UNRRA Nurse DP Nurse: 2  
No. of DP's: 1050, No. of Children 0-14: 220.  
Age Groups:      0 - 1 = 70  
                  1 - 6 = 75  
                  6 - 10 = 47  
                  10 - 14 = 28  
                                220

Two camps belonging to this team were visited, one with a small population and a very large one. The camps are far away from each other and the doctor visits them in rotation. He has still another camp under his supervision and it seems that none of them has enough attention.

The woman DP doctor is working very hard but with only one other doctor to help her she is utterly unable to take care of the population of 1000 persons. Here again, the UNRRA doctor does not have things well enough in hand, knowing little about the actual happenings at the camp. The argument that "after all, there has only been one death among the children" is not a valid one at all. What is important is that one sees children with active Rickets running about. An example of the lack of supervision is the fact that the DP doctor has done tuberculin-testing of children but had chosen the age-group 6 - 14 years, a Group which is known to be the one where infections occur less frequently than in all others.

Well-baby clinics are held but the attendance is poor and irregular. Mothers do not bring their children back when asked to do so and no effort is made to search for those who fail to return. Children often remain at home when ill and are brought to the doctor last minute when all home remedies have been tried and have failed.

Records were found to be very insufficient. Some have physical findings recorded but no record of treatment, progress, outcome could be found. Immunization records are likewise unreliable and poorly kept. Patients who have failed to return for their second infection are not followed up so that there are many instances where children have only been partially immunized and where the first infection had been given so long ago that the procedure will have to be started all over again.

There is no children's kitchen, no children's dining room and nobody of the UNRRA staff knows what the children are actually eating. - A spot-check was made into several living quarters. Food was found to stand around on and inside cupboards. In one instance a platter with fish was found in a closet alongside other foodstuff. This fish, the director told us, was not supplied by the camp but gotten on the outside. The parents were asked what they fed their children and how the milk was mixed. The answers were vague in some cases and we were told that no instructions had been received by the mothers as to how to prepare the milk. The D.P. doctor who is supposed to let the mothers know how to prepare the milk did not know herself much about formulae. - There has been one death during the past 6 months. A 4 months old child died, cause unknown.



Recommendations:

- 1) To set up a children's kitchen and dining room.
- 2) To set up formula room.
- 3) To take Wassermann on all pregnant women (There are only 42 pregnant women at the camp now).
- 4) To have a squad to check every home daily for children ill in bed and to report them at once to the UNRRA and D.P. doctor.
- 5) To have school report absent children daily by name and make homevisits on every child absent for 3 consecutive days.
- 6) To set up immunization file at once.
- 7) To supervise infant feeding strictly (UNRRA doctor agreed to do that himself after definite directives were given to him by the visitor.)
- 8) To forbid the indiscriminative use of sulfa drugs at once.

To accomplish these goals it is absolutely indispensable to assign a well trained UNRRA-nurse to this Team.



Pfersheim - Team No. 520.

Nationality: Poles.

UNRRA Director: Mr. Oprel

Dept. Director: Mrs. Bradbury

UNRRA-Doctor - Dr. Meyer

UNRRA-Nurse - Miss Guseff

DP Doctors: 1, DP Nurses: 2 and one male nurse.

Total number of DP's: 1475

Child population: 198

|                |         |            |
|----------------|---------|------------|
| Age-breakdown: | 0 - 1   | = 101      |
|                | 1 - 6   | = 46       |
|                | 6 - 10  | = 22       |
|                | 10 - 14 | = 23       |
|                |         | <u>192</u> |

This team was in a state of flux due to the fact that the director had gone on leave that morning and Mrs. Bradbury had just arrived to replace him.

Though there are less than 200 children at this camp, the medical set up leaves much to be desired. Dr. Meyer is a very young physician with little experience and either unable or unwilling to take the lead in medical matters. The one DP doctor, the only one available, is an old lady, utterly unable to take care of the children's health. The manner in which the so-called well-baby clinic was conducted was appalling. Dr. Meyer stood by while the D.P. doctor "examined" a seriously ill baby and would have permitted the mother to follow the DP doctor's advice to take the baby home, had it not been for the interference of Lt. Albert, Miss Guseff and this writer, who took the baby to the camp infirmary where parenteral fluid was given at once. - Furthermore it was discovered that the D.P. doctor had elected to immunize against diphtheria only children from the 6th year on without anyone knowing about this practice.

It would take up too much space to report on the many flaws found in the Pediatric program. May it suffice to say that Miss Guseff carries almost alone the entire program and that she is doing more than can be expected of any one person. The formula room supervised by her functions well and excellent nursing care is given to the ill children in the infirmary under her care. However, she cannot be expected to supervise the medical activities.

There are no records kept at all; not even the charts are available for physical examination. No Wassermanns are done on pregnant women; the team is out of smallpox-vaccine and therefore vaccinations have been stopped some time ago. No immunization records are available, nor is anyone able to give any information on the % of children immunized. A pair of twins died at the age of 7 wks. The doctor stated that they died from starvation and that they were seen too late by the doctor.

The situation was talked over with Mrs. Bradbury, who gave all her cooperation and promised to see to it that recommendations made were carried out.

Recommendations:

- 1) To assign a better trained physician to this team or at least one who can supervise the D.P. doctor adequately.
- 2) To start diphtheria immunization at 6 months as stated in pediatric guide.
- 3) Since there are only relatively few children at this camp names should be checked regularly (daily) for any sick children.



4) Children who are ill should be followed up closely and no delinquency should be allowed.

5) Records to be kept on every child seen, including physical examination, diagnosis, treatment, exit.

6) Any child ill enough to require more than routine care should be admitted to the hospital. UNRRA doctor to follow these children while at the hospital.

7) Stool examination for typhoid to be done on kitchen personnel.

8) It is strongly recommended to secure at least one additional DP doctor for this camp.

9) There should be a female Welfare Officer assigned to assist Mr. Marks in the children's program.

Needs:

1200 plates, cups, spoons to enable all persons to eat at the huge dining room, where ample space is available.

Smallpox vaccine and medical records were taken to the camp the next day by Lt. Albert.



Karlsruhe - Team No. 519

Nationality: Poles  
Population: 2000  
UNRRA Director: Mr. Hoevelmans (Dutch)  
Dept. Director: Mr. Graf (Polish)  
UNRRA Doctor: Maj. Chaifetz (U.S.)  
UNRRA Nurse: J. Vandestickle (Belgian)  
DP Pediatrician: Mme Dobrowski (Russian)  
DP Doctors: 2 DP Nurses: 2 Nurses Aids  
Child population: 428  
Age breakdown: 0 - 1 = 146  
                  1 - 6 = 93  
                  6 - 10 = 109  
                  10 - 14 = 80  
                  Total = 428

Two days were spent at this camp upon Major Bullard's request. It must be pointed out that the cooperation given by the Director, Doctor and Nurse alike was simply splendid. Not to speak of the Zone Motor Pool at Karlsruhe, where my jeep was overhauled with an efficiency unknown at Pasing. This camp makes an excellent impression all around. It is clean and orderly and well organized. Doctor and nurse work extremely hard and efficiently and are running a good medical department.

However, there are a few things that could be improved to make it an even better service. While Doctor Chaifetz follows the patients who are brought to, she has no way of knowing who is ill at the camp, nor can she at present keep track of these mothers who choose to take their children to the German doctors in Karlsruhe, and while the DP Pediatrician refers children to Major Chaifetz, who in the DP doctor's opinion need special attention, there are far too many children who need treatment but are not picked up by the DP physician. About 15 babies were found to have active Rickets manifested by severe craniotabes, who had never been brought to Maj. Chaifetz's attention simply because the DP doctor did not make the diagnosis but had labelled them "normal". The same is true for undernourished children who were not diagnosed as such by the DP doctor. Thus a pair of twins were seen, both definitely underweight (prematures) who had been termed "normal" and had therefore not been referred to Maj. Chaifetz.

The formula-room until recently had been mostly in the hands of the DP doctors until the nurse Vandestickle took it over. However, the feeding of infants is too great a responsibility for the nurse alone. Maj. Chaifetz will have to check at frequent intervals especially since the D.P. doctors do not follow the suggestions made by Dr. Chaifetz and Miss Vandestickle. Infant feeding is a medical job and should not be left to any one but the doctor in co-operation with the nurse. As the child grows older changes in diet have to be made by the doctor for each individual child and while some "routine" will always have to exist especially in a camp, the doctor is the one to follow-up on increase and change of food.

The main pediatric problem in this camp is a) to give Maj. Chaifetz control over movements of patients to German doctors b) to have her supervise the well-baby clinic and formulae and to enable her to check on any child which is not doing well in spite of the DP doctor's different opinion.

The following suggestions were made and left with the Camp director:



- 1) To take Wassermann on all pregnancies.
- 2) To examine stools of kitchen personnel for typhoid.
- 3) The director to inform all German doctors in town that they are forbidden to accept any DP patient unless the person presents a referral slip signed by Maj. Chaifetz. At the same time the camp-population will be informed that they will have to secure such a slip from Dr. Chaifetz each time they want to see a German doctor. Dr. Chaifetz will then be able to see the patient before he consults another doctor and will also know which patients are under care outside. This measure might cut the visits to German doctors down to some extent. - After the visit to the German doctor or to a German hospital a closed envelop addressed to Maj. Chaifetz should be given to the patient. This letter should contain the diagnosis and treatment. This will be the only way by which Maj. Chaifetz can know what has been ordered and can stop children with diarrhea in time from drinking carrot-juice for ever ordered by the German medical profession.
- 4) To have school teachers inform Maj. Chaifetz daily of absent children. To send a doctor or a nurse to the home of each child who has been reported absent for 3 consecutive days.
- 5) To keep accurate records of all patients seen (Infirmary, homecalls and clinics including well-baby clinic). Physical examination - diagnosis - treatment, follow-up notes and result should appear on each record.
- 6) Major Chaifetz and Miss Van de Stickle to check over all baby records and see each child who has lost weight, underweight, has remarks like "Atrophy" or "Rickets" on the card. The D.P. doctor to notify the above two persons of any child who loses weight at two weighings (Within two weeks).
- 7) To set aside 2 days a week for Maj. Chaifetz to see any child who has lost weight or is otherwise doing poorly. This will give her a chance also to observe Dr. Dobrowski's work and supervise her more closely.
- 8) To have more frequent examinations of babies who are doing poorly and to have Maj. Chaifetz watch and follow all cases of active rickets.
- 9) To have only formula and cereal prepared in formula kitchen and all other baby food on separate stove in the beautiful children's kitchen. Have Miss Van de Stickle strictly supervise babies food (0 - 12 months) and have her plan the feeding with Major Chaifetz. - Have those children who start on cereal be fed by their mothers in room next to kitchen until they are used to the cereal.
- 10) To include liver-paste, vegetables, spam, powdered eggs in diet of children 4 - 12 months. Increase and decrease of food, increase and change of formulae to be in the hands of Major Chaifetz and Miss Van de Stickle.

#### Urgent needs.

- 1) 50 cc of "Vigantol Forte" for treatment of active Rickets.
- 2) Venules or test tubes for Wassermann.



- 3) 500 baby-bottles.
- 4) Pots and pans for baby-kitchen.
- 5) American adhesive tape.
- 6) Snellen chart.

Unless the needed supplies come in, the camp cannot be expected to have a children's kitchen or a formula room functioning. The director and his staff do all they can to have an excellent camp.

H. LANDSBERG  
Maj. USPHS  
Zone Pediatrician.

cc:  
Med.Div.  
Distr.Med.Off. & Nurse  
Team  
Child Welfare ✓  
Field Supervisor  
File.

KL:vdh.



File

2nd Wuly, 1946.

TO : The District Director,  
UNRRA District No. 2.,  
Wiesbaden.

Attention: The District Child Welfare Officer.

SUBJECT: Convalescent Centers for Children.

We have your memo of June 22nd, 1946, reporting that the Team Doctor in one of the UNRRA Teams had suggested the establishment of a convalescent center for children who need special care. The need for such special service should be considered with care by both Health Division and Child Welfare Service.

We have been reluctant to endorse any special centers which would separate children from their parents. The limited case work service we are able to provide and the cumbersome travel possibilities in Germany accentuate the problem of weakening family ties and parental responsibility which is inherent in any such plans.

Practically all of the District Child Welfare Officers have brought to attention the increasing need for special services, convalescent homes, maternity homes and centers for temporary care of very young children whose parents are unable, because of illness, to provide for them in the usual family setting.

If the needs in your District are such that special facilities should be considered, will you please let us know. We are sending you in a separate communication information about the offer of the Unitarian Service Committee to send trained Child Welfare Personnel into Germany.

Such personnel may be available for special projects, such as you suggest. We understand that District 3 has under

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consideration plans for opening a children's convalescent center.

We shall try to keep you informed regarding the experience in that District.

G. H. RICHMAN  
Assistant Director,  
Relief Services,  
U.S. Zone.

*CDN*  
CDE/VO

Prepared by Child Welfare Branch.

Distribution:  
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1 - Miss Richman  
1 - File