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NAVY DEPARTMENT

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11 November 1944.

MEMORANDUM

From: Chief of Naval Operations.
 To: Distribution List.

Subject: Military Government Field Report --
 Forwarding of.

Enclosure: (A) Military Government Field Report No. 39,
 "Saipan, Monthly Sanitary Report,
 September 1944."

1. Enclosure (A) is forwarded for information
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/s/ L. S. SABIN
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NAVY DEPARTMENT
CHIEF OF NAVAL OPERATIONS
CENTRAL DIVISION
MILITARY GOVERNMENT SECTION
WASHINGTON 25, D. C.

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Military Government Field Report No. 39,
"Saipan, Monthly Sanitary Report,
September 1944"
11 November 1944

C O P Y

HEADQUARTERS, ISLAND COMMAND
SAIPAN

CAS/AGF/A9-4/S36
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1 October 1944.

From: The Senior Medical Officer.
To: The Chief of the Bureau of Medicine and Surgery.
Navy Department, Washington, D. C.
Via: (1) Deputy Chief Civil Affairs Officer, Saipan.
(2) Island Commander, Saipan.
(3) Commander Forward Area, Central Pacific.
(4) Commander-in-Chief, Pacific Ocean Area.
Subj: Monthly Sanitary Report, for period ending 30 September 1944.
Ref: (a) Paragraph #2697, Manual of Medical Department, U.S. Navy.
(b) Article #1184, Naval Regulations.

1. In this monthly sanitary report, a definitely more routine course of the Medical Department's activities will be noticed. However, several problems, as previously discussed, will again be noticed in this report as not being alleviated completely during the month.

ORGANIZATION AND ACTIVITY

The organization and activity of this department has kept the same pace throughout the month with the addition of a few more details, namely, camp policing, and minor details, such as de-lousing of all civilians with DDT powder and special sick calls at the labor gates when the working parties pass through. Another detail has consisted of sick calls for the laborers too sick to work, rounded up by the civilian police each day and taken to the dispensary where they are examined.

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As usual, the biggest job has been on sanitation and disposal, with the most emphasis on maintenance of the garbage and trash routes. This has been handled fairly adequately by the squads of laborers and hospital corpsmen attached to them as supervisors.

The staff of our department has been increased by the arrival of one new medical officer, who is to relieve our present Senior Medical Officer in the near future. Larson, PhM2c, was evacuated 4 September 1944 with a diagnosis of Appendiceal Abscess and Amebic Dysentery. Otherwise, there were no changes in personnel.

CAMP SANITATION

During the past month a great many of the problems of camp sanitation have been satisfactorily worked out. And in general, the work has become more or less routine. However, there is still much to be done and room for a great deal of improvement.

Existing activities had to be increased and expanded to keep pace with the growth in size and area of the camp. At the same time, another major activity, namely that of general policing of the camp had to be taken over by this department, since the police department felt it was not their duty to see that the camp was kept clean. Accordingly a new detail was set up consisting of fifteen (15) native laborers and a foreman under the supervision of a hospital corpsman. The detail is divided into three gangs of five (5) men each. They work in the camp area, cleaning out sumps, traps and drainage ditches, picking up trash and garbage scattered around the houses, filling in holes where dirty water is thrown, and in general keeping the camp clean. Most of this work is due to laxity in enforcement of existing camp sanitary regulations, which places the responsibility directly on the individual civilian residing in any given area.

The garbage and trash disposal problem has finally been solved after several setbacks, and many handicaps. At the time of the last monthly report, garbage and trash was being buried by hand and with considerable difficulty. A small bulldozer was finally secured and was utilized in digging new deep trenches where garbage and trash could be adequately buried, and also in covering over old trash and garbage which had not been properly buried.

During the first week of this month the new garbage disposal dump on Agingan Point was opened and all garbage and trash was taken and dumped into the ocean. This system was much more satisfactory than burying. However, it did not last long and after three days, we were prohibited the use of this dump since some of the trash was floating back upon the beach. The crux of the problem lay in the type of trash which was a combination of trash, tin-cans, straw mats, grass, vines, breadfruit, sticks, and plain dirt. Due to the rain, much of this was wet and contained enough organic matter to encourage fly breeding. As a result of this, we were faced with a situation where the regular trash dump would not accept our trash, since they felt it was garbage, and the garbage dump would not accept it, as they considered it trash. Therefore, we were obliged to return to our old method of burying all except a small amount of pure garbage and pure trash, which could be disposed of at the regular dumps. Meanwhile, a large number of new trash cans were placed around the camp and efforts made to secure more careful segregation of wastes into burnable trash and tin-cans, non-burnable trash and plain garbage. For the most part this program has

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not been very successful; however, during the past we garbage dumps have apparently relaxed their rigid stance capturing both trash and garbage so that we have been able to and dispose of the wastes in the proper way.

The fly problem also has been satisfactorily attacked after much trial and error so that at the present time the latrines are free from larvae, and flies are a minimum. New leakproof M-1 decontamination sprayers were secured from the Army Chemical Warfare Division, and these have proved much more satisfactory than any other type. The fly detail was formerly under the supervision of one hospital corpsman; this was increased to four (4) corpsmen, each in direct charge of four (4) natives with two (2) sprays. Sodium Arsenite 1/40 is used daily in all latrines and a mixture of cresol and light diesel oil is used around the latrines and all other fly breeding areas such as kitchens, drainage ditches, sumps, etc. The greatest difficulty at present is securing an adequate supply of Sodium Arsenite. It has been found that while natives are capable of doing the spraying themselves, they cannot be trusted to do a thorough and adequate job, but must have direct and constant supervision.

The engineering department is, at present, working on the construction of the permanent sewage system. Meanwhile, the deep pit latrines are still in use. Here again, after much trial and error, a satisfactory latrine has been devised with a wood top, so that the available ground space can be utilized to the fullest.

An adequate supply of potable water has been a problem. The present well has been in use since the establishment of the camp, and is pretty well contaminated with B. Coli. At the same time, with the enormous increase in size and area of the camp, this well is inadequate both as to quantity and accessibility. Consequently, it has been recommended that three new wells be constructed for drinking purposes. These wells should be built outside of the immediate camp area to avoid pollution. The first of these is already under construction on the southwest side of the camp, and it is hoped will soon be available to replace the present well.

Water for bathing and washing purposes has been no great problem as far as source, since there were many old wells scattered throughout the camp, and it is a simple matter to dig new ones wherever desired. However, the drainage from these wells still constitutes a big problem. A few new wells have been built with large concrete aprons and drains. The majority of the wells have no adequate drainage, and the dirty water accumulates on the ground immediately around the well, as well as in a make-shift sump nearby. As a result, the ground becomes saturated and odoriferous, and the water in the wells becomes foul smelling. It is our opinion that this unsanitary condition could be alleviated by the construction of more large, centrally located concrete-aproned wells with proper drainage ditches to carry away the waste water from the immediate area of the camp. At the same time, all the small wells should be closed as they are all grossly contaminated and foul smelling.

Another big problem is the drainage around the kitchens. All the more recent kitchens have been built with concrete aprons and drainage ditches with properly installed grease traps, so that it is an easy matter to keep them clean. However, all the old kitchens still have dirty floors and ditches. Dirty water with rice and food particles has soaked into the ground until, at present, it is almost impossible to keep them clean or get proper drainage.

The ground is caked with fermenting food and is an ideal place for fly breeding. It is strongly recommended that all these old kitchens be cleaned out and replaced with new, properly constructed ones.

It is realized that all our present activities are organized on a temporary basis, whereby all responsibilities and authority is taken by us. This has been necessary thus far because of the urgent need for proper sanitary conditions under extremely difficult circumstances. However, as rehabilitation progresses, it is our belief that all the activities of sanitation should be made the responsibility of the civilians themselves under supervision of an American sanitary inspector. With this in view, we have made inquiries of the civilians regarding their former sanitary systems and have made an effort to locate former employees and officials of the department. Under the Japanese, sanitation was a direct function of the police department. The officials who formerly had this responsibility have not been located. However, it is recommended that as soon as possible, the sanitation of the camp should be re-organized as a function of the Police Department, with the direct responsibility for their own sanitation given to the civilians.

CREW'S HEALTH

A new bivouac area has been designated and is being prepared for occupancy by officers and men of this activity. It is expected that the move to this new bivouac area will be executed during the coming week. This will lessen the menace of communicable diseases being contracted from the civilian camp.

Dengue is still the most common complaint, which is a general condition found throughout the entire island. A tally of personnel admitted to the sick list and diagnoses, is as follows:

3 Officers	Dengue
34 Enlisted Men	Dengue
1 Enlisted Man	Rhinitis, Acute
4 Enlisted Men	Jaundice (Hepatitis, Acute)
3 Enlisted Men	Catarrhal Fever, Acute
1 Enlisted Man	Hemorrhoids
3 Enlisted Men	Gastro-Enteritis
1 Officer	DU (Medical Observation)
3 Enlisted Men	DU (Medical Observation)
1 Enlisted Man	Wound, Lacerated, Scalp
1 Officer	Neuralgia
1 Enlisted Man	Furuncle, Left Jaw
2 Enlisted Men	Diarrhea
1 Enlisted Man	Respiratory Infection
1 Enlisted Man	German Measles
2 Enlisted Men	Pharyngitis, Acute
1 Enlisted Man	Cellulitis, Acute, Rt. Arm
1 Enlisted Man	Dysentery, Unclassified
1 Enlisted Man	Fungus Infection, Right foot
1 Enlisted Man	DU (Mental Observation)
1 Enlisted Man	Cellulitis, Left Leg

at the four cases of Jaundice (Hepatitis, Acute) followed by Dengue, three to ten days after the patient was

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discharged to duty. Diarrhea and Dysentery cases have been reduced due to fly control and improved diet.

The crew has been instructed as to personal cleanliness and the dangers involving lack of personal hygiene in this area, and their appearance at quarters and inspections has been satisfactory as a result. The lack of adequate washing and bathing facilities has been temporarily alleviated by the construction of temporary showers, allowing approximately one shower for every forty-six enlisted men.

All personnel requiring immunizations and inoculations have been given their necessary shots. The scheduled plan for further immunizations as referred to in last month's report, has been carried out as explained.

The crew's and officer's mess hall is completely screened and kept free of flies. This building is also swept and swabbed with disinfectant after each meal. The general appearance at inspections has been satisfactory. The civilian galley help have been ordered not to handle any food because of the possible source of tropic infection, such as the dysenteries, et cetera.

An inspection of all galley personnel has shown no suspicious elements of a communicative disease. There are facilities for Kahns and Wassermans now on the island, and as soon as conditions permit, all those requiring serological examinations of the blood will be taken care of.

The food is adequate and well prepared, but the addition of fresh vegetables and meats would greatly improve the morale of the crew and offer a more varied diet.

SICK CALL CLINICS AND SPECIAL PROJECTS

The operation and control of the sick call clinics for the civilians has been greatly changed during the month. The two clinics in the Japanese camp, and the one in the Korean camp, were consolidated into one general clinic. This clinic is located in a centralized area to accommodate both the Japanese and Koreans. It consists of a medication room, surgical room, dental clinic, obstetric ward, and a venereal disease clinic. The Chamorro clinic is functioning the same as during the previous month with one exception: due to the increased duties of the Medical Department, and the improvement in the general health of the Chamorros, the corpsman formerly detailed to this clinic has been discontinued. The personnel assigned to the clinics is as follows: Two medical officers and three hospital corpsmen are detailed to the two clinics. One of the corpsmen divides his time between the Chamorro clinic and the Japanese orphanage. The civilian help consists of one Japanese doctor, one Japanese dentist, one graduate Japanese nurse as supervisor of twenty nurse's aides, four male assistants, and four Japanese mid-wives. One medical officer supervises sanitation and takes care of the emergency work from, and at, the Chamorro clinic. In the Japanese clinic two mid-wives are on call at all times to take care of emergency deliveries. The clinics are also used as a milk distributing point, milk being given to people as deemed necessary by the Medical Officer, at all times. Approximately twelve (12) cases of condensed milk are distributed weekly in this manner. All patients who give a history of intestinal parasites are treated at the clinics as they present themselves. The large-scale plan for treatment of the entire population is dependent upon the arrival of vermifuge preparations as listed in a previous order. During the

month a dental clinic was moved into the Japanese and a dentist took over its operation. Its purpose is to agencies and not as a reconstructive clinic.

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The entire camp area was sprayed with DDT powder from an airplane on two different occasions about a week apart. This project was carried out by AGF in conjunction with their island-wide program. It is our opinion that there has been a definite decrease in the number of mosquitos.

The entire population of the camp, together with living quarters, was dusted with DDT powder to get rid of body lice.

Major Knott of the U.S. Army Medical Corps has made a survey of the civilian population in regard to Filariasis infestation. He reports six and one half percent ($6\frac{1}{2}\%$) of the Japanese and thirteen and one half ($13\frac{1}{2}\%$) percent of the native Chamorros and Kanakas have positive bloods. Apparently this disease is rather mild, as there are only one case of far advanced Elephantiasis, and a few cases of scrotal swelling in the entire camp.

The Chamorro police were examined for venereal disease during the month, and twenty (20) suspicious cases were found, and are being examined further. Those found positive will be given appropriate treatment.

The Civilian Annex of the 369th Station Hospital, U. S. Army has been moved from its original location near the camp, to the Magacienne Bay area near the main hospital. This has necessitated considerable adjustment, and created a transportation problem. As yet we have only one ambulance for transporting patients to and from the hospital, and bringing back the dead from the hospital for burial. This has resulted in much delay in taking care of the seriously sick. The second big transportation problem has been taking visitors to and from the hospital. Arrangements have been made whereby a list of critically ill patients is posted daily in both Japanese and Chamorro clinics. One relative is permitted to visit each day from 1400 to 1530. So far, it has been impossible to secure transportation for the visitors since the Jap trucks are unable to make the steep hill enroute, and no G.I. trucks are available.

Eight (8) cots have been placed in the Japanese clinic, and two (2) cots in the Chamorro clinic to care for the seriously ill awaiting transportation. Four Japanese mid-wives are on call at the Japanese clinic to care for emergency obstetrics.

Several large-scale projects are contemplated. It has been estimated that over twenty percent (20%) of the population has tuberculosis. Thus far, no attempt has been made to segregate these cases as there have been no facilities for diagnosis or treatment. In view of the high concentration of the population in a small area and the crowded living conditions, it is strongly recommended that facilities be made available for case finding, and proper segregation and treatment.

On the basis of several small surveys by various epidemiological units on the island, it is estimated that from eighty (80) to ninety (90) percent of the population have some type or other of intestinal parasites. Hookworm has been found in a large number of cases and roundworms, especially Ascaris, is prevalent among the children. Thus far, these cases have been treated as they presented symptoms. However, in as much as Malnutrition, Beri-beri, Diarrhea and Nutritional Edema are still very prevalent among the civilians, wholesale

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de-worming of the entire population is being considered for almost ing the general health of the camp. It is realized almost certain as long as these people live as they do, never-the-less a great number would receive some benefit in increased resistance to disease.

The venereal disease problem has not been adequately attacked thus far, since up until one week ago there were no facilities for doing Kahns or Wasserman tests. Thus far, there have been two weekly clinics, one for the treatment of Yaws and one for Luetic treatment. Such cases as have been quite obvious have been given adequate treatment. As the facilities become available a large-scale case finding and treatment program should be carried out.

A program is being worked out to supply all children in the camp with eight ounces of milk daily. The recreation and education department has offered to supervise the distribution of milk to all school children. Infants will be supplied through the dispensaries.

There are two lepers, one Japanese and one Chamorro, as well as two psycho patients in the camp. It would be very desirable if these people could be evacuated to appropriate institutions for their care.

ORPHANAGE

During the month, the orphanage has functioned with comparative smoothness in so far as the routine care and medical treatment of the orphans is concerned.

The month's census totals to eighty-eight (88) children, ranging in age from four (4) months to thirteen (13) years. Since the last report, parents have claimed six (6) children. Also during the month, thirty-six (36) orphans were admitted to the hospital, leaving a total of fifty-two (52) actually subsisting in the orphanage. Thirty of these hospital cases were admitted with a malnutrient diagnosis, four had diarrhea, and two were admitted with possible fractures.

The recreation area immediately adjacent to the orphanage has been enlarged by approximately five hundred (500) square feet. This area is entirely fenced, with one gate, allowing adequate space for the children to play.

In the past, the Economics Section occupied a portion of the building for the making of handicraft articles. This department has made other arrangements and the weavers have evacuated the premises enlarging the living quarters for the orphans and nurses approximately two hundred (200) square feet. The north end of the building has been screened with wiremesh and it is anticipated that the building will be completely screened in the coming month. At present, captured Japanese mosquito netting has been used to keep the insects out.

The kitchen area has been enlarged, allowing a few improvements in cooking facilities.

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~~CONFIDENTIAL~~SUMMARY AND FIGURES

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Following is a summary and total of all treatments to 30 September 1944.

Total Chamorro and Kanaka medical treatments:	3004
Total Chamorro and Kanaka surgical treatments:	3927
Total Korean medical treatments:	1947
Total Korean surgical treatments:	1180
Total Japanese medical treatments:	24540
Total Japanese surgical treatments:	7957
Total Chamorros and Kanakas to hospital:	51
Total Koreans to hospital:	55
Total Japanese to hospital:	511
Total Chamorros and Kanakas from hospital:	70
Total Koreans from hospital:	47
Total Japanese from hospital:	512
Total Chamorro and Kanaka deaths:	38
Total Korean deaths:	8
Total Japanese deaths:	462
Grand Total medical treatments:	29,491
Grand Total surgical treatments:	13,064
Grand Total to hospital:	617
Grand Total from hospital:	629
Grand Total of deaths:	508

CAUSES OF DEATH

Malnutrition	156	Asthma	4
Diarrhea	144	Heart disease	3
Dysentery	73	Tuberculosis	6
Beri-beri	50	Fever, undet.	2
Pneumonia	22	Convulsions	1
Premature birth	12	Jaundice	1
Wounds	9	Kidney disease	1
Diag. undetermined	12	Cerebral embolism	1
Measles	1	Ulcer	1
Peritonitis	1	Shock	1
Tetanus	2	Senility	1
Other causes	3		

SUMMARY AND RECOMMENDATIONS

During this month it is noticed that there has been a considerable drop in the amounts of medical and surgical treatments. There have been 4,339 less medical treatments and 6,521 less surgical treatments than last month. Deaths this month were 203 less than last month, and it is to be noted that 180 of the deaths this month were at the civilian hospital.

Due to the fact that the present Senior Medical Officer is being relieved, no further recommendations will be made except what are contained in the body

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of this report. The medical and sanitary work of the [redacted] continued hard work from the beginning, and I want to take this occasion to commend the enlisted personnel of the Medical Department for their fine cooperation under trying conditions, especially their devotion to duty in field sanitation which was new to them, and in which their tasks have been difficult. I also want to go on record as highly recommending Lieutenant R. A. Frost, (MC), USN for the excellent work he has done in supervising the field sanitation, the ability he has displayed in solving many of the problems that have arisen, and for his extreme loyalty and devotion to duty.

J.L. WILSON, SENIOR SURGEON, USPHS.