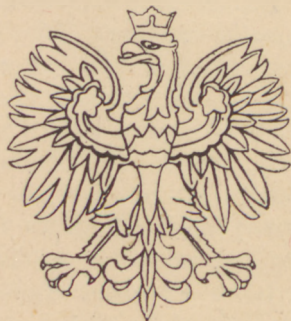


REPUBLIC OF POLAND

Ministry of Labour and Social Welfare
Health Department

GENERAL SCHEME
FOR THE ORGANIZATION OF THE
CONTROL OF EPIDEMICS, OF
MEDICAL ASSISTANCE, AND OF
PUBLIC HEALTH SERVICES IN POLAND
FOR THE PERIOD FOLLOWING
THE CESSATION OF
HOSTILITIES



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FOREWORD :

The consequences of the present War will be catastrophic for the people of Poland. The present prolonged disturbances in the Health Administration of the country, the unprecedented malnutrition and starvation, the destruction of property, and the future mass movements of millions of people (refugees, deported and exiled people, prisoners of war and occupants of Ghettoes), will increase still more the epidemics raging even at present on a much greater scale than at any time during and after the last war. It is estimated that during a comparatively short period of time—a few weeks or months—after the conclusion of the war, the total number of the Polish population on the move within the Polish frontiers will amount to well over nine millions, not counting numerous foreign workers from labour camps, prisoners of war, members of the German administration, troops of occupation and Germans transferred from Roumania, Bessarabia, Latvia, Estonia and Germany. Most of the Polish population will be in a deplorable state of health, badly clad, and with all their worldly possessions lost.

If the post-war epidemics in Poland are not mastered in time, they will threaten the whole of Western Europe ; and

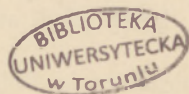
once spread over Europe, they will seriously impede, if not stop, the speedy reconstruction of Europe and the world. Even this fact alone should entitle Poland to outstanding international assistance.

The physical exhaustion of the Polish population combined with the present unusually high death-rate and with a birth-rate lower than any previously recorded in Polish history, may seriously compromise the future destiny of the Polish nation. According to data from most reliable sources, the mortality rate per year increased in Warsaw during the first 16 months of the war from 11 to 20 per thousand, in the next eight months to 50 per thousand, and in August, 1941, reached the almost unbelievable figure of 63 per thousand. The infant mortality (children under one year) rose from 90 to 170 per thousand during the first 12 months of the War, while at the same time there was a great drop in the birth-rate.

In January, 1941, 80 cases of death from starvation were officially registered, while in the following seven months, 6,726 cases of death from starvation and a very considerable number of deaths from "unknown causes" were registered.

Typhus fever during the first two years of the war reached higher figures than at any time after the four years of the first world war. The same applies to most of the acute and chronic infectious diseases.

The organization of a successful control of epidemics, and of medical assistance combined with feeding the majority of the population and with maternity and child welfare will, therefore, become one of the most important and urgent problems of the reconstruction of Poland.



THE SUBJECT OF THE SCHEME

The campaign against epidemics, and the medical assistance are, for the most part, closely connected with food and clothing relief as well as with the care of orphans, the homeless and the poor. The complete action will, therefore, include:

1. The control of epidemics;
2. Medical assistance with special attention to contagious and social diseases such as tuberculosis, venereal disease, trachoma, etc.;
3. Food and clothing relief, connected with 1 and 2;
4. Care of infants, children, expectant mothers and orphans;
5. Assistance to the homeless and the poor.

MANAGEMENT AND LEGAL BASES OF THE ACTION

The Ministry of Labour and Social Welfare will direct the whole action which will be based, in principle, on the National Legislation of the pre-war period. The Minister will also be granted additional powers as in the years 1919-22 when Poland had to prevent the spread of epidemics from Soviet Russia which were threatening all Europe.

These additional powers allowed the Minister to requisition dwellings and materials and to call up medical and technical personnel on the same basis as under the Minister of War. (The Minister will also have the right to appoint a Special Commissioner to whom he can transfer the majority of his rights connected with the plan of action, whilst retaining at the same time his superior authority. The creation of a special temporary Ministry for the control of epidemics, as in 1920, might hinder the co-ordination and unity of the action.)

The Minister of Labour and Social Welfare will appoint (1) an Advisory Body, THE GENERAL HEALTH COUNCIL, to assist him in planning the action; and (2) he will direct a Central Organ, *The Health Department* of the Ministry which will control the Public Health Services of the country and will carry out the action. Further part in continuing the action will be taken by (3), the *State Institute of Hygiene* and its *Provincial or District Departments* and by *Anti-Epidemic Units* under its control, and also by (4) *the District (Provincial) Health Authorities*.

The activities of the Public Health Service in the field will, with the exception of Port Health Authorities, be undertaken chiefly by the *Local County and Municipal Authorities*, supported financially by the Ministry of Labour and Social Welfare, and supplemented by the *State Institute of Hygiene*, its *Provincial (District) Departments*, and *Anti-Epidemic Units*.

The Ministry of Labour and Social Welfare may temporarily retain under its direct control some of the Medical Institutions formerly under State control which would be difficult to place immediately under the control of Local Authorities or Social Institutions.

VARIOUS ORGANIZATIONS AND INSTITUTIONS CALLED UPON TO ASSIST OR CO-OPERATE UNDER THE GENERAL SCHEME OF ACTION

The following may be called upon :

1. Governments of Allied and Neutral countries, willing to render help to Poland out of humanitarian motives and through the understanding of the importance of the health situation in Poland to the economic and social development of Europe ; also Inter-Allied official Institutions such as the Leith-Ross post-war Relief Committee.
2. International and foreign Social Institutions.
3. Polish Social Institutions functioning abroad, especially those in U.S.A.
4. Polish National Authorities and State Institutions, under the legislative scheme.
5. Local Government Authorities and Institutions under the above legislative scheme.
6. Various other Local and General Social Institutions.

PERSONNEL

The Personnel required for the control of epidemics and for the medical assistance will be :

1. *Qualified Personnel* (general medical practitioners, and specialists, nurses, sanitary engineers and technicians, social workers and sanitary inspectors).
 - (a) Qualified personnel left in the country whether holding official positions or not, called upon under the special rights of the Ministry of Labour and Social Welfare.

(b) Qualified personnel from the Army and from the refugees' abroad. Some of them selected for important administrative or teaching posts, are actually being, or may have to be trained abroad.

(c) Foreign citizens, volunteering to work in Poland.

2. *Unqualified and Auxiliary Personnel*, recruited from the Auxiliary Women's Services, and volunteers trained by short instructive courses. The training of the personnel will be facilitated by handbooks, syllabuses and special instructions for different categories of workers and institutions, prepared in advance.

GENERAL PRINCIPLES OF ACTION

A.—The organization of the action should be based on :

1. Intimate collaboration between all Organizations and Institutions taking part in the planned action.
2. The action in the field being chiefly undertaken by Local Government Authorities and by Social Institutions under Local Governments.
3. Avoidance of creating temporary Institutions which may prove superfluous after the conclusion of the action.
4. Economy in the use of materials, personnel and equipment.
5. Provision of relief in accordance with democratic principles satisfying the needs of the greatest possible number of citizens and giving the greatest benefit to the community.
6. Specialization, if possible, by entrusting the carrying out of special tasks to the most suitable Organizations and Institutions. Also selection of suitable personnel or training of such personnel on special courses.

B.—Movements of the population within the frontiers of the country, return of refugees, prisoners of war and the deported population, departure of the foreign population now colonizing the country, as well as movements through the country of German and Russian prisoners of war returning to their native countries, will attain great dimensions ; within a very short space of time altogether 15 to 18 million people may be on the move.

In order to facilitate and diminish these movements, returning German and Russian prisoners of war should be sent by the sea route and thus avoid Polish territory ; the same should apply as much as possible to all foreign citizens leaving

Poland and Polish refugees returning home should use Polish ports. This will relieve congestion at land frontiers and internal communications.

THE TIMING OF THE ACTION

1. A detailed plan of action must be prepared as soon as possible so that it could start at any time.

2. The plan should include the possibility of starting the action even before the conclusion of the war, subject to future developments.

3. The plan should include the training of personnel already selected for carrying it out and the registration of suitable candidates. It must be emphasized that it will be difficult to carry out the plan successfully without the assistance of foreign personnel and equipment.

4. Part, at least, of the supplies, equipment and funds should be secured now or as soon as possible so that the plan can be put into action as soon as circumstances permit. The Polish Government, profiting from loans from Great Britain and U.S.A., feels unable, for financial and political reasons, to collect stocks of the necessary material and equipment. Definite guarantees are therefore needed for obtaining from foreign Social Institutions, of at least part of the required supplies and materials as stated in the present General Scheme, so as to enable the Polish Government, immediately after the liberation of a part of the country, to start the campaign against epidemics and to give the urgently needed medical assistance.

The plan of relief in general and the control of epidemics in particular, should cease to function only gradually, with the return to normal conditions.

ORGANIZATION OF THE CONTROL OF EPIDEMICS

The control of epidemics requires in particular :

1. Early detection of cases of infectious diseases and immediate notification to the appropriate authorities ;

2. Sufficient number of beds in the hospitals for people with infectious diseases, for isolation ;

3. Speedy transport of the sick to hospital ;

4. A sufficient number of mobile Anti-Epidemic Units to work in centres of epidemics, for medical examination of the

patients and their " contacts," for epidemiological investigations and laboratory tests in the field, for organizing bathing, disinfection, delousing and provision of clothing, for preventive vaccination, and for health propaganda and education (lectures, leaflets, posters, etc.) ;

5. Organization of an efficient medical control and quarantine on the routes of the moving population ;

6. Food relief for the starving, clothing relief and provision of homes and shelters for the homeless in localities stricken by epidemics.

DETECTION AND NOTIFICATION OF INFECTIOUS DISEASES

The National Schedule of Public Health Regulations (Infectious Diseases), as in force before the war, is sufficient. However, its most important feature was not effectively carried out before the war, because the Regulation ensuring a more efficient detection and control of infectious diseases in a particular locality was decreed only in 1939 and was going to be introduced in 1940. It provides, among other things, the Institution of Communal Officers of Health and Community Health Centres with a special nurse and sanitary inspector for each village community. According to the Regulation, in case a shortage of Medical Officers in a community arises, temporary Health Officials can be appointed from among medical students or nurses who would conduct enquiries about infectious diseases and inform the appropriate County Medical Officers of Health.

The County Medical Officer of Health collects information about infectious diseases and directs an Anti-Epidemic Unit to a certain area if required ; carries out epidemiological investigations and orders, or carries out prophylactic vaccinations.

The County Medical Officer of Health will require a service car in order to carry out his numerous important duties efficiently, within the large area of the county for which he is responsible.

HOSPITALS FOR INFECTIOUS DISEASES

Existing hospitals will be used primarily for admitting cases of infectious diseases and surgical cases requiring urgent

operation, even if this would affect unfavourably the treatment of chronic non-infectious diseases.

Even before the war there was a great shortage of hospital beds in Poland. The existing number of beds amounted to less than half the number required; there will be an even greater shortage of beds after the present war. *It will be necessary, therefore, to provide the existing hospitals in the country with beds, full equipment, personnel and linen for at least 50,000 patients (10,000 surgical and 40,000 infectious).*

It will also be necessary to organize Emergency Hospitals in places where they have been destroyed, so as to provide one hospital for infectious diseases for each county, which will remove the obvious dangers of transporting infectious patients over long distances.

Finally, on the main routes of the moving population, and at the Quarantine Stations, hospitals will also have to be established for isolation of suspected cases and treatment of infectious diseases.

Therefore, it is absolutely necessary to organize, as early as possible, at least 50 *mobile Emergency Hospitals with 200 beds each (40 for emergency surgical cases and 160 for infectious cases)* provided that unoccupied beds may be used for internal diseases. Some of the Hospitals may be installed in buildings requisitioned for this purpose, but the majority will have to be mobile (transportable barracks, tents and so on). *It is ardently hoped that at least a number of these Hospitals will be entirely administered by Social and other Organizations from abroad, with their own medical and auxiliary personnel and full equipment.* This will greatly relieve the strain imposed on the National Public Health Services by the shortage of doctors and other personnel and will greatly increase the efficiency of these foreign self-contained Units in contrast to medical and other personnel from abroad working as individuals or in Units which have to be supplemented by local auxiliary personnel.

All these hospitals will have to be organized within the framework of the planned Health Administration and will have to work in close contact with the Public Health Authorities. In the more distant future, they will be utilized as County or Municipal Hospitals or for the development of the existing hospitals partially destroyed or possessing an insufficient number of beds.

Standard schemes for such hospitals, their equipment and personnel are being prepared at present. However, foreign Organizations directing such hospitals or providing funds for their organizations in Poland, are free to have their own organization and equipment.

The indispensable number of prefabricated standard hospital huts for half the number of mobile hospitals and for additional wards in some of the permanent hospitals is calculated at 150,000 square metres of required floor space. The number of hospital beds will be only about 3 per thousand population; a greater number, however, cannot be obtained because of the shortage of doctors and nurses.

TRANSPORT OF THE SICK TO THE HOSPITALS

In order to make full use of all hospitals it is necessary to organize the transport of the sick on a proper basis. In the first period after the war, it may be possible to take advantage of Polish and foreign Organizations and to allocate two or more ambulances to each of the existing hospitals. Taking as a basis for an approximate calculation the number of 700 hospitals existing before the war, the number of ambulances required will amount to at about 1,400, not including the ambulances required for Anti-Epidemic Units. At least half of them should be secured for use at a moment's notice, and therefore kept ready for use in Great Britain and/or the U.S.A.

The concentration of all transport within one organization, for example, the Polish Red Cross Society, would greatly facilitate the solution of this important problem. The same result might be obtained by the taking over, by any other foreign social organization, of a province or even of a county.

ANTI-EPIDEMIC UNITS

Mobile Anti-Epidemic Units will be organized by the Public Health Authorities as Anti-Epidemic Units of the State Institute of Hygiene or by Polish and foreign Social Institutions co-operating with the Public Health Authorities.

All these Units will be under the control of the State Institute of Hygiene or its Provincial (District) Departments and at the disposal of Local County and District Health Authorities,

and will work in close collaboration with Community and County Medical Officers of Health.

The general number of Anti-Epidemic Units will have to be 300. This number is based on the consideration that there should be at least one Unit for each county, and that larger towns will be in a position, to a certain extent, to create their own organization for the control of epidemics under the existing Public Health Regulations.

Each Anti-Epidemic Unit will have to be equipped with :

1. A bus converted into and equipped as a mobile dispensary for medical examination, preventive vaccination, etc. ;
2. Transportable steam disinfecting apparatus ;
3. Transportable hot air apparatus for mass disinfestation of clothing and bedding ;
4. Mobile shower baths ;
5. A mobile laundry ;
6. Two three-ton lorries for transport of equipment and supplies ;
7. Two ambulance cars ;
8. A mobile field laboratory and a stock of medicines, dressings, clothing, food, and material for health propaganda ;
9. A small car for short distance journeys to the sick, collection of specimens, and so on.

Personnel of an Anti-Epidemic Unit :

1. One Senior Medical Officer, Chief of the Unit ;
2. One Medical Officer, Assistant ;
3. Two nurses ;
4. One Sanitary Engineer ;
5. Five drivers, who would also assist the sanitary personnel in the accomplishment of their duties.

Anti-Epidemic Units will be allocated by the Central Public Health Authorities (State Institute of Hygiene), to particular counties, districts and even towns, according to their needs. These Units will be very useful even in the more distant future, for Public Health Services.

Anti-Epidemic Units will be assisted by the District (Provincial) Institutes of Hygiene, which will carry out the more complicated laboratory examinations, provide instructions, supply vaccines and sera, material for health propaganda, etc.

STATE INSTITUTE OF HYGIENE

The State Institute of Hygiene will play a very important part in the control of epidemics :

1. By administrating, supervising and directing all Anti-Epidemic Units.
2. By supplementing the work of Anti-Epidemic Units, with its laboratories.
3. By working out in detail, plans and methods of action of the Anti-Epidemic Units, producing sera, vaccines, etc.

The State Institute of Hygiene in Warsaw, although largely disorganized, is partially functioning under the control of the enemy. There is no doubt that some of its Provincial Departments have been destroyed and others closed down. Owing to its importance, it will require a large personnel and equipment.

A pre-war plan of organization of the State Institute of Hygiene provided a system of Provincial Departments of the Institute for the entire area of Poland and Special Departments for special needs as in the Port of Gdynia.

Altogether, at the outbreak of war, the State Institute of Hygiene had eleven complete Provincial Departments and two in process of organization. The pre-war plan provided for twenty Provincial Departments besides the Central Institute in Warsaw.

For an efficient and successful control of epidemics after the conclusion of hostilities, the Provincial and Port Departments of the State Institute of Hygiene will have to be set up without delay. It is necessary, therefore, to plan for at least ten Laboratories of Bacteriology, Hygiene and Chemistry for the Provinces (having an average of one and a half million inhabitants before the outbreak of war), and for the provision of personnel, supplies and equipment for the Provincial Departments. It is hoped that the Central Institute of Hygiene and the ten other District Departments will be reconstructed and provided with supplies and equipment available in Poland and staffed by available personnel.

The Director of the State Institute of Hygiene will be responsible to the Ministry of Labour and Social Welfare for the whole supervision of the control of epidemics. To facilitate his task and at the same time to improve the collaboration of the Public Health Services with Welfare and Transport

Authorities, the whole country will be divided into five areas, each comprising several Provinces. (MAP).

The following areas will be :

1. Western, roughly to the West of the Vistula with its headquarters in Poznan or Lodz.
2. Coastal, with its headquarters in one of the ports.
3. Central, roughly from east of the Vistula to the river Bug, with its headquarters in Lublin.
4. South-eastern, with its headquarters in Lwow.
5. North-eastern, with its headquarters in Bialystok or Grodno.

A special Commissioner will be responsible for each area. His duty will be the direction and correlation of the activities of the Provincial Public Health Services and other Services that may be needed for the campaign against epidemics.

The Director of the State Institute of Hygiene will allocate to Provincial Health Departments, supplies and equipment which may be needed for the control of epidemics. In connection with all these duties, the State Institute of Hygiene will have to increase its personnel, collect large stocks of supplies and equipment, and organize repair facilities for the technical equipment of the Anti-Epidemic Units.

To ensure a close collaboration of the State Institute of Hygiene and its Provincial Departments with the Provincial Health Departments under the control of Local Authorities, Medical Officers—specialists in epidemiology will be appointed by the Provincial Departments of the State Institute of Hygiene to each Local Health Department to act as *liaison* officers.

QUARANTINE STATIONS AND MEDICAL SUPERVISION POSTS ON THE ROUTES OF THE MOVING POPULATION

In connection with the mass movements of the population, it will be necessary to organize a certain number of Medical Supervision Posts and Quarantine Stations. At these posts, the moving population will undergo medical examination, delousing, and prophylactic vaccination and will be provided with food and clothing. Sick people will be sent to hospitals and suspected cases and "contacts" isolated in the Quarantine Stations.

The Medical Supervision Posts will have to be organized not only at the frontiers but also in the interior of the country,

owing to great movements of the population forcibly deported to other districts and imprisoned in concentration camps and ghettos. Therefore, this part of the population will also have to pass through one of the Medical Supervision Posts. County or Municipal Medical Officers of Health will be responsible for the control and organization of the Medical Supervision Posts. They will have, if necessary, mobile Anti-Epidemic Units to assist them. A typical Quarantine Station for the returning population or for foreign citizens leaving the country will, among other establishments, contain a mobile hospital and Anti-Epidemic Unit.

The distribution of the Medical Supervision Posts and Quarantine Stations will be made later, in agreement with the State Department of Social Welfare and Authorities responsible for the control of movements of the population.

It will also be necessary to organize, besides Medical Supervision Posts and Quarantine Stations, small Medical Control Posts on the railway stations and highway junctions. These posts will be organized by the County Medical Officers of Health and will usually consist of a Medical Officer and a nurse.

Bathing facilities. These will be provided by mobile Anti-Epidemic Units and by permanent bathing plants at the Quarantine Stations and Medical Supervision Posts and in some other localities. These permanent Bathing Centres and permanent Disinfection and Disinfestation Centres will be organized by Local (County) Health Authorities with the financial support of the Government.

Delousing. It may be necessary for the successful control of typhus and recurrent fever to issue certificates of delousing to persons travelling by rail, or other means of public conveyance. These certificates would be granted free of charge at all Quarantine and Medical Supervision Posts and Medical Control Posts, and by Superintendents of Bathing Establishments.

Disinfection and Disinfestation. Disinfection of means of transport and dwellings will be carried out by means of soap, hot water and chemical agents such as lysol, creosol-soap solution and spraying with formalin. Poison gases such as cyanide, although very effective for the destruction of vermin, but very weak as germicides, will not be used as a rule because

of danger to the population. Disinfection of clothing, bedding and equipment will be carried out by steam or hot air.

ORGANIZATION OF MEDICAL ASSISTANCE

After the cessation of hostilities, Medical Assistance will be greatly disorganized owing to the shortage of doctors and nurses in the country. It will, therefore, be necessary to organize Social Medical Assistance as soon as possible for the whole population. It will comprise :

1. Emergency Medical Service ;
2. Medical care of surgical cases, infectious and social diseases (tuberculosis, venereal diseases, trachoma, etc.) ;
3. Medical care of mothers and children.

Medical assistance will be proved by :

1. Health Centres, Dispensaries of the Local Health Authorities and Dispensaries under the Health Insurance Scheme and Community Medical Officers of Health. Frequently they will have to give not only free medical advice but also drugs and dressings, and in many cases to provide food and clothing ;
2. Medical Officers, specialists of County and Municipal Health Centres periodically visiting the Community Health Centres ;
3. Mobile Anti-Epidemic Units in localities where they are engaged in the control of epidemics ;
4. Medical Supervision Posts, organized by Local Health Authorities with the possible assistance of Social Institutions on the railway stations and road junctions, on the frontiers and within the country ;
5. Medical Practitioners in localities with no Local Health Centres or other Dispensaries ;
6. Hospitals, permanent, temporary and mobile ;
7. Emergency First Aid Stations and Posts intended for each small locality. First Aid Stations will be organized in larger localities as permanent institutions staffed by permanent medical and nursing personnel, properly equipped with transport means at their disposal. These stations will either be organized by Local Health Authorities or by Social Organizations. In smaller localities and large industrial establishments where it will not be possible to create First Aid Stations, voluntary First Aid Posts will be organized and staffed by voluntary personnel with some training in first aid.

These First Aid Posts will provide help in emergency cases, facilitate transport to hospital or provision of medical help. The Posts will co-operate with Local Health Centres and Communal, County and Municipal Medical Officers of Health. The First Aid Stations and Posts might be organized by social institutions, some of which might cover a part of the country, a province or a county.

Details of the Scheme for medical assistance for different groups of the population, of Mother and Child Welfare, of medical care in schools and of the campaign against social diseases will be worked out separately.

FOOD AND CLOTHING RELIEF

The Scheme for total food and clothing relief for the population is not included in the present Scheme, as it is outside the scope of activities of the Health Department of the Ministry of Labour and Social Welfare. The Scheme considers food and clothing relief in so far as the control of epidemics, medical assistance for the population and maternity and child welfare are concerned.

This relief concerns the sick and convalescent, irrespective of their rations obtained from other sources, and will consist mostly of the supply of personal linen and bedding, milk, sugar, tea, cocoa, nourishing flour, vitaminized oil, dried and preserved fruit, powdered eggs, etc.

The Scheme only concerns relief which can be obtained by the population free of charge or only partially paid for. It will include, especially during the first year after the war, a large part of the population, chiefly infants, schoolchildren, pregnant women, nursing mothers as well as the sick and undernourished.

The Food and Clothing Relief will be provided through central stores serving the whole country, or large parts of it, and also through town and county distribution stores under the control of Local Authorities or Social Organizations under the supervision of Local Authorities. The distribution stores will obtain supplies from central stores or by purchase at the local markets.

County and Municipal distribution stores will provide canteens and mobile kitchens with food and clothing supplies ;

the distribution of supplies may be carried out by travelling stores in areas particularly exposed to the danger of epidemics. It is hoped that canteens and mobile kitchens will be primarily organized by Social Institutions; mobile and stationary canteens from Great Britain and the U.S.A. will serve as models.

Help from the Y.W.C.A. and Y.M.C.A., the Quakers' Society of Friends and others would be greatly desired and much appreciated because of their experience during the last war. The creation of Feeding Centres for special groups of the population would be very effective, for example: youths, mothers and children, industrial workers, etc. Feeding Centres on the routes of the moving population would be of far-reaching importance in the campaign against epidemics.

The Ministry of Labour and Social Welfare includes in its activities the whole population without class, religious or race distinctions. It would not interfere, however, with the activities of Social Institutions wishing to limit their work to certain religious, racial or national groups.

Distribution of hot meals will be particularly necessary in the centres of epidemics, in large industrial towns, schools, camps, etc. The meals would be provided free of charge only. The Clothing Relief will be connected primarily with the activities of mobile Anti-Epidemic Units with particular attention paid to mothers and children, and secondarily with the food distribution stores. The activities of the Clothing Relief will be on a much smaller scale, as it is only of secondary importance as compared with Food Relief and Medical Assistance.

MATERNITY AND CHILD WELFARE

In the General Scheme of Relief, first attention will be paid to children and pregnant and nursing women, who will have priority over the rest of the population as they will suffer most from the miseries of war, starvation, malnutrition and disease. Care of orphans and abandoned children, as a special matter, will also be included in the Scheme.

Owing to the importance and urgency of maternity and child welfare it is necessary to organize at least 100 mobile Dispensaries (in buses) which will accompany the military

forces liberating Poland from the enemy, on the same basis as canteens of semi-military and social organizations. This will greatly facilitate the salvation of mothers and children.

Such Dispensaries would be composed of a Medical Officer (preferably a woman), a nurse, a driver and an assistant. Being mobile they will be able to serve a large area and work efficiently. They will have to be supplied with medicines, medical equipment, stocks of food, especially vitamins, nourishing flour, milk, fats, clothing and linen.

It is greatly desirable to establish such Dispensaries immediately; the assistance of foreign Social Institutions would greatly facilitate the organization of the Dispensaries.

Without finally deciding on the future form of National and Community care of orphans and neglected children, and for purely practical reasons small orphanages for about 15-20 infants, 30 children of pre-school age and 40 children of school age, grouped according to sex and mental development, will be created for the first period after the war. In these establishments the children would enjoy proper care, receive full attention and careful upbringing and teaching.

Small orphanages have better conditions for upbringing and education and give better protection against epidemics. Billeting children with families would require permanent social and medical control over the families, and therefore will not often be possible during the first period. The creation of large institutions for children will also be avoided for medical and educational reasons.

Direction and control of the orphanages will be, in principle, the duty of Local Authorities, but may be assigned to National and foreign Social Institutions under the supervision of Local Authorities and the Ministry of Labour and Social Welfare.

In the orphanages for older children particular attention will be paid, besides schooling, to physical and professional training. In addition the organization of Foundling Homes and Kindergartens in towns and villages will be worked out as well as the scheme for supplementing the feeding of children in schools.

The association of younger and older children in the orphanages for the purpose of reducing the cost of maintenance and upkeep is considered undesirable and will be avoided. It is considered as a minimum requirement of the supplementary

feeding of all school children, to provide them daily with tea or cocoa, milk, bread and butter or jam.

RELIEF OF THE HOMELESS AND POOR POPULATION

The history of the first world war has shown that for several years after the war, a great part of the population was homeless and destitute. It will be necessary, therefore, after the present war, to work out without deciding the permanent solution of the housing problem, plans for Emergency Housing Relief for the homeless. The allocation of dwellings for the homeless will rest with the Local Authorities, with financial support of the Government.

In localities where the Local Authorities will not be in the position to provide houses for the homeless it will be necessary to build shelters under the control of Local Authorities or Social Organizations. Houses will be rented or requisitioned as shelters under the special rights of the Ministry of Labour and Social Welfare.

In many instances, however, it will be necessary to build wooden or corrugated iron barracks. A number of them will have to be constructed in advance. There will be two types of barracks: one for families, the other for men or women, furnished with bathing facilities, sanitation, laundries and public rooms for meals and recreation.

It is hoped that Polish and foreign Social Institutions will provide some of these shelters.

The organization of Relief for the homeless and destitute will belong to the sphere of activities of the Department of Social Welfare; owing to its great importance in the control of epidemics and medical assistance, however, it will need to collaborate closely with the Health Department.

* * *

In view of the tremendous dangers of epidemics threatening Poland and the immense task confronting Polish Public Health Services in connection with the campaign against infectious and social diseases, and with the organization of medical assistance to the starving, homeless and destitute population, all possible help from abroad will be greatly appreciated. It is hoped that besides official help from the Inter-Allied Emergency Relief Committee, foreign voluntary organizations,

especially American and British, will render all possible financial and material help.

This assistance will be still more successful if complete foreign units such as hospitals, Anti-Epidemic Units with full equipment, qualified and technical personnel and transport are sent to Poland. It would increase the efficiency of such units to work as separate units within the framework of the campaign against epidemics and the general scheme for medical assistance.

Volunteers, young doctors and social workers, even if trained on special courses for field work, in spite of their enthusiasm, energy and technical experience and even knowledge of the language, if working separately, would encounter great difficulties in contacting the population owing to lack of knowledge of local customs and habits, and also to difficult conditions of life. These difficulties will be removed if they work in separate, self-sufficient units. In cases where foreign Organizations will have only personnel or only hospital, Anti-Epidemic Unit or laboratory equipment they would render the greatest possible help to the Polish Public Health Services by combining together and offering themselves as a complete Unit.

The Polish Public Health Services would, however, welcome volunteering medical specialists, sanitary engineers and other specialized personnel to strengthen and extend the work that the Public Health Services will have to cope with.

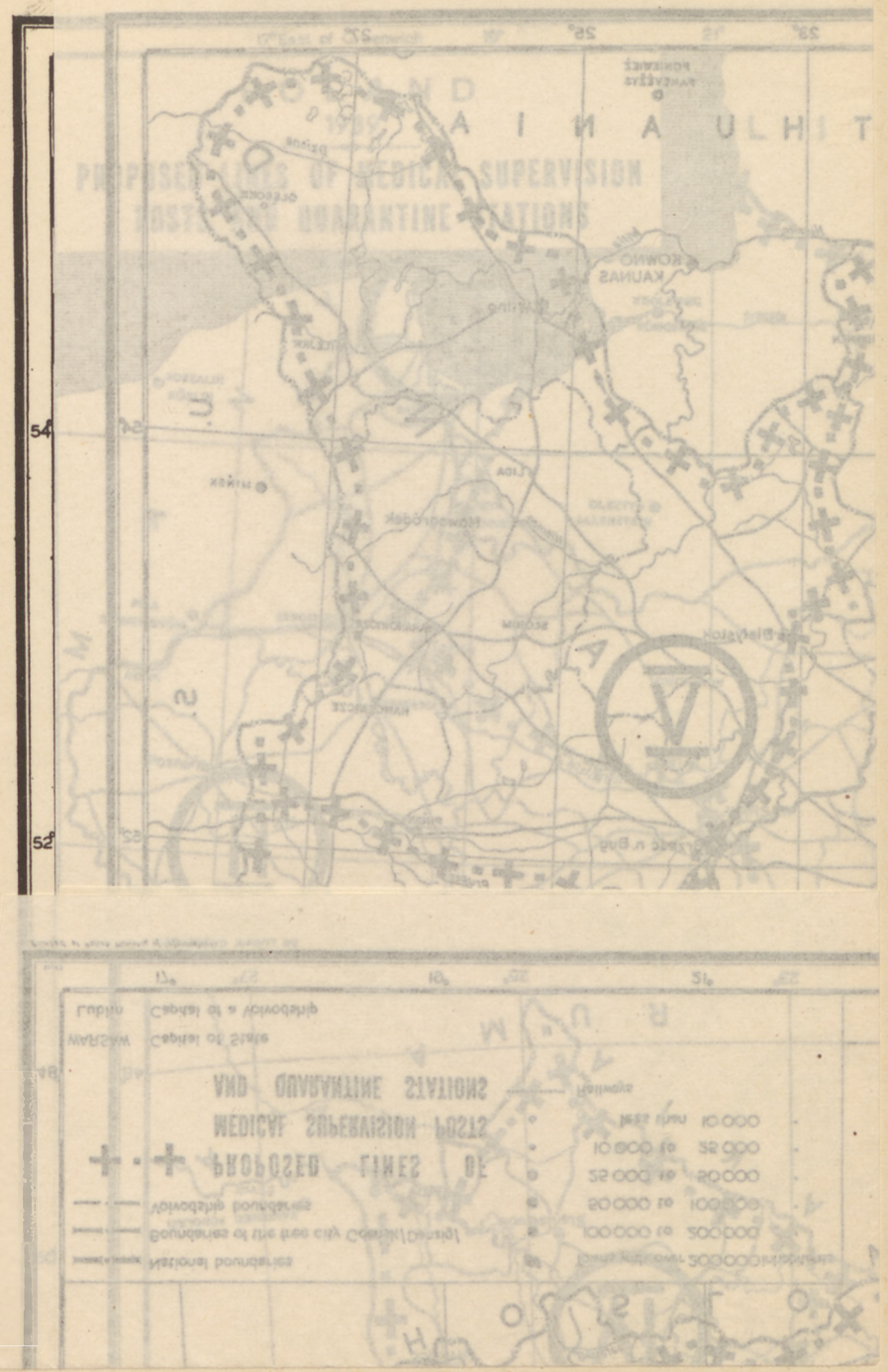
Finally, it must also be stressed that provision of adequate medical equipment, instruments, beds, sheets, blankets, sera, vaccines, medicines and soap, and food and clothing would greatly alleviate the situation and help in restoring normal conditions.





LIST OF REQUIRED EQUIPMENT

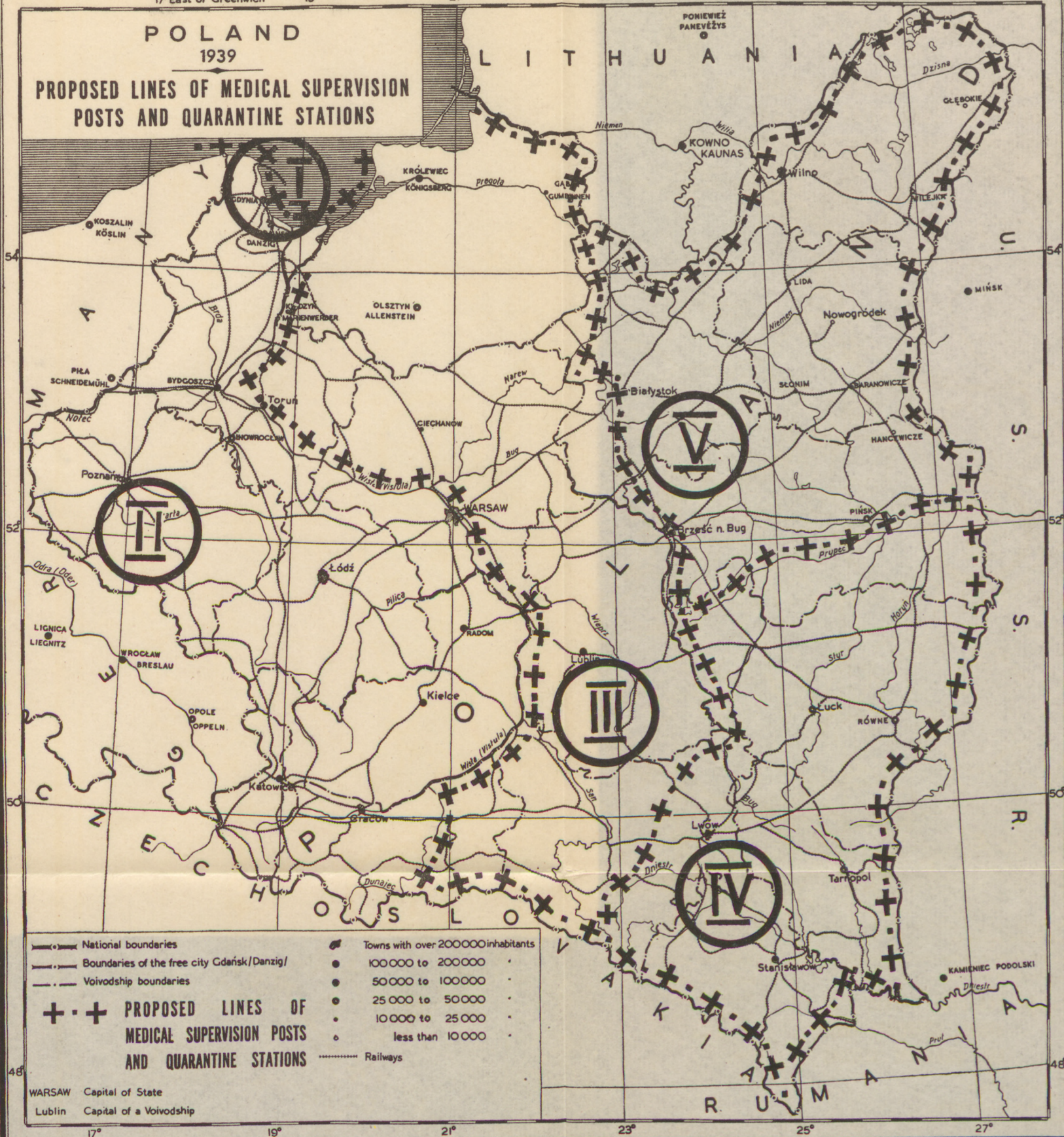
1. Ambulances	2,000
2. Cars (low horse-power) for County Medical Officers of Health and Medical Officers of Anti-Epidemic Units..	750
3. Buses (Mobile Dispensaries) for medical assistance for village communities and for the Anti-Epidemic Units, and Mobile Dispensaries for Maternity and Child Welfare	600
4. Lorries (3 and 1½ tons) for hospitals and the State Institute of Hygiene (600 3-ton and 300 1½-ton)	900
5. Mobile Hospitals (with complete equipment), medical and other ; if possible also with full medical and auxiliary personnel	50
6. Transportable Barracks (Huts) for 25 Mobile Hospitals and for supplementing some of the permanent hospitals, calculated as indispensable floor space .. 150,000 sq. m.	
7. Hospital beds with complete medical and other equipment for the enlargement of the existing hospitals ..	50,000 beds
8. Mobile Steam Disinfection Apparatus for Anti-Epidemic Units and some hospitals and Medical Supervision Posts (not including the apparatus for Mobile Hospitals)	400
9. Mobile Disinfesting Apparatus (Hot Air), besides permanent plants of the Medical Supervision Posts ..	300
10. Mobile Mechanical Laundries for Anti-Epidemic Units and some of the Medical Supervision Posts (not including those for Mobile Hospitals)	300
11. Mobile Shower Baths	300
12. Complete equipment for Bacteriology and Chemistry Laboratories of the Provincial Health Departments ..	10
13. Equipment for supplementing the Department of Sera and Vaccines Production of the Central Institute of Hygiene	1
14. Complete equipment for the Nutrition Department of the Central Institute of Hygiene	1
15. Small Laboratory Outfits for Field Anti-Epidemic Units	300
16. Mobile and Permanent X-Ray Apparatus	300
17. Stocks of medicines, sera, and vaccines, food, linen, etc. ..	Q.S.



17° East of Greenwich 19° 21° 23° 25° 27°

POLAND
1939

**PROPOSED LINES OF MEDICAL SUPERVISION
POSTS AND QUARANTINE STATIONS**



—+— National boundaries	● Towns with over 200000 inhabitants
—•— Boundaries of the free city Gdańsk/Danzig/	● 100 000 to 200 000
--- Voivodship boundaries	● 50 000 to 100 000
+ + + PROPOSED LINES OF MEDICAL SUPERVISION POSTS AND QUARANTINE STATIONS	● 25 000 to 50 000
	● 10 000 to 25 000
	○ less than 10 000
 Railways
WARSAW Capital of State	
Lublin Capital of a Voivodship	

17° 19° 21° 23° 25° 27°

Biblioteka

Główna
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Biblioteka Główna UMK



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