

POLAND MISSION  
MONTHLY REPORTS-HEALTH DIV.  
PERMANENT

271

Poland Mission 271  
Monthly Reports

Health Div. Perm.

UNITED NATIONS  
RELIEF AND REHABILITATION ADMINISTRATION

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*Health*

21st March 1946

To: ☒ UNRRA Headquarters,  
Washington, D.C. (3 copies)

European Regional Headquarters, UNRRA.  
London. (5 copies)

From: Chief,  
UNRRA Mission to Poland.

Subject: Health Department's Report for February

Attached, hereto, is the Health Department's Report (Dr. Holle)  
for February, as mentioned in paragraph 12 of the Monthly Report  
despatched to you on 8th March, 1946.

*[Signature]*

Attachments:

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Report of Activities of Health Division  
UNRRA Mission to Poland

for month of February, 1946.

GENERAL:

Dr. Norman Begg arrived from London as Communicable Disease Control Officer on February 12th. On February 21st the Polish Minister of Health approved the addition of Dr. Marc Daniels to the staff of the UNRRA Mission as Consultant on Tuberculosis Control. On February 24th Dr. George Nevitt, Dental Consultant, E.R.O., arrived in Warsaw.

The Health Division participated in the production of the film on UNRRA activities in Poland. On February 25th Col. Greeley's demonstrations with D.D.T. louse powders were filmed, including a few shots of a powder dusting machine. Inside pictures of nursing activities in a hospital were also shown as well as outside pictures of officials of the Ministry of Health and UNRRA representatives. It is understood that this film is to be shown at the UNRRA Council Meeting in Atlantic City, and possibly as a short in theatres throughout the country.

Lt. Colonel David Greeley returned to Frankfurt on February 27th after a stay of approximately six weeks in Poland during which time he travelled throughout the several provinces demonstrating the use of D.D.T. powder as an effective means of controlling typhus fever.

Miss Madge Sewell, Secretary, formerly in the Health Division in Washington, arrived on February 24th and was assigned to this Division as its first permanent secretary.

Administrative services continued to improve during the month. While no additional motor vehicles were assigned to the Health Division, less difficulty was encountered in obtaining vehicles for field use than was the case previously. A telephone has now been installed in the office of the Chief Medical Officer. However, inasmuch as no telephone has yet been placed in our office in the Ministry of Health our communications with the latter are still conveyed largely by jeep.

Except for minor ailments largely of an upper respiratory nature and a few cases of gastro intestinal infections of a mild variety, the general health of Mission personnel has been good.

COMMUNICABLE DISEASES:

After arrival from England for duty on 12th February, 1946, Dr. N. D. Begg made a field trip with Lt. Col. D. M. Greeley to Krakow, Katowice, Wroclaw and Poznan from February 15th to 24th to survey conditions in South and West Poland and make contacts with Health Departments, Medical Schools and Hospitals in those provinces. Initial contacts have also been made in Warsaw with the Ministry of Health, the State Institute of Hygiene and hospitals in the district.

Weekly reports of communicable diseases were received and transmitted to London and Washington and the corrected monthly figures for December were also transmitted. The Polish Ministry of Health has agreed in the future to make available a full weekly report of all communicable diseases reported, and the number of deaths therefrom. It will thus be possible to obtain a complete



picture of the epidemic situation and also to assess the severity of individual communicable diseases which may be prevalent.

During February the average weekly number of typhus fever cases was 148 as compared with 276 for January. These minor fluctuations in incidence are without significance. Nevertheless, any serious typhus epidemic would normally be mounting rapidly at this time of year to its peak in Spring, so that the maintained low is very favourable. On recent field trips it was obvious that, as supplies of D.D.T. powder and appliances reach the provinces, they are being most energetically distributed and used by the local health authorities. Typhoid fever incidence fell quite sharply from a weekly average of 2003 cases in January to 930 cases in February. This is the lowest figure recorded since summer of 1945, but probably represents no more than a normal winter decline in what is essentially an epidemic disease of summer and autumn. A mass immunization campaign against typhoid fever is accordingly planned for completion within the next few months. A considerable amount of immunization has already been carried out in those provinces particularly threatened.

The incidence of diphtheria also declined from an average of 668 cases weekly in January to 368 cases weekly in February. Against this disease also an active immunization campaign has been instituted.

No other communicable disease calls for particular comment during February.

#### Nursing activities:

The second field trip to the Gdansk and Pomorze Provinces was commenced on February 5th and concluded on February 15th. Accommodation was arranged at the Morski Hotel in Sopot. Official calls were paid on the following:

1. Chief Medical Officer, Gdansk Province - Dr. Nyman
2. Chief Medical Officer, Wejherowo
3. Chief Medical Officer for the city of Bydgoszcz, Dr. Majchrzak

Visits were made to the following:

1. School of Nursing of Gdansk Academy of Medicine
2. Surgical, Medical and Pediatric Clinics at the Academy
3. Hospital Wards: Ear, Nose and Throat; Neuropsychiatric, Venereal, Surgical - adults and children, Obstetric; X-ray Department and Hospital Kitchen and Laundry.
4. City Hospital in Bydgoszcz
5. Children's Hospital in Bydgoszcz
6. Tuberculosis Sanitarium in Smukala
7. St. Mary's Hospital in Wejherowo
8. School of Hygiene and Anatomy in Gdansk
9. Obstetrical and Gynecological Hospital, under reconstruction, Gdansk
10. Health Centers at:
  - a. Wrzeszcz
  - b. Oliwa
  - c. Sopot
  - d. Orlow
  - e. Gdynia
  - f. Wejherowo



11. Homes for Children:
  - a. Sopot - two
  - b. Grabuwerk
  - c. Wejcherowo
12. On return to Warsaw - the Hospital of the Transfiguration in Praga.

Comments and Observations

1. The School of Nursing of Gdansk Academy of Medicine and Hospital Clinics. Activities were delayed for 24 hours due to motor trouble. A call was made on the Director of the School of Nursing, Miss Jadwiga Romanowska on Feb. 7th. It is interesting to note that this School is the second University School of Nursing in Poland. It occupies a large four story modern building which was built and previously used by the Germans for the same purpose. The first students entered on October 1, 1945 and the official opening of both medical and nursing schools took place on Feb. 2, 1946 to which an invitation was received but too late to enable the Consultants to attend. Student nurses are admitted twice yearly. The nurses' bedrooms are clean and not too overcrowded but are rather cold, due to lack of fuel. This condition necessitates additional blankets which many of the students are unable to provide. Some windows were observed without glass panes, although repairs are being effected as materials become available. Students are obliged to provide their own bed linen. As this is impossible in most cases at present and the school is unable to supply such equipment, the need for increased UNRRA supplies of linen and blankets is indicated. The Central Dining Room for students and nursing staff is situated in this building but the meals are cooked in the main hospital kitchen. If equipment were provided it would be more satisfactory to prepare the meals for the nursing personnel in the nurses' residence. This would perhaps allow an opportunity to improve the diet which is considered exceedingly poor for young women who are working strenuously among the sick and are constantly exposed to infection.

The following daily menu was actually observed and sampled:

Breakfast: Black coffee without sugar  
300 grams of black bread - daily portion  
no fats or protein

Midday: watery pea soup  
porridge with thin gravy - this porridge  
contained minute pieces of meat and  
vegetable but the latter are not always  
available

Evening: watery soup

The servings observed on rough calculation did not appear to provide the necessary minimum of calories but it was learned that second helpings are available. There is a Zl 20 deduction per student per day from the general budget for food. Frequently it is necessary for the Director to buy extra food with money which should be devoted to other purposes. The third day of our visit the Director told us that the students had complained of being hungry and that she was increasing the bread allowance by 200 grams per day. The graduate staff is in a better position than the students because it is able to purchase additional items of food from its meager salary, which is approximately 1000 to 1200 Zl, £2.10.0 to £3, or \$10.00 to \$12.00 per month.



The majority of graduate nurses have one or more dependents and deprive themselves of vital necessities to provide for them. It is understood that in some instances a small extra allowance is made by the government for such dependents. In addition to the salary, government employees are entitled to certain commodities which they can buy cheaply on a ration system. The student nurse is not considered a worker, therefore, is not entitled to share in this. In spite of this extra food allowance, the appearance of the average graduate nurse is one of fatigue and anxiety. The food position was the same at the Krakow School of Nursing but graduate staff at Gdansk was not permitted to undertake work outside their School duties, therefore, could not augment their meager income.

The Swedish Nursing Association has presented each student with two uniform dresses and three aprons - at Christmas time they sent a cosmetic kit to each student. Both students and graduate staff were wearing UNKRA shoes and stockings which they are able to purchase at reduced rates from the Government. Incidentally, the shoes have been nicknamed "demokratki". It was noted that each person who was asked about the comfort of this type of shoe, commented that they were not entirely comfortable because they tended to overheat the feet.

The classroom facilities, situated in the Nurses' Residence, appear to be adequate - one large lecture hall is in the main hospital. There are at present 70 students in training. They pay no premium; tuition, books, food, medical attention and uniforms, when available, are free. The School has its own budget, director and teaching staff. It was stated that this school could accommodate 200 students, that there is no shortage of applicants, but that the school is unable to expand owing to:

1. Shortage of qualified teaching staff
2. " " equipment in the nurses' residence
3. " " " " hospital, resulting in waste of clinical material which should be available to the student nurses.

The general training appears to be set up on modern lines and leaves little to be desired. Actually, a wider experience will be available as the hospital wards and health centers are developed and more instructors are procured. The block system is in operation. The students spend four months in the preliminary school, during which, in the last two months, they spend two hours three times a week in the wards. The second block is a period of two months at the end of the first year when they are entirely away from the wards. The third block consists of six weeks at the end of the second year. The last six months of the training will be devoted to public health experience, as the health centers begin to function properly.

The student nurses work a six-day week and a 7-8 hour day. This applies also to the graduate staff. They have night duty four times during their training, spending one week in each department - this seems rather inadequate in view of the six months spent in the Public Health field.

At present only three clinics are available for student nurses: medical, surgical, and infants up to 3 years. As equipment is added to the hospital more clinics will be opened for student nurses' experience. The instructors in the Clinics act as teachers



and administrators. They are subject to call at all hours of the night. However, plans are in progress to have additional graduate nurses on night duty, thereby relieving the day staff of this responsibility.

As a point of interest, medical men who lecture to the student nurses are paid Zl 100 per lecture in this School of Nursing.

Recommendations:

1. Fellowships for Polish graduate nurses to study and observe hospital nursing administration and teaching abroad.
2. Nursing literature: text and reference books on all subjects, periodicals, current and those covering the period 1939-45.
3. Illustrative charts.
4. Additional nurses' uniforms.
5. Blankets and bedding.

Fellowships for Graduate Nurses

Steps have been taken already to notify the Ministry of Health that UNRRA is offering a limited number of fellowships for nurses in the field of their choice. Applications are now being awaited. As the total number of fellowships allotted to Poland is 26, it is anticipated that the number available for the health department may be small for the nurses infinitesimal compared with the needs. It is exceedingly important that further opportunities be made for potential administrators, instructors and public health nurses to gain experience abroad in order to span the seven years gap since the occupation. During this time the nurses were completely isolated and were forbidden by the Germans to carry on any form of education. An exception was made for the Warsaw and Red Cross-Warsaw-Schools of Nursing which continued the training under extreme difficulties. This post graduate experience would be a tremendous asset to the health services of the country by bringing the nurses up to date with recent developments in medical and nursing science. The nursing consultants have been informed by the Polish Red Cross that the Czechoslovakian Red Cross has offered one scholarship to a Polish Graduate Nurse for one year's study in administration and teaching in Czechoslovakia.

2. Gdansk Academy of Medicine - Hospital Wards

The hospital has 1200 beds and was originally the German Danzig City Hospital. When visited there were some 700 patients. The buildings appear to be in fairly good condition and renovations are being carried out in many of the wards. The clinical facilities cover all branches of medicine. This makes it an ideal training center for students of medicine and nursing. Many of the Departments are not functioning fully yet, owing to shortages of linen, blankets and other essential equipment. It is understood that an UNRRA 1000 bed unit has been assigned to this Academy and is expected to arrive shortly.

The nursing service in the hospital is under the guidance of two qualified nurses, one acting as coordinator between the School of Nursing and the Hospital and the other as matron or superintendent of nurses. The hospital staff consists of: 39 qualified nurses, 34 state registered nurses (at the time that State Registration was introduced, those women who had been nursing for



a stated period and conformed to requirements in other respects, were permitted to register and practice), 23 midwives and 36 assistants in nursing.

- a - Ear, Nose and Throat Department

This is a well planned and equipped department of 60 beds for men, women and children with its own operating, examination, inhalations and treatment rooms. One outstanding requirement was tracheostomy tubes ranging in size from 1 to 3 years. There was also a shortage of anti-diphtheria serum.

-b- Neuro-psychiatric Department

There are 40 male and female beds in this department which is grossly overcrowded to conserve heating. The nursing is carried out by women with experience in mental hospital work. The lack of trained nursing care was definitely apparent.

-c- Veneral Department

A 40 bed department for men, women and children now being reconditioned. The facilities are very good for the type of work but there was no equipment in the laboratory. There is also a shortage of bedding and linen.

-d- Surgical Department, including three operating rooms.

Wards for men, women and children were visited. The usual shortages were obvious. The operating rooms, however, are quite well equipped although it was stated that the bulk of the instruments are the private property of the individual surgeons.

-e- Obstetric Department

This Department gave the impression of being overcrowded and very untidy. Newborn infants were also overcrowded, necessitating the placement of two infants in one small cot.

All the above mentioned departments provide an excellent field for clinical experience in all phases of medicine. However, due to the numerous shortages, it is not considered advisable to send student nurses to these departments at present. The director and members of her staff are fully aware of the deficiencies and are patiently waiting for the promised UNRRA supplies to relieve the situation and make it possible to utilize the valuable teaching material. Various nursing problems were discussed with the director and her assistant. The considered opinion of the nursing consultants is that this school and that at Krakow are well established and have sound plans for the future.

Hospital Laundry. Equipped with washing machines and mangles but very little soiled linen to wash. Fourteen women are employed in the mending room and eight sewing machines are available but most of the linen seemed beyond repair.

Kitchen. Large and quite well equipped for the type of cooking that is being done at present. The potato peeler is out of order. Therefore, when potatoes are available, it is necessary to employ 20 to 30 women to peel them.



3. Bydgoszcz Hospitals. Pomorze Province.

The invitation to visit the Bydgoszcz and Smukala Institutions was extended by the Chief Medical Officer and Supervising Nurse of the Department of Health. The return journey to Warsaw was, therefore, broken for this purpose.

-a- City Hospital - Director Dr. Hrnzewicz Moszczenski

This is a modern 1000 bed hospital conducted by Sisters of Charity, and has good possibilities for a teaching center. The establishment of a School of Nursing here is under consideration at present. The lack of suitable living quarters and the shortage of teaching and administrative staff for the School are delaing this.

-b- Children's Hospital

A modern building in fairly good condition. One block is used for general and the other for infectious diseases. This clinical material used in conjunction with the City Hospital facilities would provide very good experience for student nurses.

-c- Tuberculosis Sanitarium - Smukala. Director Dr. Obuchowicz.

The serious lack of equipment is preventing this ideally situated 200 bed hospital from functioning to its full capacity. There were 35 patients on the day of the visit. It would provide a good teaching unit for student nurses. At present there are no qualified nurses on the staff. The children's wing is particularly lacking in equipment. Suitable clothing is hampering the complete treatment of the patients who are unable to take advantage of the outdoor facilities.

The hospital dispensary was at that time almost completely stocked with UNRRA drugs, dressings and soap (10 cakes). The patients' diet has recently been increased to 3000 calories as compared with a "starvation" diet which the Medical Officer stated they had been receiving in December 1945. UNRRA coffee, dried milk and cod liver oil were in evidence also.

-d- St. Mary's Hospital in Wejherowo

This 160 bed hospital appeared to be particularly clean and orderly in spite of the fact that it is 100 years old. It is conducted by the Sisters of Charity but has no school of nursing.

4. School of Hygiene and Anatomy - Gdansk

This undamaged building is a part of the Gdansk Academy of Medicine. It is also used for lectures and demonstrations for student nurses.

5. Obstetrical and Gynaecological Hospital - Gdansk

Although this hospital is under reconstruction at present, there are already plans for the development of a very good teaching center.

RECOMMENDATIONS AND OUTSTANDING REQUIREMENTS FOR THE HOSPITAL

1. Gdansk Academy

- a. Although linen for 400 beds was presented by the Swedes, there is still a great shortage of all types which is affecting the expansion of the Clinics available to the



student nurse for practical experience. Diapers and infants clothing are badly needed.

- b. Ward furniture, chairs and seats for waiting outpatients.
- c. Tracheostomy tubes - 1-3 years are urgently required.
- d. Laboratory equipment in venereal disease department
- e. Gynaecological instruments.
2. Hospitals in Bydgoszcz.
  - a. Gynaecological instruments - City Hospital
  - b. Linen
  - c. Clothing for children - all sizes - Children's Hospital
  - d. Clinical thermometers - City Hospital
3. Sanatorium in Smukala
  - a. Bed, cots and veranda couches
  - b. Mattresses and pillows
  - c. Linen and blankets
  - d. Warm outdoor clothing
  - e. Soap and soda
  - f. Equipment for sterilization of china and cutlery - urgently required
  - g. Sputum cups for bed and ambulatory patients.
4. St. Mary's Hospital in Wejherowo
  - a. Linen and blankets
  - b. Soap and soda
  - c. Flour

#### 6. Health Centers

Dr. Mroczkiewicz and Dr. Dolatkowski, Health Division, Gdansk Province, in Gdynia, accompanied the Nursing Consultants on the tour of duty to Sopot. All health centers visited appeared to have sound plans for future developments, but most of them were hampered either by lack of equipment and furniture or by essential building repairs. The following departments are either functioning or plan to do so when facilities are available.

- a. Maternal and child welfare
- b. Venereal and skin
- c. Stomachological
- d. Trachoma and ophthalmic
- e. Tuberculosis
- f. School medical service
- g. Rheumatism

Discussions were held with the nurse in charge of each center visited. The Sopot Health Center is functioning efficiently and will provide excellent experience for student nurses. With the development in the near future of the group of health centers in the area of the Academy, ample opportunity should be available to provide adequate public health experience for all student nurses. The curriculum toward which they are working at present provide for five and one half months of practical public health experience toward the latter part of their training. This may be out of proportion to the time devoted to general nursing experience but definite opinion is reserved for the present. The work at many of these health centers is limited due to lack of essential equipment such as X-ray apparatus, milk kitchen utensils and a continuous supply of milk, cod liver oil, material suitable for layettes, etc.

#### Recommendations and Outstanding Requirement for the Health Centers

1. Fellowships for Polish graduate nurses to study and observe public health nursing administration and teaching abroad.
2. Public Health Posters and illustrated material in all fields.
3. Continuous supply of cod liver oil, dried milk and vitamins



4. Mobile X-ray apparatus urgently needed in the Bydgoszcz City Department of Health
5. X-ray apparatus at most centers visited was either non-existent, completely destroyed by the Germans, or lacking in essential parts which they had removed.
8. Homes for Children - Gdansk Province

One of the Sopot establishment is located in a private three story apartment house, grossly overcrowded and damp, with inadequate plumbing facilities. There were four toilets and two usable baths for 80 children and 18 workers. The children, from 3 to 18 years, of both sexes, are orphans or have one parent in bad circumstances. The older ones go to the public schools, but the younger ones are obliged to have kindergarten teaching and play in one small room all day. The room observed had 32 children in it, practically sitting one on top of the other. The house was adequately heated. The children are receiving sufficient food, but the diet was unbalanced.

Three large private residences facing the Baltic Sea are under reconstruction at present and when completed each one will house 30 children from the above mentioned building. A home mother assisted by an untrained nurse, is in charge.

The second Sopot home for children is housed in a three story building formerly used as a tuberculosis orthopaedic hospital. This houses 80 children, an unspecified number of military personnel, and a training center for kindergarten teachers. It was clean but very congested. The student teachers were obliged to either stand or sit on the floor for lectures.

The last establishment which was visited is at Grabuwerk. It is a dilapidated four story tenement building in which were housed 35 aged persons, a number of orphans, a creche for 22 children, 3 infants with tuberculosis and a number of pregnant and nursing mothers and babies. A social insurance dispensary was also conducted here. There was no waiting room. Toilet facilities for toddlers were found in a public passage, due to lack of better arrangements. It is worthy of comment that in spite of this gross overcrowding and dangerous combination, the environment was clean and well kept. A home for aged orphans conducted by the Polish Red Cross was visited in Wejherowo in the Pomorze Province. The building was a tenement house in which there are 45 orphans and a number of aged persons. Four hundred dinners are prepared and served to the poor daily. This building did not appear as clean as the other homes, nor was it so comfortable, because heating is available only in the evenings. The general impression gained was that it was not as well conducted as other similar institutions. The invitation to visit these institutions was appreciated as an insight was gained with the various standards in the country and the problems and difficulties with which the nursing profession is confronted. However, the situation offers a challenge to the future graduate nurses in Poland.

Recommendations and Outstanding Requirements:

1. A graduate nurse in charge of the similar establishments, especially those which house mothers and children.
2. Clothing and footwear in the above mentioned homes.
3. Appointment of qualified dietitians to arrange and supervise diets in all the hospitals, homes and similar institutions for mothers, children, the aged and infirm.
4. Less congested and separate institutions for the various types of inmates.
5. Improved dietaries.
7. Hospital and School of Nursing of the Transfiguration, Praga, Warsaw.

On return to Warsaw, the Nursing Consultants spent some time in discussing various nursing problems with the Director of Nursing, Ministry of Health. A visit was made to the above hospital and School of



Nursing, situated in a modern building, partly damaged during the war. Repairs are gradually being effected and at present 300 patients are accommodated. A substantial supply of UNRRA goods appeared to have been received, including food, clothing, beds and bedding, X-ray apparatus, operating table and four microscopes.

The hospital is being used for training medical students from the University of Warsaw Medical School. The School of Nursing has an enrolment of 70 students at present.

An invitation has been extended to the Nursing Consultants to evaluate the teaching methods in this School. This will be undertaken in March. A film is in the process of being made which will include various aspects of UNRRA relief in this hospital.

#### 8. Polish Red Cross Society

A call was made on Miss Suffczynska, Director of the Nursing Branch on 28.2.46 and various matters concerning nursing were discussed.

#### DENTISTRY.

Lt. Col. G.A. Nevitt, Dental Consultant E.R.O., arrived in Warsaw Sunday, February 24th. On Monday, February 25th, he conferred with Dr. Bergman who is Chief Dental Officer of the Polish Ministry of Health. The Ministry of Health is to make the arrangements for Col. Nevitt's lecture tour and they also wish his advice on dental supplies. Col. Nevitt will present his first formal lecture in Warsaw on March 8th. An advance demonstration on Acrylics was given to the dentists at the Ministry of Health on Wednesday, February 27th.

Col. Nevitt reports that the dental teachers in Poland are reported to have been at a standstill since 1939 and as far as he can ascertain the dentists of Poland are acquainted with acrylic for denture purpose only.

In conference between the Chief of Mission, Col. Nevitt and the Chief Medical Officer, it was agreed to apply for a budget line for a Public Health Dental Consultant for Poland - Grade 12. His duties would be:

1. To confer with the Ministry of Health regarding types of dental supplies to be ordered.
2. To teach the use of the new materials of Dentistry to the dental profession in Poland.
3. To give dental service to the UNRRA staff.

The recruitment of such a dentist was discussed. It was realized by all that a dentist for this type of assignment must be at the very top level and one probably with teaching experience if he is expected to have any success in bringing a nation of dentists out of six years of complete lack of dental knowledge. Three possible means of recruitment were discussed. They are listed in order of their desirability.

1. At the moment in the United States Public Health Service there are two men who would fit these qualifications; Senior Dental Surgeon W.J. Felton and Dental Surgeon F.A. Arnold. E.R.O. will be requested to ask for these men by name. If they are not available to UNRRA, no other officers should be accepted. In requesting the services of these officers, two points should be stipulated:
  - (a) It would be highly desirable that the officer assigned be in Warsaw not later than May 1st
  - (b) That he remain in Poland not less than six months.
2. There are at the moment, six dental administrators in the UNRRA Displaced Persons Operations in Germany. Col. Nevitt is of the opinion that one of these could qualify for the position in Poland. He is Major Sutherland - Canadian - in the British Zone Germany.



It was thought perhaps E.R.O. could replace him and reassign him to Poland.

3. Col. Nevitt reports that in England there are very good dentists being released from the Services. E.R.O. might be able to find a suitable dentist for Poland.

MEDICAL SUPPLIES:

The total UNRRA budget for medical supplies for Poland remains at \$ 30,000,000. While exact information is not as yet available regarding the uncommitted portion of this budget, it is evident that the major portion of the funds have been committed and that expenditure of the remainder of the budget is being facilitated in Washington by the Medical Supply Division with the aid of Dr. Rajchman. It is hoped that the procurement will conform to needs in Poland as recorded by previously submitted detailed lists of supplies and by future requests. The Ministry of Health is preparing at the present time another request which should be ready by April 1st. It is estimated that the medical supplies requested will cost from \$ 10,000,000 to 12,000,000. Priorities will be indicated due to a lack of funds in the budget.



Bryan  
*Poland Mission - 271 - Health*

MONTHLY REPORT OF ACTIVITIES OF HEALTH DIVISION  
U.N.R.R.A. MISSION TO POLAND FOR THE MONTH OF  
JANUARY 1946.

GENERAL: The Health Division faced the New Year with the realization that its maximum effectiveness had not as yet been attained. Only a relatively small portion of its full personnel complement was on duty at the beginning of 1946. In addition to the Chief Medical Officer, the Hospital Nursing Consultant, Miss Szloch was on duty; in addition two locally employed physicians and one Polish clerk were on the staff. On account of the acute shortage of motor vehicles local and out of town transport was difficult; also telephone communication, not only with the Polish Government, but also with the main offices of the UNRRA Mission from which we were isolated, were difficult if not out of the question.

Information in regard to shipments of medical supplies was scanty and was arriving after much delay. The recruitment of professional and clerical personnel in London and Washington was far behind schedule and reports were being received almost daily informing us that much desired personnel was unavailable. The relationships between UNRRA and representatives of the Polish Government were often confused by a lack of proper consultation between the latter in Washington and in Warsaw. The Warsaw Mission and the Polish Ministry of Health both had the definite impression that Warsaw was being circumvented - at least in so far as the medical supply programme was concerned.

In the block side of the ledger progress was recorded in the establishment of close and cordial relationships between the Mission and the Polish Ministry of Health. The preparation of lists of medical supply requirements was made by specific items after frequent consultations between this Division and the Ministry of Health so that there was always complete agreement on the final result. These lists were prepared in the face of almost insuperable difficulties on account of the almost complete lack of catalogues without which it was impossible to prepare specifications with any degree of accuracy.

During the month of January the obstacles which at first slowed our pace were gradually being overcome. Fortunately both Dr. Sawyer from Washington and Dr. Goodman from London had been to Warsaw and were in possession of a sympathetic understanding of our problems. Their efforts to recruit suitable personnel both professional and clerical show promise of bearing fruit and are much appreciated.

The transport situation in Warsaw has improved to the extent of one jeep for the Division, at first open, now enclosed. It is no understatement to say that the addition of this one vehicle has increased our effectiveness - with appropriate thanks for a mild Winter - by at least fifty per cent.

This paragraph of my report may seem to be an indulgence in petty detail to those who find themselves comfortably installed in offices in London or in Washington and hasten to add, however, that many recruits to our viewpoint would be added through the deletion of telephones, public conveyances and the substitution of a strange and foreign tongue. We are informed that the transport problem will improve further within the month and with this optimistic outlook our highly trained consultants will be in a position to render maximum services in the health field without delay.

Upon the return of the Chief of Mission to Warsaw, on January 10th we received the bad news that the allocation of UNRRA funds for the purchase of medical supplies for Poland had been reduced from a total of \$ 51,000,000 to \$ 23,000,000, at the request of representatives of the Polish Government in Washington. This drastic reduction which was made against the advice of the Mission in Warsaw and without prior consultation of the Polish Ministry of Health, constitutes additional evidence of a deplorable lack of coordination between Polish Representatives in Washington and London, presumably in possession of high authority and Ministers of the Polish Government in Warsaw, with Cabinet rank. It should be recalled that the health program for Poland as officially presented in 1945 at the London Conference was prepared and presented without the knowledge or collaboration of the Ministry of Health.

In view of these circumstances it is felt that the strategic position of a country mission would recommend such mission as the most suitable liaison agent between UNRRA and the Government concerned. It is my considered opinion that as

/the health program.....



the health program is concerned the Polish representatives in Washington have proven in a large measure to be redundant and that a final decision should be made in regard to what constitutes the appropriate authority of the Polish Government.

The Health Division in Warsaw and the Ministry of Health vigorously protested the budgetary cut and presented supporting statistics to the view that it was ill-advised. According to information which has arrived from Washington the figure was increased to \$ 30,000,000 but in view of the health situation in Poland today and the great needs, we are not prepared to accept this figure as the final one.

#### Additions to the Staff

Miss M.K. Doherty our Public Health Nursing Consultant, arrived in Warsaw on January 10th. Word was also received from London on January 24th to the effect that Dr. Bogg is available for duty as epidemiologist. Personnel was requested to call him forward at once.

#### Special Lecturers

Dr. N.H. Martin returned to Warsaw on January 6th from a lecture tour to Lublin, Cracow, Wroslaw, Poznan and Lodz. Dr. Martin lectured on nutrition and on the use of Penicillin with which he accumulated much experience during the war. The Minister of Health, Dr. Litwin, expressed to me personally his appreciation for Dr. Martin's visit and stated that he had received only enthusiastic reports of the lectures. On January 8th Dr. Martin formally presented his report and recommendations to the Ministry of Health after preliminary discussions with Dr. Alexander Szczygiel, outstanding Polish Medical Nutritionist. The Minister of Health received the recommendations in a spirit of friendliness and discussed them informally with Dr. Martin and the Chief Medical Officer.

Word was also received from London on January 2nd stating that the services of Senior Dental Surgeon George Allen Nevitt, Dental Consultant for E.R.O. would be available for two months for the purpose of making a lecture tour. Clearance was obtained from the Ministry of Health and on January 5th Personnel was notified that Dr. Nevitt was needed here but that his being called forward immediately depended upon the availability of transportation and secretarial assistance.

Lt. Col. David Greeley arrived in Warsaw on January 18th for the purpose of stimulating typhus fever control measures, especially by demonstrating the effective use of D.D.T. louse powder. Col. Greeley was loaned to UNRRA for this duty by the U.S. Typhus Commission for which he was directing activities in Europe. A plan of operations was worked out immediately with representatives of the Ministry of Health and for the next several days Col. Greeley remained in Warsaw and conferred with appropriate officials. On January 24th he proceeded to Lodz where he lectured and gave demonstrations until January 31st. His work will continue during the month of February.

#### Communicable Diseases:

Weekly reports of communicable diseases were received and transmitted to London and Washington; also a corrected monthly report was received and transmitted for the month of November. The weekly reports should be considered provisional and when published in London and Washington they should be so labelled to avoid erroneous impressions.

The number of cases of typhus fever increased from an average of 157 weekly in December to an average of 276 weekly in January. However, there were no serious outbreaks and the general outlook in regard to typhus fever remains good. Lt. Col. Greeley is making a valuable contribution in the dissemination of information regarding the use of D.D.T. in connection with typhus control.

An average of 2003 cases of typhoid fever were reported weekly in January as compared with 1563 in December. Typhoid fever rates thus remain high in spite of the fact that it is mid-winter.

NURSING: Miss Stephanie Szloch, our Hospital Nursing Consultant attended the first post war meeting of qualified nurses which was held in Lodz on January 3, 4 and 5. A report of the meeting was forwarded.

Miss M.K. Doherty, Public Health Nursing Consultant, arrived in Warsaw /to take up her duties .....



to take up her duties on January 10th. After suitable clearances were obtained from the Ministry of Health including a conference with the Minister, Doctor Litwin, The general program and objectives of both nursing consultants were formulated. It was agreed that the two nurses would travel together and that all major recommendations would be made to the Polish Ministry of Health; also that reports of field visits would be furnished together with recommendations.

After this important ground work had been laid both nursing consultants proceeded to Krakow on January 21st for the remainder of the month. Detailed reports of these field visits have been transmitted to London.

MEDICAL SUPPLIES: This division is working very closely with Mr. Baradel, since his arrival in Warsaw. He has been of valuable assistance to the Health Division in helping us to extricate information in regard to shipments of medical supplies. Two excerpts from Mr. Baradel's monthly report are quoted: "The General reports of medical supplies are in chaotic state... records at the Mission are practically non-existent" We feel that this is certainly not an overstatement.

In justice to all concerned it should be stated that the situation has improved to some extent. Medical supplies are labelled better than was the case several months ago. We are receiving general Packing and Assembly lists which give us a clue as regards future shipments; also cables mentioning names of ships and their general contents. However, there is still no continuity possible in tying together the requests for medical supplies, the packing and assembly lists and the actual bills of lading. In other words it is impossible for the Ministry of Health or this office to take previously submitted lists of requirements which have been very specific and to determine what has been procured and shipped. What remains to be gotten and what is not obtainable and should be cancelled.

It is realised, of course, that in the early days there was a scramble for goods of all kinds including medical supplies. The needs were general and very great so that procurement along general lines was perhaps justified. Moreover, communications were so meagre that procurement was done more or less independently as a matter of necessity.

It should be pointed out, however, that a high price was paid, and it is still being paid, in the efficiency with which medical supplies were distributed and utilised as a result of this method. In the first place boxes of medical supplies were not adequately labelled. It is a far cry from what might be considered as adequate markings in the United States or Great Britain, and what would be necessary in Poland to insure that health officials would receive them. The language difficulty in itself is a major obstacle. This matter is of such great importance that it should be provided for in the original contract for procurement. In this connection it has been observed that medical supplies shipped to the American Red Cross in Poland have been marked in a very satisfactory way.

The argument that it is not possible to obtain such good markings on supplies which have been purchased from the allied armies cannot easily be defended. It is well worth the small additional cost which would be involved, if Unrra arranged for markings which would remove all doubt as to the contents of boxes of supplies which were purchased out of the health budget. In response to the philosophy that it is a responsibility not of UNRRA but of the Polish Government to distribute supplies in Poland it is submitted that the Health Department program in Poland depends upon medical supplies by individual items which are seldom measures in boxes or in tons; than an important part of our assistance to the Polish Government is in the field of services, and that such services are absolutely dependent upon strategic supplies which are constantly being searched for. For example, the Hudson dusters for delousing people are allocated to the Ministry of Agriculture and I am looking all over Poland for 60,000 vials of anti-typhus vaccine which were programmed for the first six months.

Now that we have a dollar budget which has been the object of drastic curtailment it is important that all items which have been procured with funds out of this budget are channellen to the Ministry of Health which has been charged with the distribution of medical supplies. Such items as blankets and soap which are in demand elsewhere urgently require labelling, if they were purchased as medical supplies. Representatives of the Polish Ministry of Health do not always receive items which were shipped as medical supplies; unfortunately this office is not in a position to make the distinction unless the goods are properly labelled.

/Assuming that in the future ..... 48116



Assuming that in the future we may expect adequate markings on medical supplies it is also necessary that we be kept more fully informed in regard to the progress of procurement. A periodical tally sheet should show the status or procurement in response to requests which have been submitted. If such is done we would not look for goods which should have arrived but did not because they were not shipped. We should also be furnished with the dollar value of supplies as they are shipped or as funds are obligated for them. Presumably this information will be provided in the future. Only if we are in possession of relatively accurate figures as to the funds which remain available can we advise the Polish Government in regard to future programs.

Several months ago we required machine tabulation figures by items on medical supplies programmed for the first six months. In spite of everything that has been said this tabulation has been of assistance to us in many ways. If we would receive such a tabulation by items on:

- (a) Goods shipped,
- (b) goods under procurement,  
together with
- (c) dollar values at intervals of 30 to 60 days - it would make us

very happy.

Respectfully submitted

(-) H.A.Hölle

Chief Medical Officer  
UNRRA Mission to Poland

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