SECTION
7

All issues in Volume

HEALTH

MONTHLY PROGRESS REPORT

DATA AS OF FEBRUARY 28,1943

ARMY SERVICE FORCES, WAR DEPARTMENT

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U.S. Army.

OFFICE OF THE SURGEON GENERAL's Office

HEADQUARTERS, ARMY SERVICE FORCES, WAR DEPARTMENT

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DISEASE AND INJURY

NONEFFECTIVE RATES

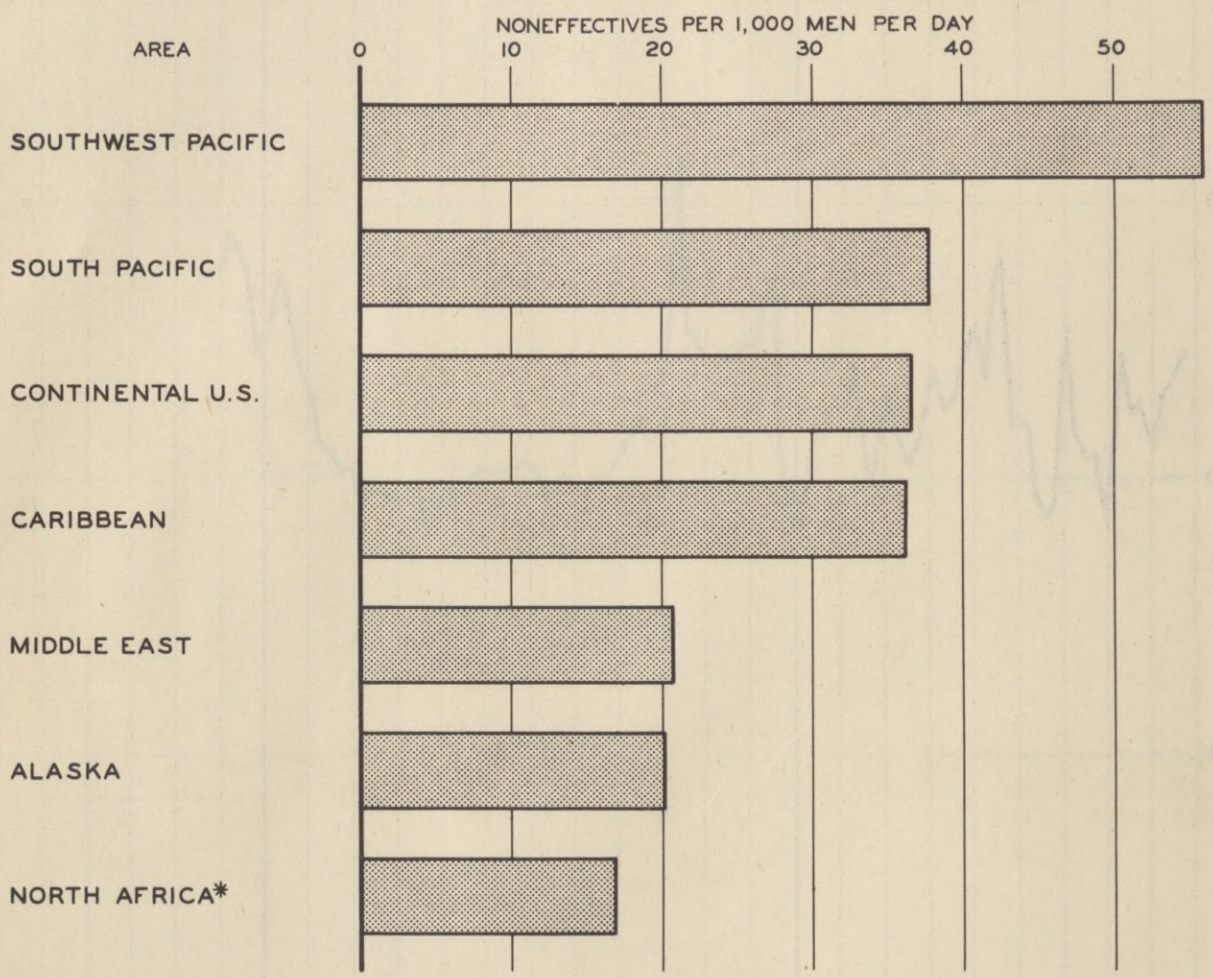
The average daily noneffective rate for troops in the Continental U. S. declined slightly over the three-week period ending February 13, 1943. From the high point of 39.1 per thousand for the week ending January 23rd, it had fallen to 37.5 by February 13th.

Note: An admission rate measures the relative incidence of disease or injury. The corresponding noneffective rate combines the effects of both the admission rate and the average time lost per admission.

NONEFFECTIVE RATES (Continued)

The noneffective rate differs considerably among the various geographic areas in which U. S. forces are stationed. The accompanying chart compares various areas, including the Continental U. S., for the month of December, 1942. The rate for the Southwest Pacific was the least favorable. In North Africa, Alaska, and the Middle East, the rates were much more favorable than in the U. S.

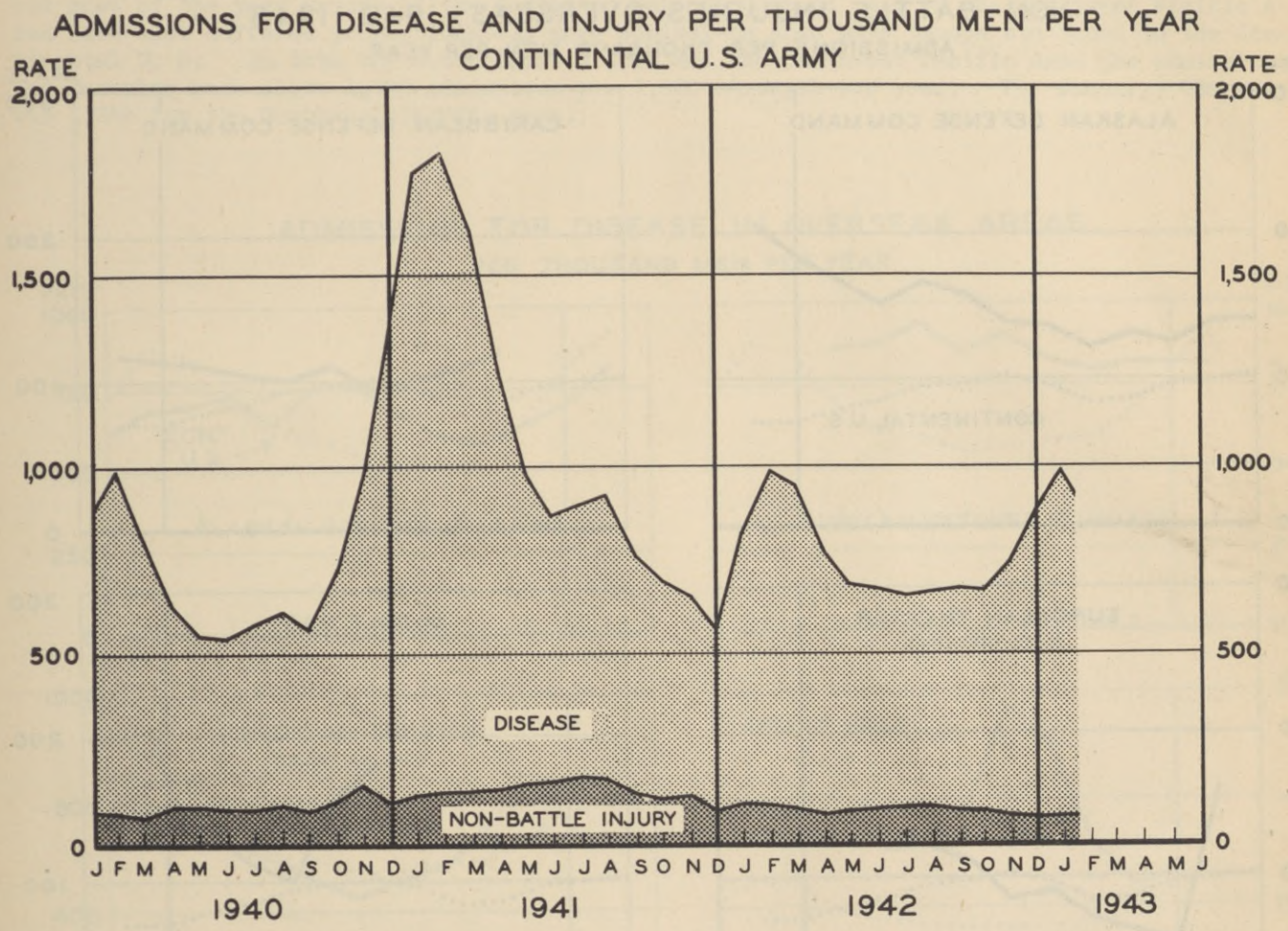
NONEFFECTIVE RATES FOR DECEMBER, 1942, IN SELECTED AREAS



*BASED ON LAST THREE WEEKS OF DECEMBER.

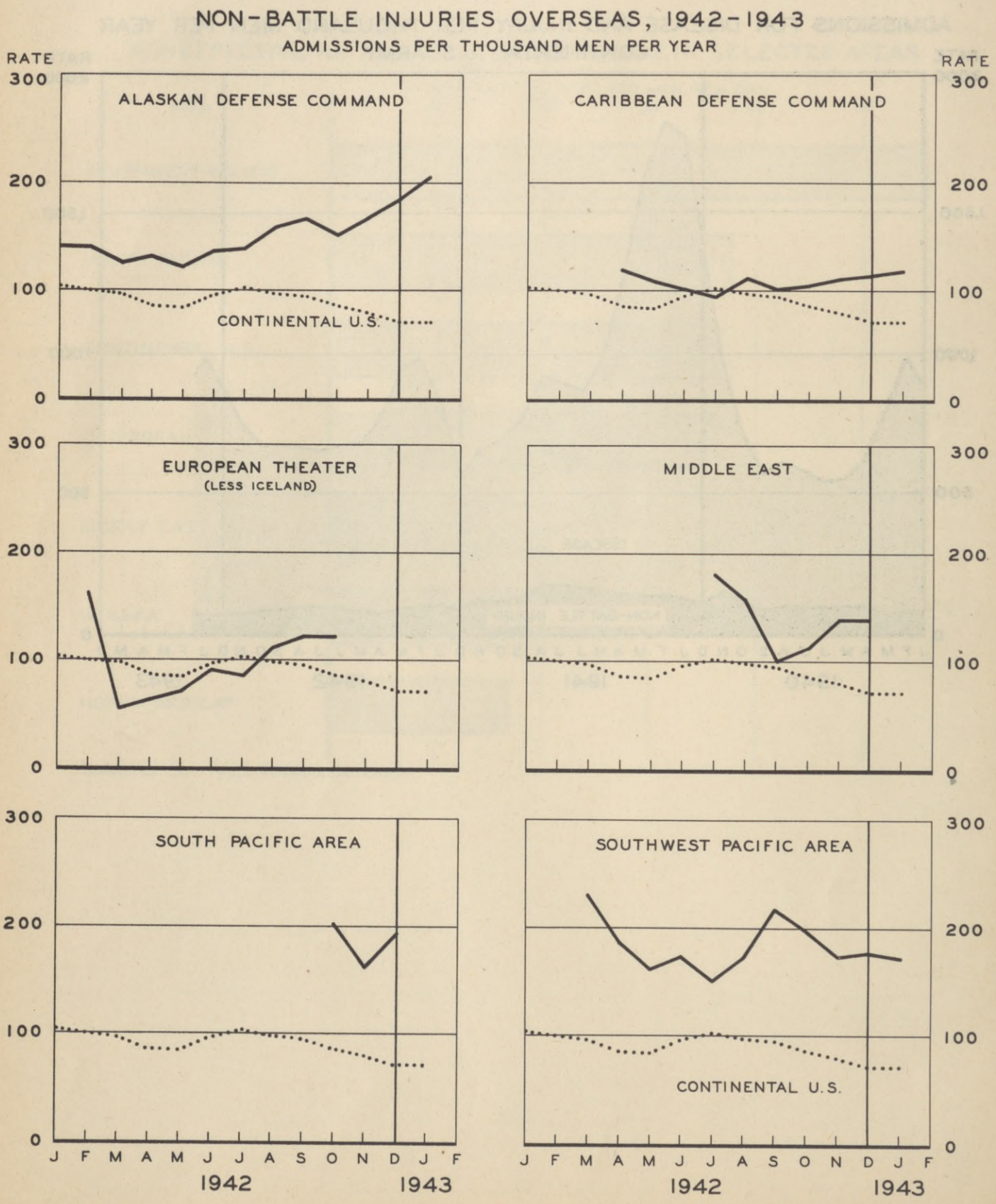
DISEASE AND INJURY, CONTINENTAL U. S.

During the three weeks ending February 13th, admissions for disease and non-battle injury in the Continental U. S. remained at substantially the levels which prevailed during the first three weeks of January. Cessation of the upward trend suggests that the peak of the respiratory rates for the winter season had been reached. The rate for all diseases fell from 920 to 914, and that for injuries rose slightly from 71 to 78 admissions per thousand men per year.



ADMISSIONS FOR NONBATTLE INJURIES IN SELECTED AREAS

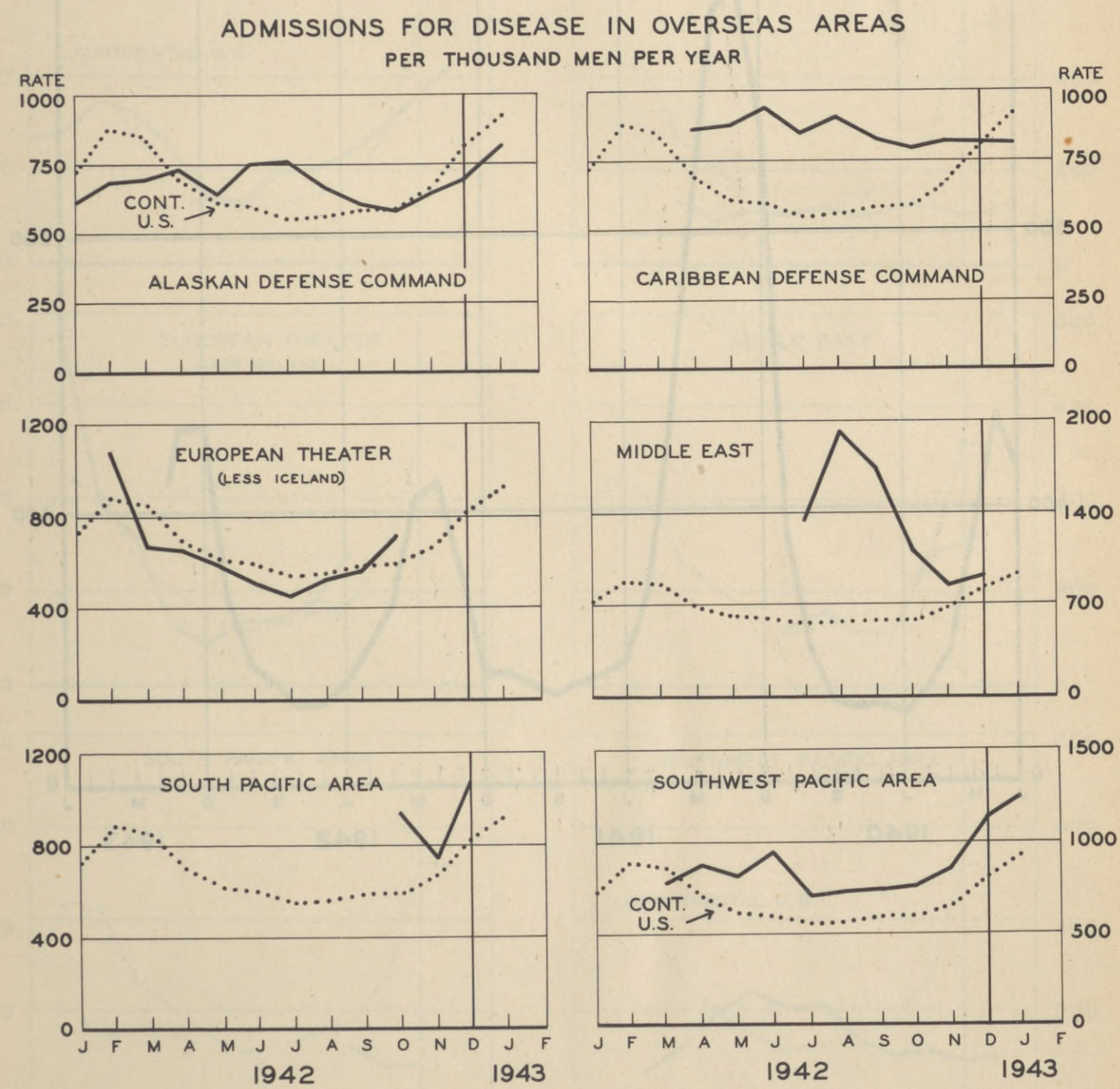
The average rates of admission for nonbattle injuries vary considerably in response to such factors as type of duty, equipment, climate, terrain, composition of forces and the like. The rate of about 90 characteristic of the Army stationed in the Continental U. S. during 1942 is generally lower than that for the other areas represented in the chart below. The highest rates are those for the Southwest Pacific and South Pacific Areas. The rates are also high for troops of the Alaskan Defense Command. Each panel compares the rates for the Continental U. S. with those for another area.



ADMISSIONS FOR DISEASE IN SELECTED AREAS

Most of the troops abroad run a greater risk of illness than do troops stationed in the Continental U. S. Only in the European Theater has the health experience of Army troops been better than at home, but rates for this theater are not available beyond October, 1942. The accompanying chart devotes a panel to each theater or other area, and gives the rates for the Continental U. S. to facilitate comparison.

The highest rates are those reported for the U. S. Army forces in the Middle East, but the most recent experience of troops in this area has been much more favorable. Throughout most of the year troops of the Caribbean Defense Command and of the Southwest Pacific Area have also suffered proportionately more admissions than have troops stationed in the Continental U. S. In both the South Pacific Area and the Southwest Pacific Area the admissions for December rose above 1,000 admissions per 1,000 strength per year. For January, the rate was 1,244 for the Southwest Pacific Area.

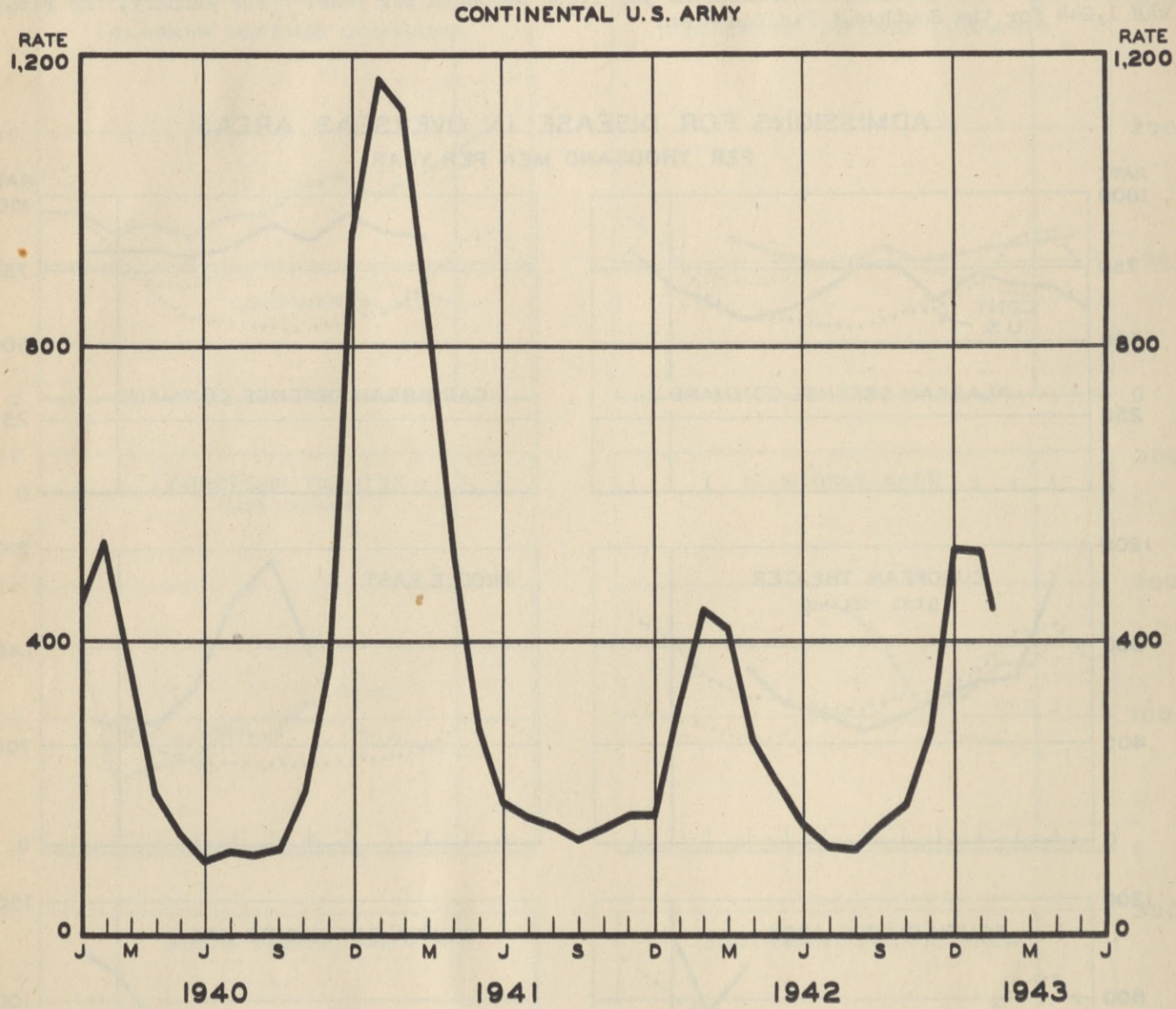


RESPIRATORY DISEASE

From the high point of 516 for the early weeks of January, the rate of admission for respiratory infection declined to 440 for the three weeks ending February 13, 1943. With the recording of this rate it may be assumed that the peak of the respiratory admissions has passed. The rates for the winter of 1942-1943 have been at about the level of those for 1939-1940, and rather lower than was suggested by the early and precipitous rise of November and December 1942.

RESPIRATORY DISEASE ADMISSIONS PER THOUSAND MEN PER YEAR

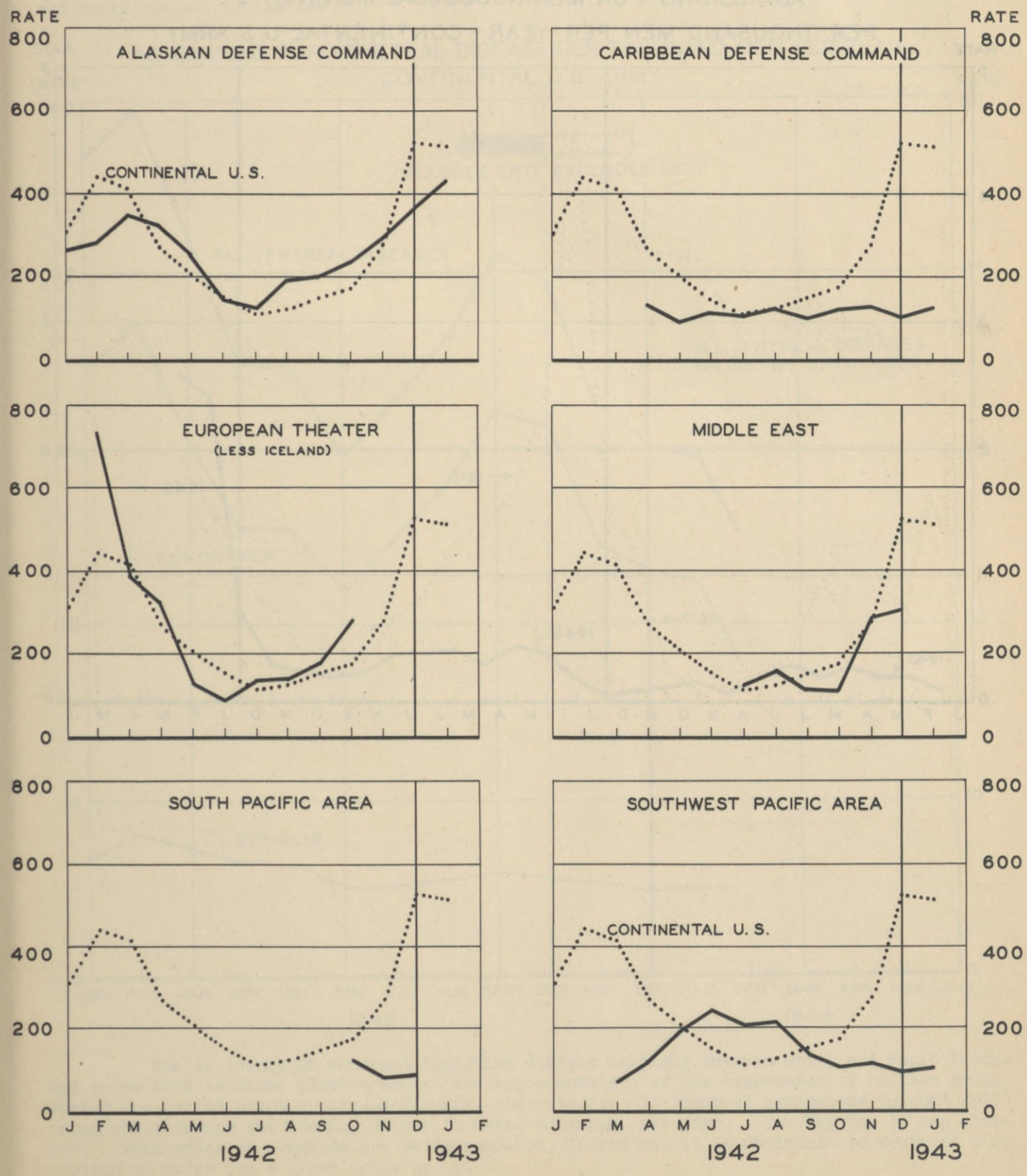
CONTINENTAL U.S. ARMY



RESPIRATORY DISEASE (Continued)

In many areas of the world where U. S. troops are stationed, respiratory infection is much less a cause for concern than it is in the Continental U. S. The chart below shows this to be especially true of the Caribbean, the South Pacific, and the Southwest Pacific. The recent experience of the European Theater has not been reported. Troops of the Alaskan Defense Command have suffered no more from respiratory disease than have the men in the Continental U. S.

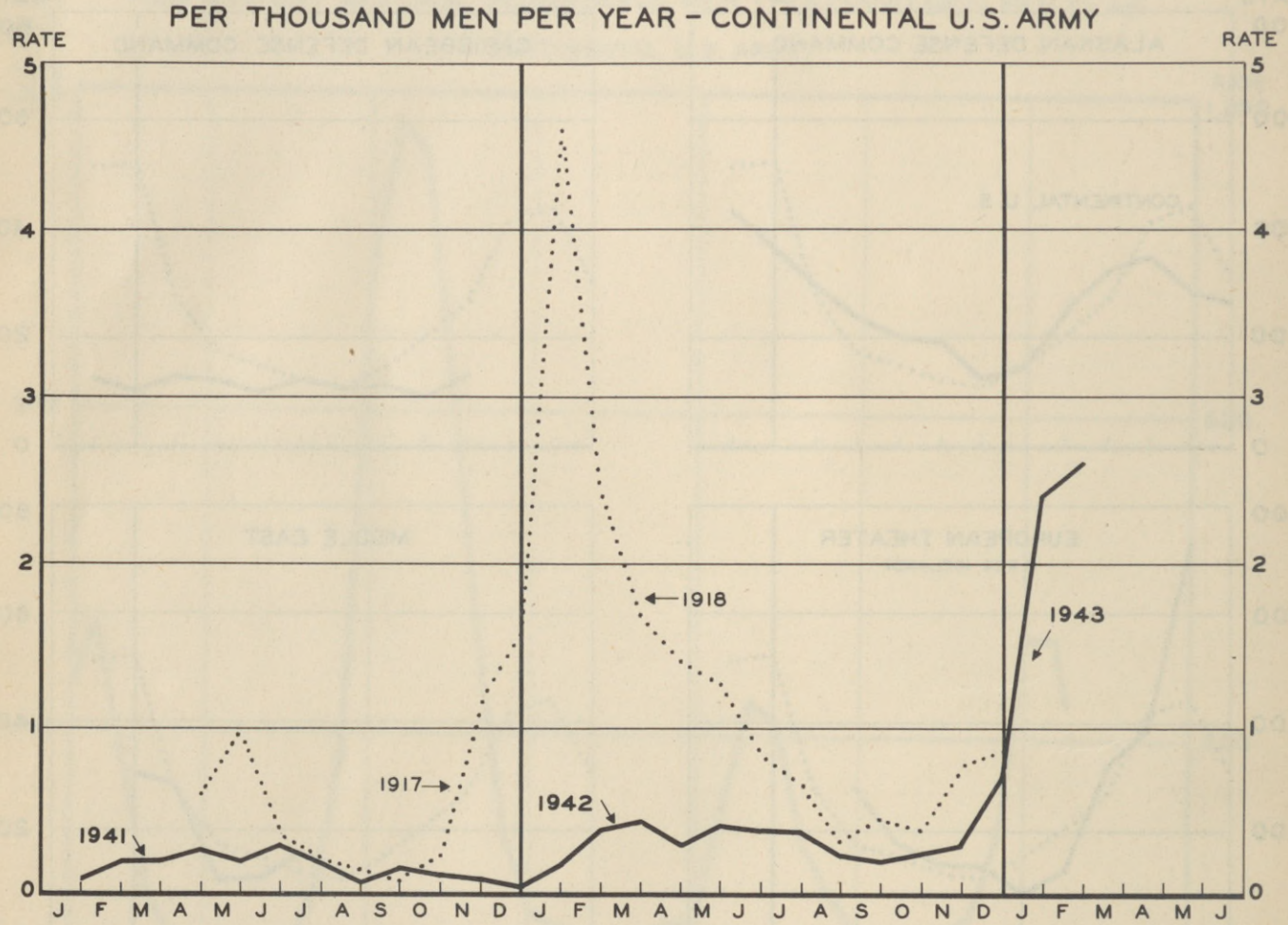
RESPIRATORY DISEASE ADMISSIONS PER THOUSAND MEN PER YEAR
CONTINENTAL U. S. AND OVERSEAS



MENINGOCOCCAL MENINGITIS

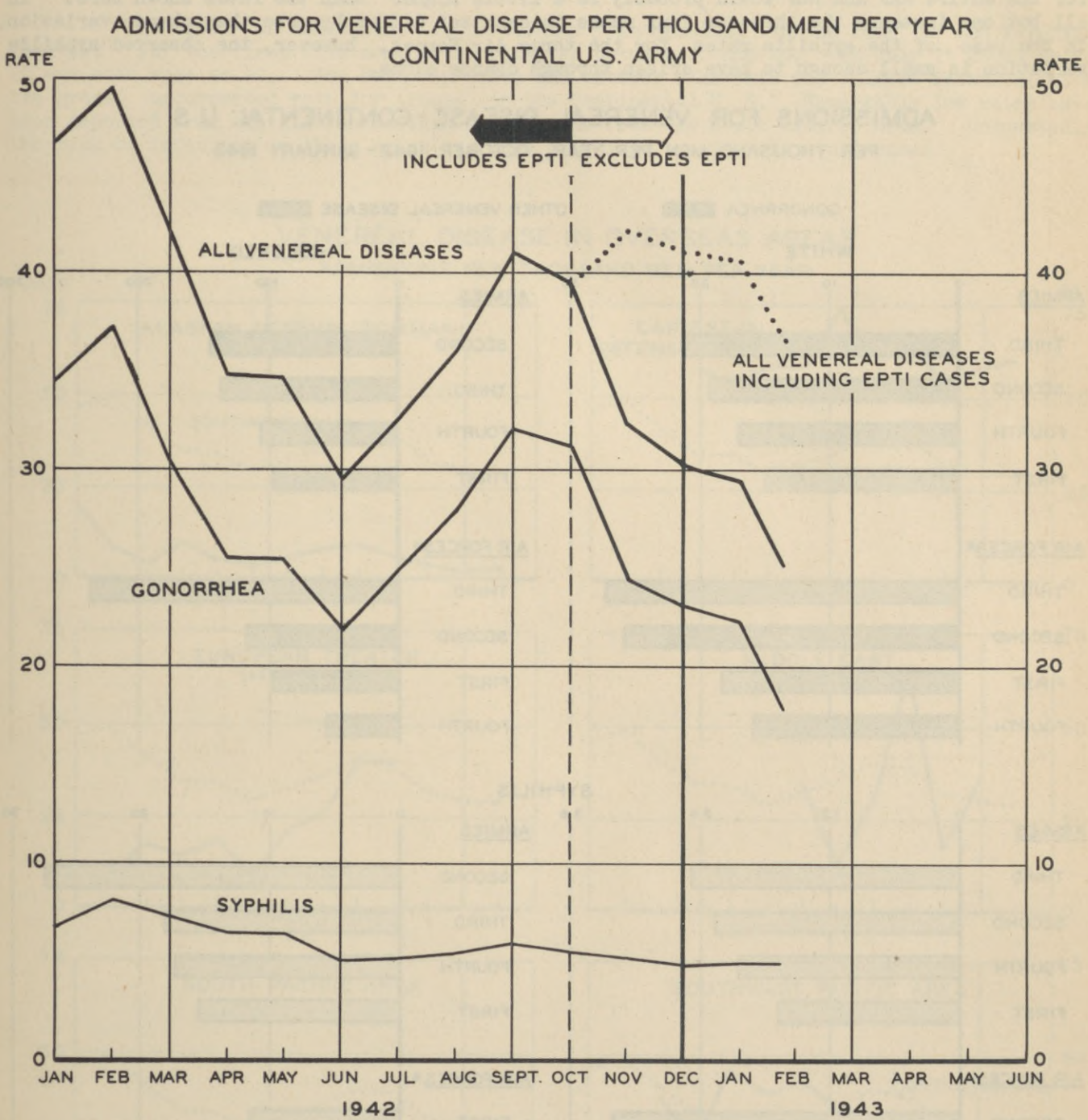
In February there occurred a slight further rise in the incidence of meningococcal meningitis reported for January. The preliminary January rate, which included only cases reported by radiogram to The Surgeon General, has now been revised to 2.4 per thousand per year by the inclusion of cases reported subsequently through other channels. For February the rate is tentatively estimated as 2.6, and includes an allowance for incomplete reporting by radiogram.

ADMISSIONS FOR MENINGOCOCCAL MENINGITIS
PER THOUSAND MEN PER YEAR - CONTINENTAL U.S. ARMY



VENEREAL DISEASE

With this issue the rates for venereal disease in the Continental U. S. have been placed on a basis better suited to reveal the frequency and trend of infection in the Army. Through October the rates in the chart below include cases of infection contracted prior to induction (EPTI) or to reporting for active duty. For November and thereafter, the rates exclude EPTI cases and thus more accurately measure the chance of infection among men under full military discipline. At present it is not possible to correct the rates for any earlier period, and the apparent rise of late summer and early fall must be discounted in large part. In order to make plain the magnitude of the correction, and also to represent better the trend in the frequency of treatment, the rate for all venereal diseases has been shown on the old basis as well as the new.



The incidence of venereal infection differs markedly between white and Negro troops and rates such as those plotted above are representative of the experience of neither group. During the period October through January, the rate for all venereal admissions (except EPTI) among white troops was roughly 20 per thousand strength per year. For Negroes it was above 100. When areas or commands are being compared, therefore, it is desirable to restrict comparison to rates for a given color group.

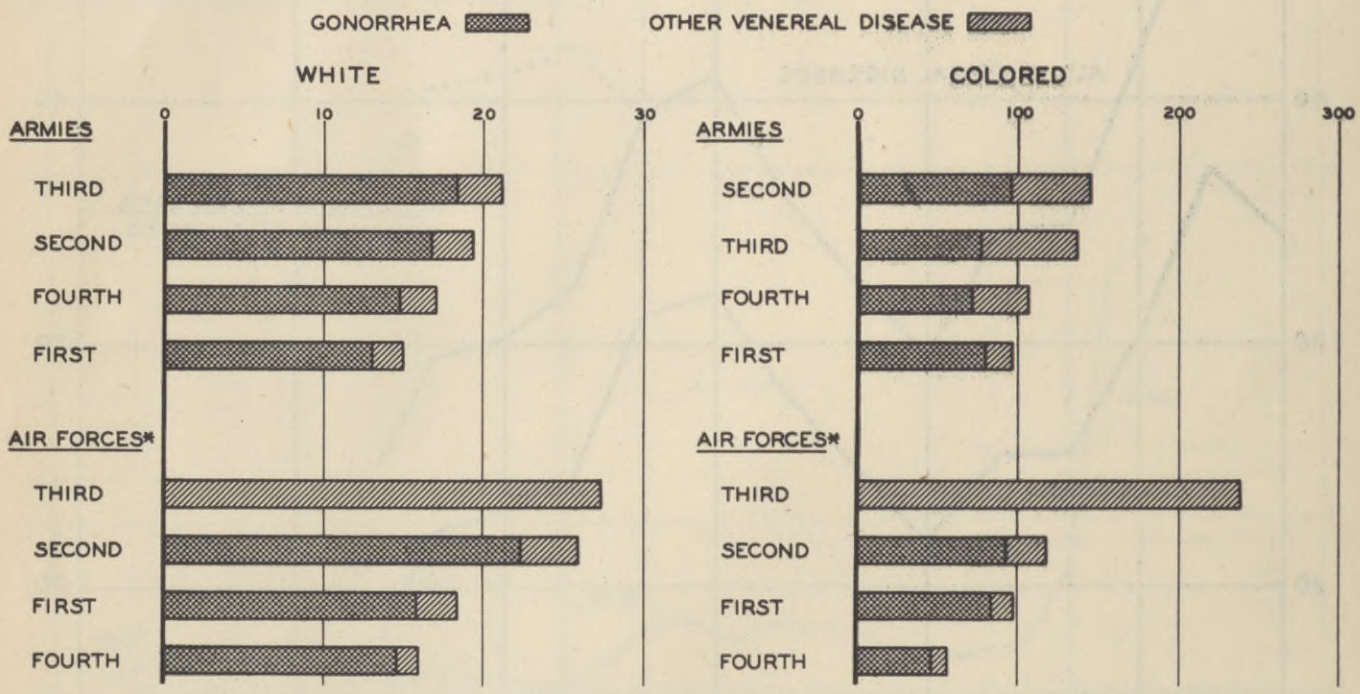
VENEREAL DISEASE (Continued)

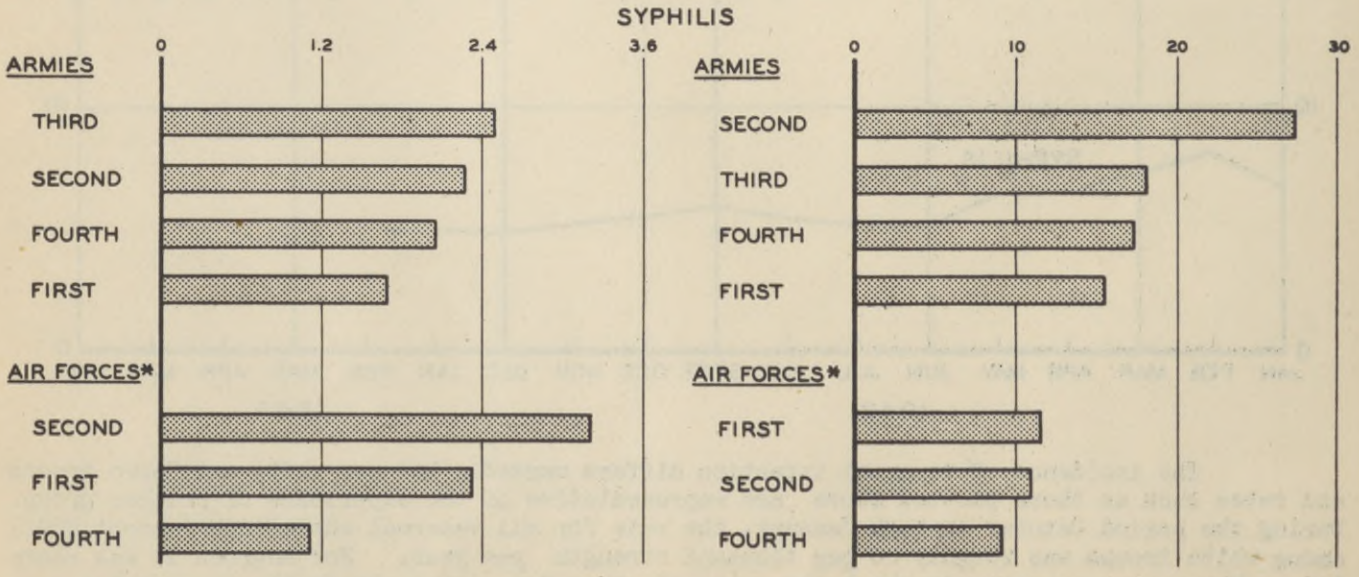
There are also rather marked differences among the troops of various commands. The following charts compare, by color, the four Armies and four Air Forces stationed in the Continental U. S. The rates shown there are average rates for October 1942, through January 1943. In each month the ranking was about the same as that shown in the chart. The First and Fourth Armies have reported proportionately fewer admissions for all types of venereal infection than have the Second and Third. Similarly, the First and Fourth Air Forces have had the more favorable experience, although the rate for the four Air Forces has been a little higher than that for the four Armies.

A similar picture obtains for gonorrhea and syphilis, shown separately below. Rates for the entire AAF and AGF would probably be a little higher than the rates shown here. In all but one instance the three or four rates in each set differ by more than chance variation. In the case of the syphilis rates for the three Air Forces, however, the observed syphilis variation is small enough to have arisen through chance alone.

ADMISSIONS FOR VENEREAL DISEASE - CONTINENTAL U. S.

PER THOUSAND MEN PER YEAR, OCTOBER 1942 - JANUARY 1943





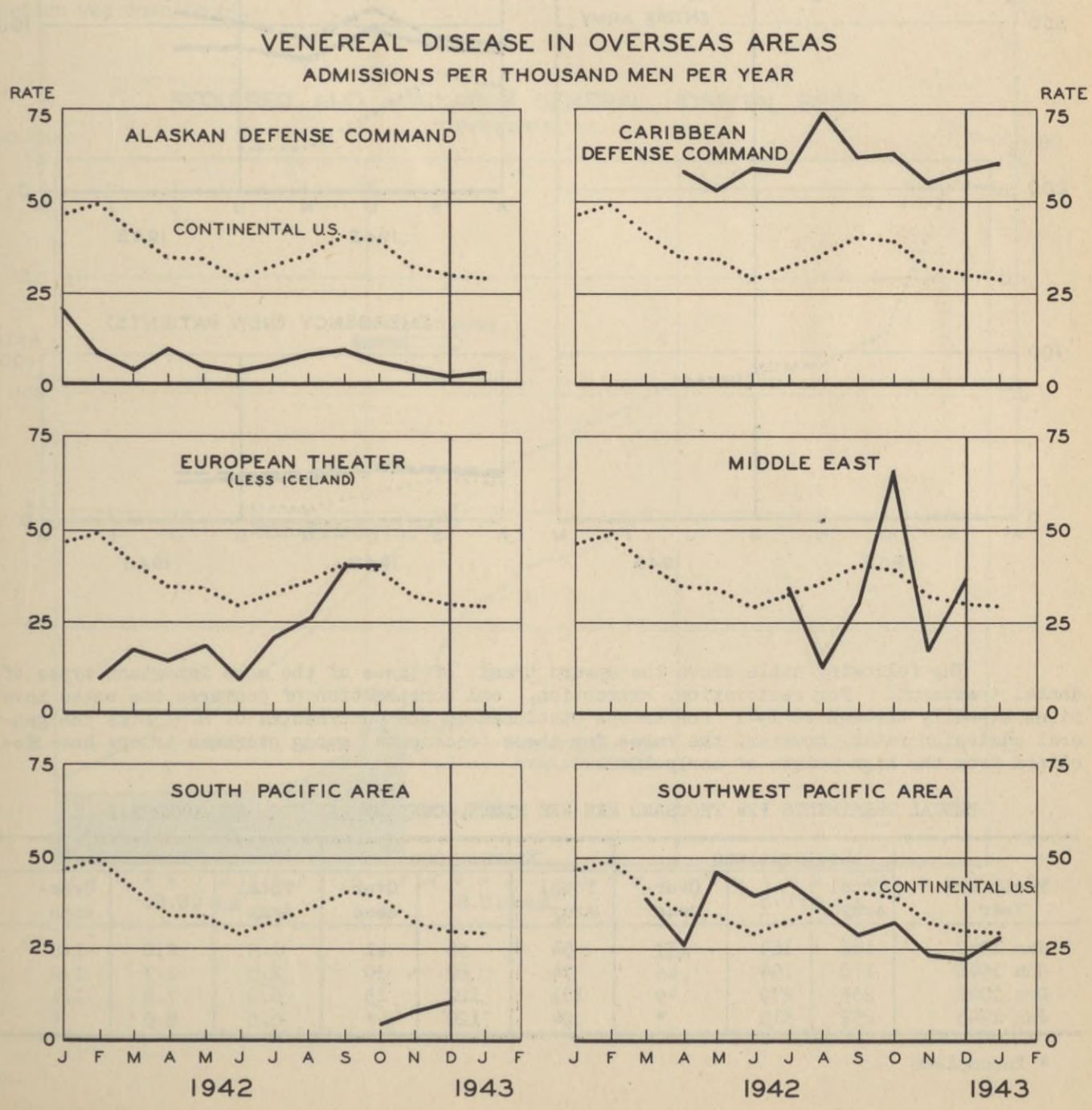
* For 3rd Air Force only total rates are available.
For 2nd and 4th Air Forces rates are based on last 3 months only.

VENEREAL DISEASE (Continued)

In other parts of the world, differences in duty, in general environment, and in the ratio of white to Negro troops naturally produce a wide variation in the reported incidence of infection. A very high rate of 67 was reported for the North African Theater during December. For both white and colored troops the rates were excessive, and further reports are awaited with interest and concern.

It is clear from the accompanying chart, however, that at least one area consistently reports a rate which is excessive by continental standards. In the Caribbean Area the average rates of admission have ranged between 50 and 75 for the past ten months. There is a high incidence of infection among the civilian population in this region, and the control of venereal infection presents special problems.

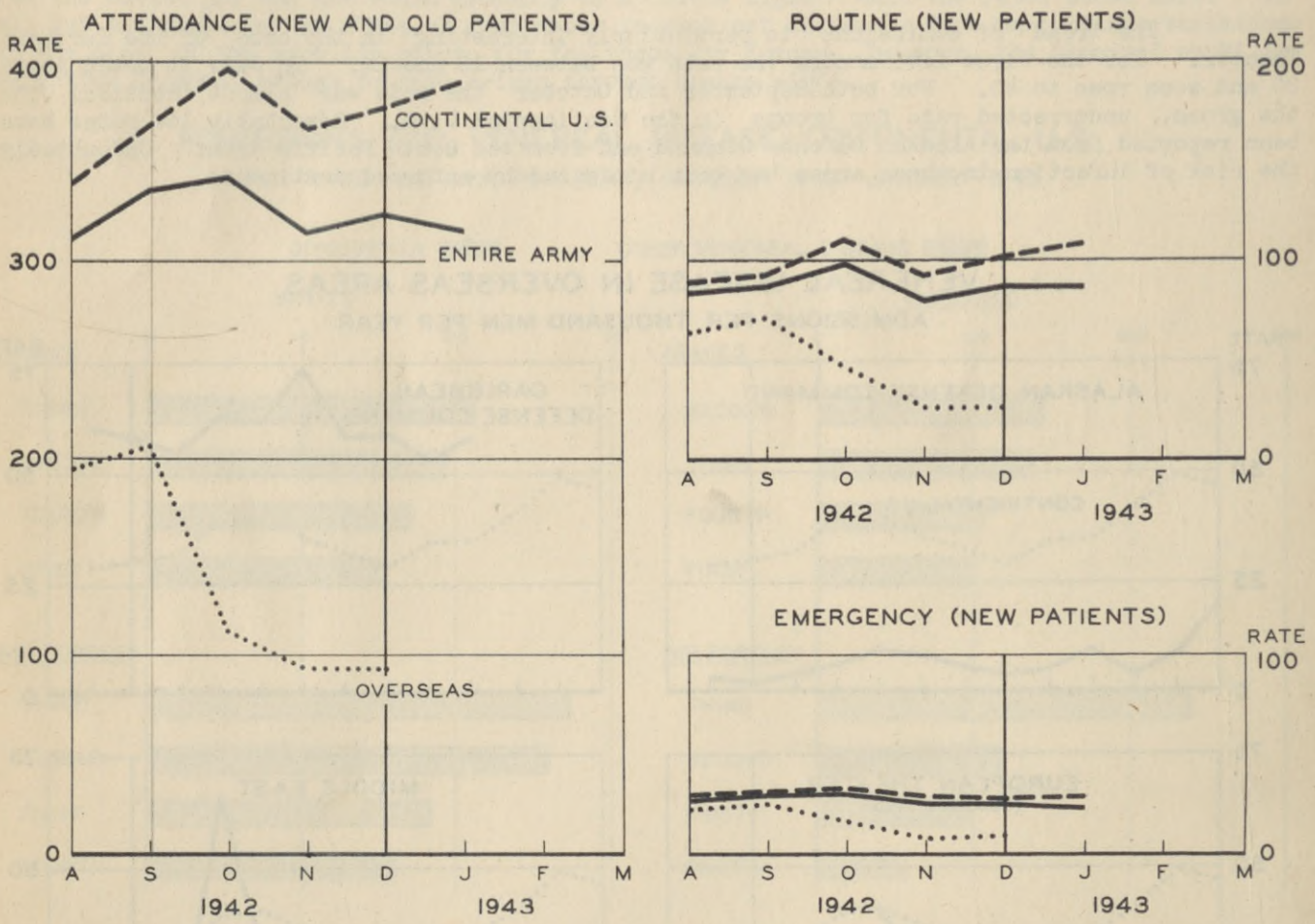
The trend of admissions is particularly interesting in the case of the European Theater. For the first five months the rate was between 10 and 20. In July it moved above 20 and soon rose to 40. For both September and October the rate was almost identical with the gross, uncorrected rate for troops in the Continental U. S. Remarkably low rates have been reported from the Alaskan Defense Command and from the South Pacific Area. Undoubtedly the risk of infection in these areas has been minimized by enforced continence.



DENTAL ADMISSIONS AND TREATMENTS

Admission rates for dental care continue at a high level in the Continental U. S. and remain satisfactorily low for troops overseas. For the entire Army, about one man in three is in dental attendance (whether a new or old patient) each month. The need for dental service among troops overseas has dropped from its early high level because of the improved dental health of men sent out of the United States. This has resulted from the greater availability of officers, equipment, and supplies to replacement training centers.

DENTAL ADMISSIONS AND ATTENDANCE PER 1,000 MEN PER MONTH



The following table shows the upward trend of three of the more important types of dental treatment. For restoration, extraction, and construction of dentures the rates have risen steadily throughout 1942 for troops stationed in the Continental U. S. Like the general admission rates, however, the rates for these treatments among overseas troops have declined from the high points of early 1942.

DENTAL TREATMENTS PER THOUSAND MEN PER MONTH, CONTINENTAL U.S. AND OVERSEAS

Month and Year	Restorations			Extractions			Dentures		
	Total Army	U.S.	Over-seas	Total Army	U.S.	Over-seas	Total Army	U.S.	Over-seas
Jan 1942	161	164	137	54	56	41	1.9	2.0	1.5
Jun 1942	170	194	46	74	82	30	2.5	2.7	1.0
Dec 1942	233	279	49	101	122	13	6.0	7.2	1.1
Jan 1943	252	315	*	94	120	*	6.6	8.3	*

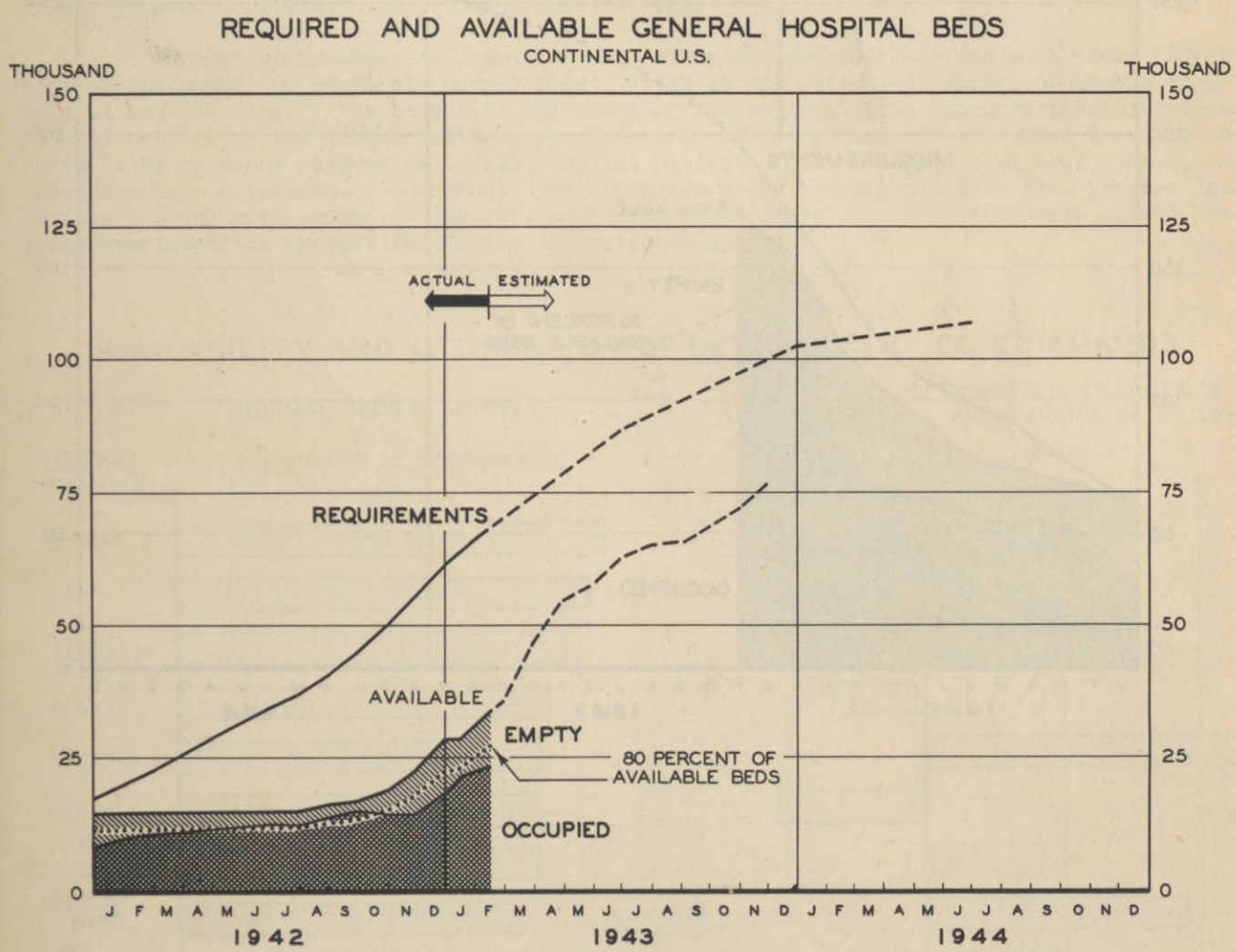
* Incomplete

UTILIZATION OF AND REQUIREMENTS FOR BEDS IN GENERAL HOSPITALS

The requirements for beds in general hospitals are calculated at 1 percent of all troops in the Continental U. S. plus 1.7 percent of all troops overseas. The estimated needs for the period January 1942 to June 1944, are shown in the chart below. The line of projected availability reflects construction in progress, and will be revised as new sites are selected and construction begun.

Since the Army enjoyed excellent health during 1942, and since overseas action requiring evacuation of patients was minimal, no penalty attached to the failure to meet the calculated requirements. The number of occupied beds is shown by the bottom solid line. The broken line close to it represents the limit of normal utilization without overcrowding, since at any one time about 20 percent of the normal beds cannot be used because they are located in the "wrong" wards. When more than 80 percent of the beds are occupied, it indicates that emergency beds have been crowded into corridors and solaria, or that patients have been placed in expansion barracks.

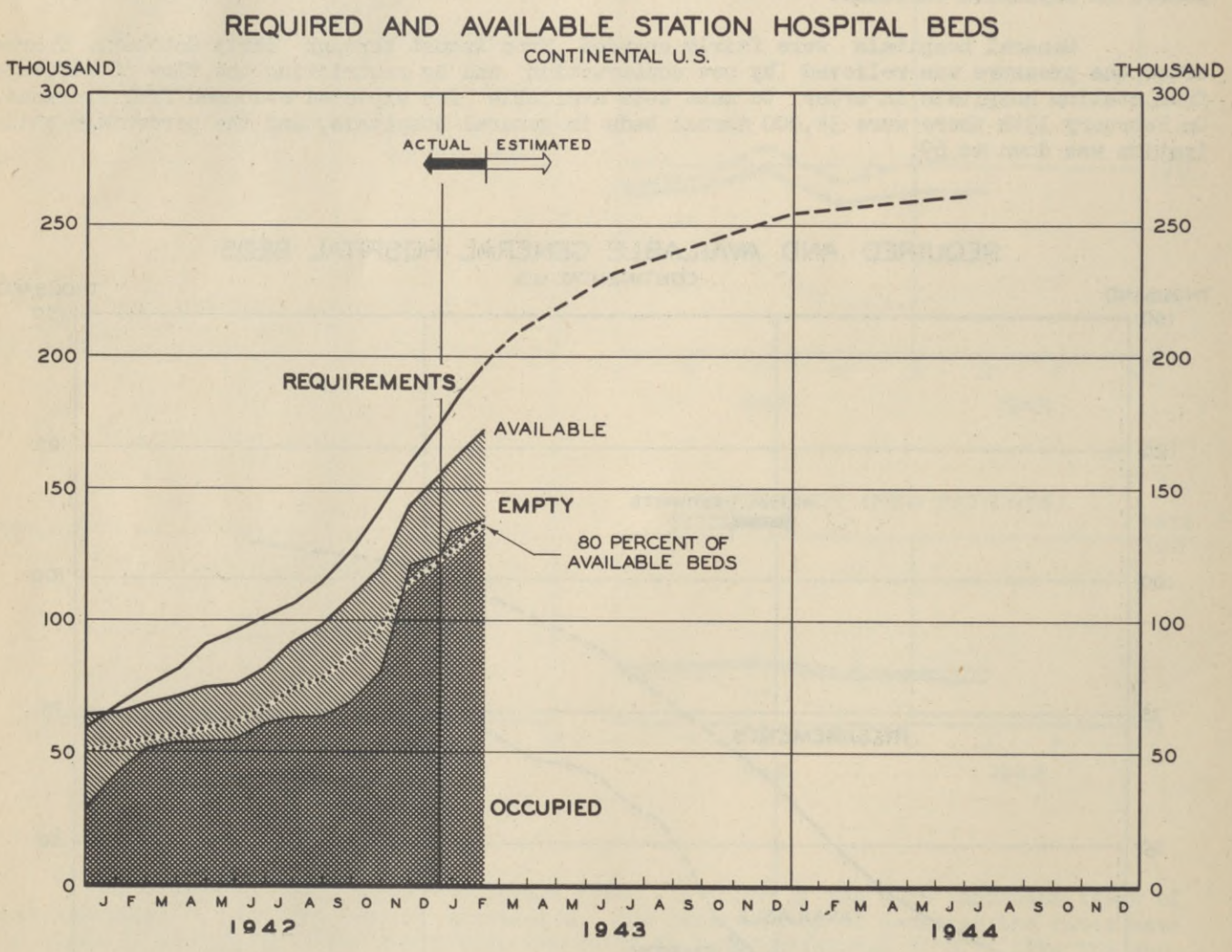
General hospitals were fairly crowded from August through early October. Thereafter the pressure was relieved by new construction and by restricting the flow of patients from station hospitals in order to make beds available for expected evacuees from overseas. On February 13th there were 34,000 normal beds in general hospitals, and the percentage utilization was down to 69.



UTILIZATION OF AND REQUIREMENTS FOR BEDS IN STATION HOSPITALS

The requirements for beds in station hospitals in the Continental U. S. are calculated on the basis of 4 percent 1/ of the strength of the troops to be stationed here. The uppermost line on the chart below gives the estimated need for beds in station hospitals from January 1942 to June 1944. The other lines show the number of occupied beds, the total number of available beds, and 80 percent of the total number of available beds (to indicate average utilization without overcrowding).

On February 13 about 90 percent of the calculated requirement of 195,000 normal beds was actually available. Total figures of this kind, however, conceal local shortages caused by delayed construction, by lack of supplies, or by moving troops into areas before hospitalization has been provided.



1/ For the months from December 1942 through March 1943, an additional one percent has been authorized. This increment is to be obtained by utilizing barrack capacity, and only in exceptional cases by constructing new wards. It is not, therefore, regarded as an increase in normal bed capacity.

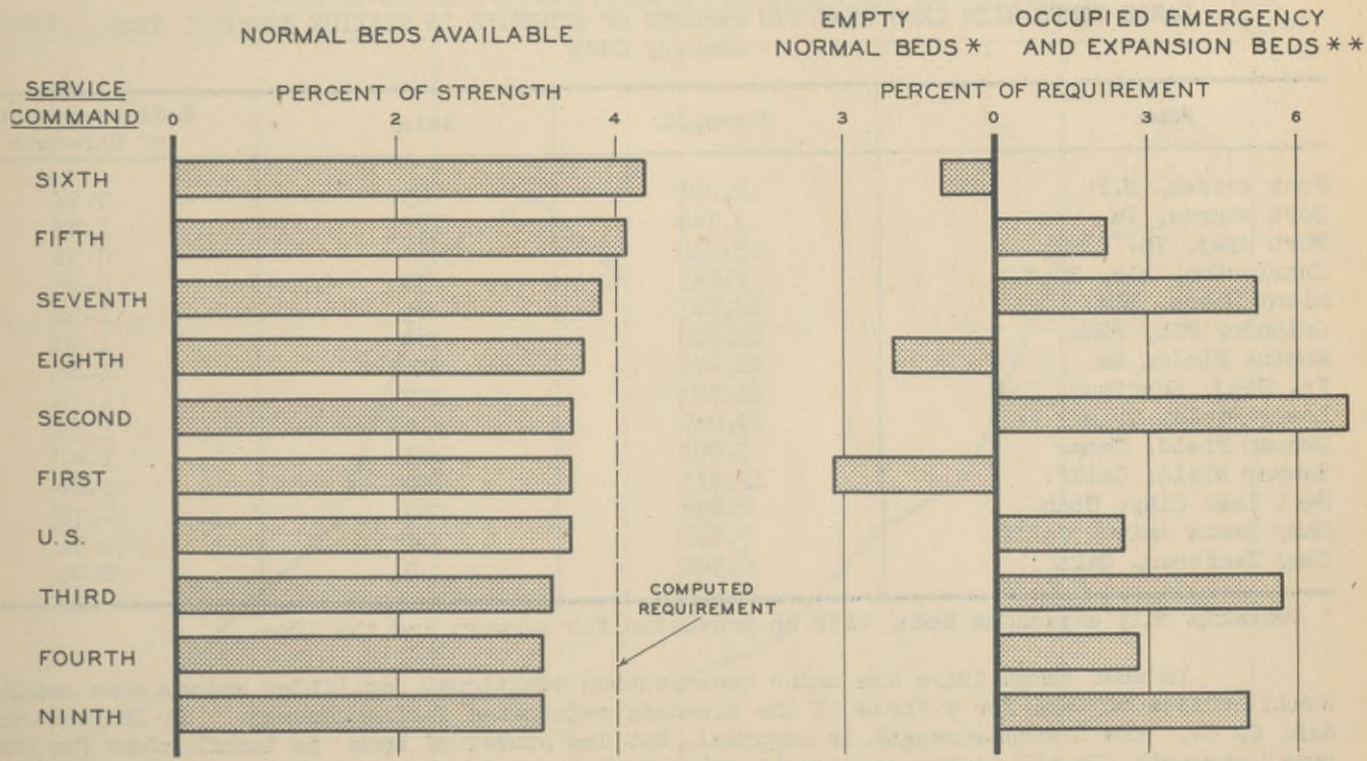
ADEQUACY OF STATION HOSPITAL FACILITIES IN EACH SERVICE COMMAND

At the end of January the number of normal beds in station hospitals constituted 3.6 percent of the troop strength in the Continental U. S. There was considerable variation in the percentage for each service command, however. Only the 5th and 6th Service Commands had more than their calculated share under this program, and the 4th and 9th had only 83 percent of the calculated requirement. Fortunately, the need for hospitalization this winter has not risen to the level at which a well-planned program must be reckoned.

The left-hand panel of the chart reveals the extent to which the number of normal beds in station hospitals exceeded or fell below four percent of the troops in each service command. The right-hand panel provides an approximate measure of the overcrowding which characterized the station hospitals in each service command. Blocks to the left of the vertical line show that, even with an allowance of 20 percent for dispersion, a few normal beds were unoccupied in three service commands, the number being expressed as a percentage of the calculated bed requirement. One of them, the 6th, already had more than the calculated requirement for beds in station hospitals. However, its excess of 0.28 percent of strength so overbalanced the number of unoccupied normal beds as to make it plain that the need of the 6th Service Command, even during a moderately healthful winter season, exceeds the average employed for planning purposes. Similarly, the fact that the 5th Service Command was using emergency and expansion beds, despite having the equivalent of 4.1 percent of its strength in normal beds, testifies to the variation among service commands with respect to their need for hospital facilities. Analysis of the period April 1941, to January 1943, shows the 7th and 8th Corps Areas, and the 5th, 6th, 7th, and 8th Service Commands, to have been above average in the percent of strength reported as hospitalized.

In most of the Service Commands the number of occupied beds was well above 80 percent of the number of available normal beds, which is the estimated number of usable normal beds at any one time. The blocks to the right of the vertical line measure this difference as a percentage of the calculated bed requirement. Overcrowding of the degree shown in the chart is by no means excessive. All hospital patients have had good care this winter, and there has been a reserve of emergency and expansion beds which could have been pressed into service had the need arisen. However, a widespread epidemic of, say, influenza, would have badly overtaxed the present facilities of station hospitals.

AVAILABILITY AND UTILIZATION OF BEDS IN SERVICE COMMANDS



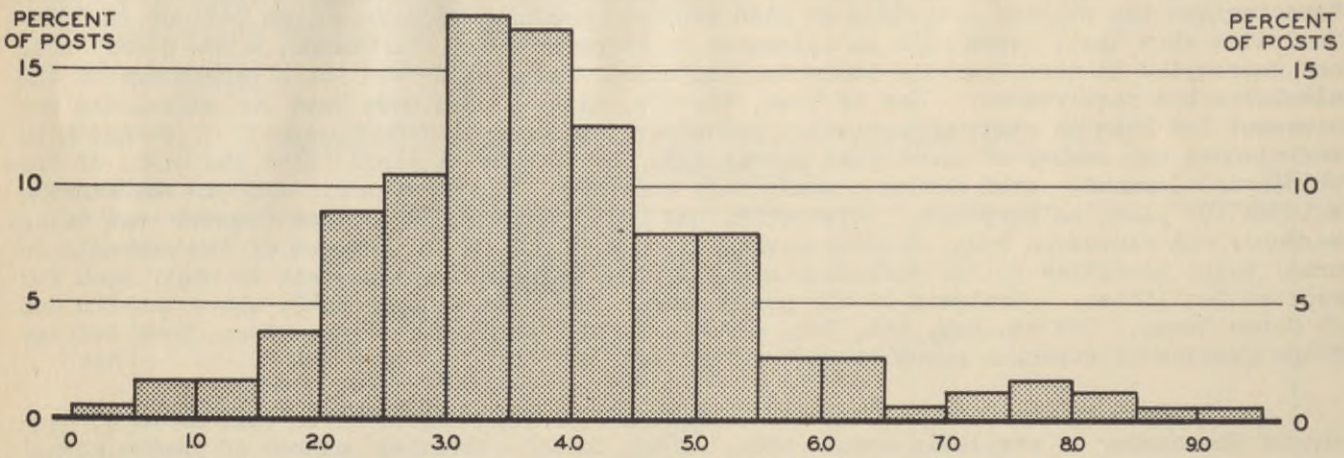
* 80 percent of available normal beds less total number of occupied beds.
** Total number of occupied beds less 80 percent of available normal beds.

ADEQUACY OF STATION HOSPITAL FACILITIES AT INDIVIDUAL CAMPS AND STATIONS

Not only was the total number of normal beds in all station hospitals in the Continental U. S. on January 30, 1943, well below the calculated requirement of four percent of strength, but in almost 30 percent of the individual camps having a strength of 5,000 or more the figure was below three percent. The following chart gives the percentage distribution of 190 posts, camps, and stations, according to the number of beds expressed as a percent of strength.

DISTRIBUTION OF LARGER POSTS BY NUMBER OF BEDS

JANUARY, 1943



An apparent excess of beds, represented by the right-hand tail of the distribution, would be expected from a policy of providing hospital facilities prior to building up the full strength of any post. The left-hand tail, however, indicates the prevalence of camps in which there were far more troops than there were hospital facilities to care for them. Fifty one, or 27 percent, of the camps had the equivalent of less than three percent of strength in beds, and fourteen, or 7 percent, had less than two percent. The latter group is given in the following table.

LARGE CAMPS WITH LESS THAN TWO PERCENT OF STRENGTH IN STATION HOSPITAL BEDS
January 1943

Name	Strength	Beds	Beds as Percent of Strength
Fort Totten, N.Y.	12,022	85	0.71
Fort Monroe, Va.	9,748	163	1.67
Fort Myer, Va.	13,018	67	0.51
Charleston, AAB, S. C.	7,645	50	0.65
Miami Beach, Fla.	60,827	1,163	1.91
Orlando, FCS, Fla.	14,376	284	1.98
Robins Field, Ga.	11,473	216	1.88
Ft. Benj. Harrison, Ind.	13,793	179	1.30
Lowry Field, Colo.	19,860	375	1.89
Duncan Field, Texas	7,003	103	1.47
Hammer Field, Calif.	12,073	150	1.24
Salt Lake City, Utah	8,858	152	1.72
Camp Santa Anita, Calif.	7,087	107*	1.51
Camp Tanforan, Calif.	6,500	0	0.00

* Probably only expansion beds, with no provision for surgery and the like.

In most camps there are under construction additional facilities which, when ready, would suffice to care for a force of the strength maintained during January. In Charleston, AAB, S. C., the listed strength is atypical, but the number of beds is insufficient for the usual strength. In all instances investigation is being made to assess the need for additional facilities in relation to the probable strength of the post, and to meet it by new construction or by other means. In no case has there been a need for hospitalization which has not been met by the best means available, e.g. use of civilian hospitals or of facilities at neighboring camps, in the event that the post itself lacked the necessary beds.

EVACUATION OF PATIENTS FROM OVERSEAS

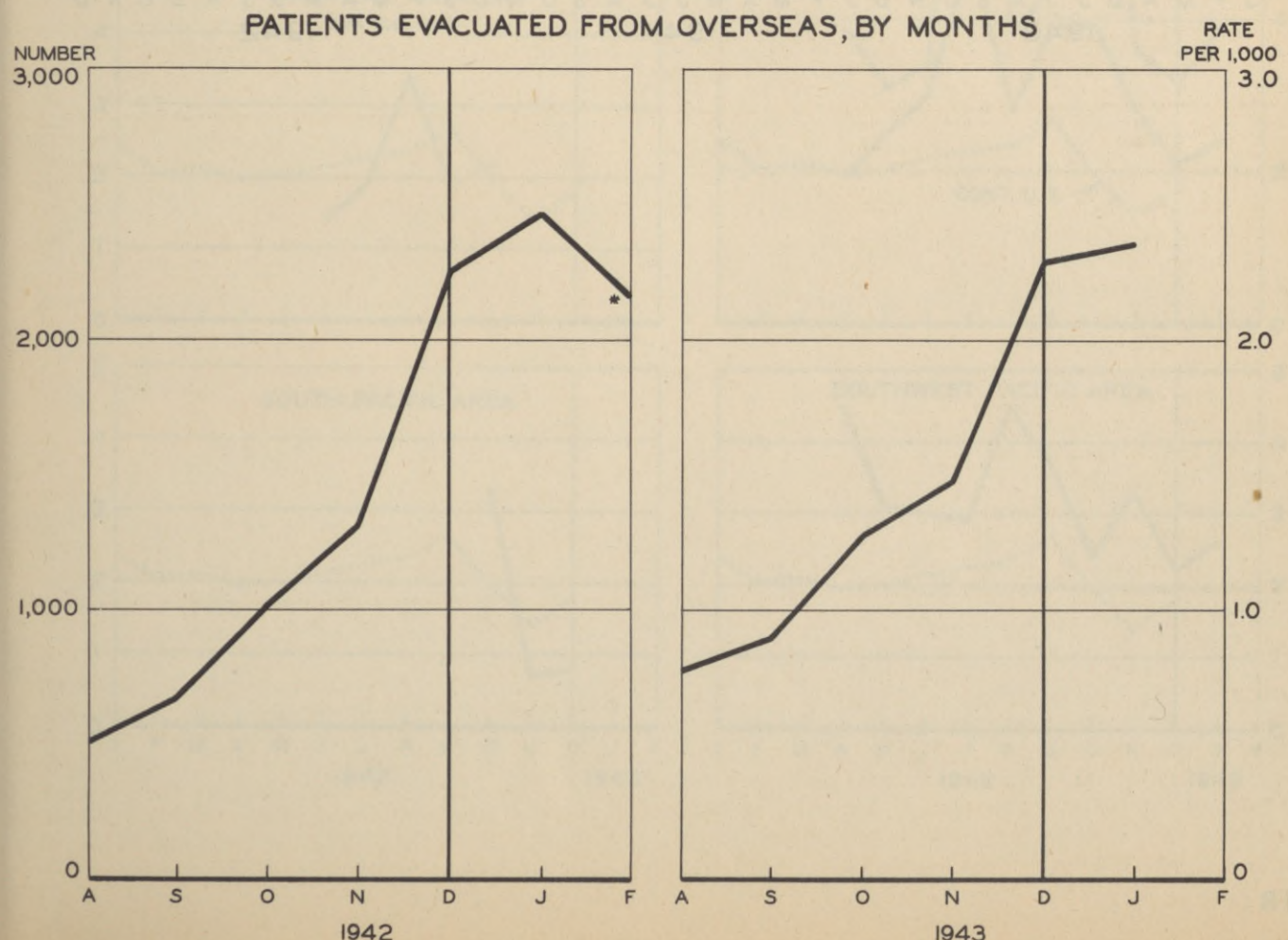
In recent months the number of evacuees from overseas has risen rapidly, most of the patients having arrived at San Francisco. The following table shows the number of patients received at each port from August, 1942, through February, 1943. The figures for February are incomplete.

NUMBER OF PATIENTS ARRIVING IN U.S. PORTS FROM OVERSEAS, BY PORT OF ARRIVAL

Port	1942					1943	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb*
Baltimore	-	-	-	-	38	-	22
Boston	14	-	170	82	895	66	104
Charleston	-	-	-	-	10	-	-
Hampton Roads	68	14	5	348	3	12	3
Los Angeles	18	8	15	24	3	9	184
New Orleans	-	-	340	20	95	179	31
New York	29	209	40	377	336	426	234
San Francisco	236	329	293	354	561	1,462	1,406
Seattle	97	103	156	106	246	212	169
Tampa	53	-	-	-	-	-	-
Air Evacuation, Transport Command	-	-	-	-	66	104	-
Total	515	663	1,019	1,311	2,253	2,470	2,153
Cumulative Total	515	1,178	2,197	3,508	5,761	8,231	10,384

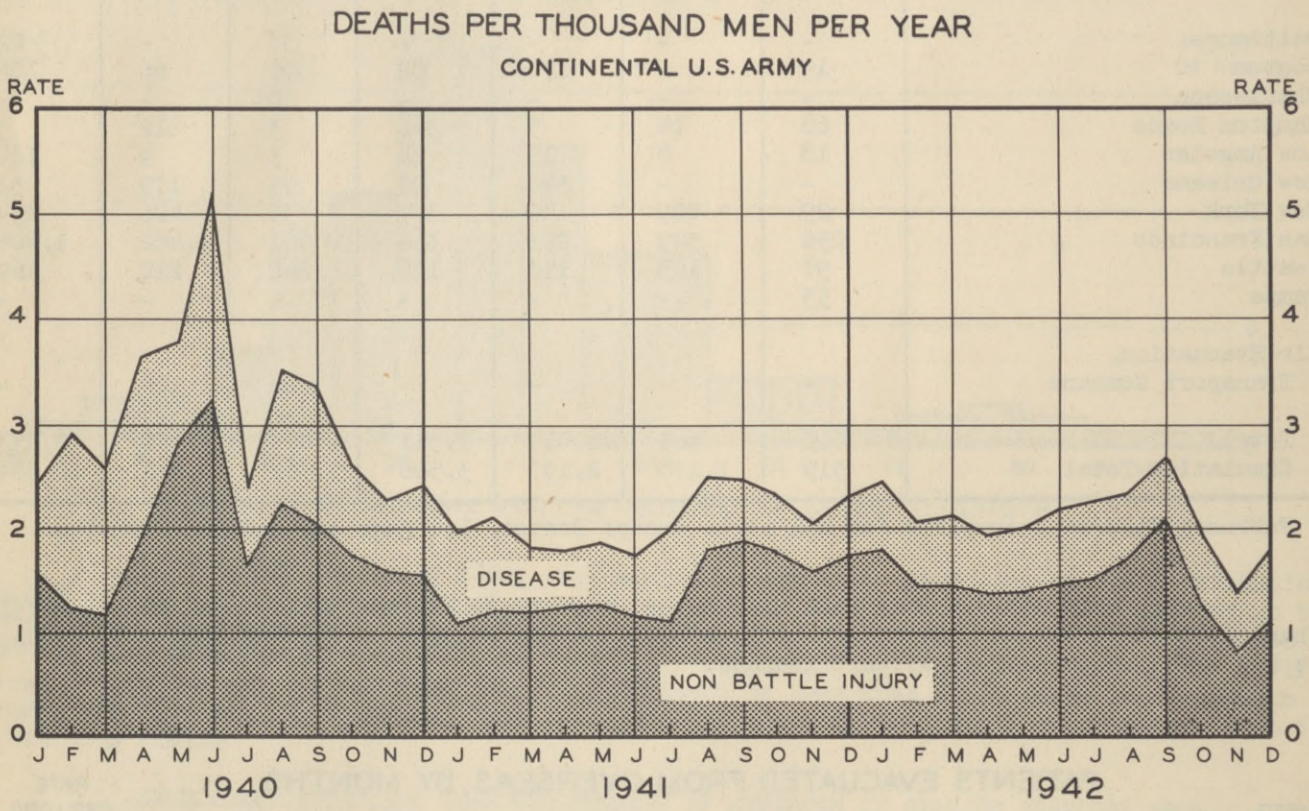
* February figures incomplete for all ports except Boston, Los Angeles, and San Francisco.

The chart below shows that the number of evacuees has increased much more rapidly than the total overseas strength. From less than one per thousand average strength in August, it has now almost reached 2.5 per thousand.



DEATHS FROM NON-BATTLE CAUSES

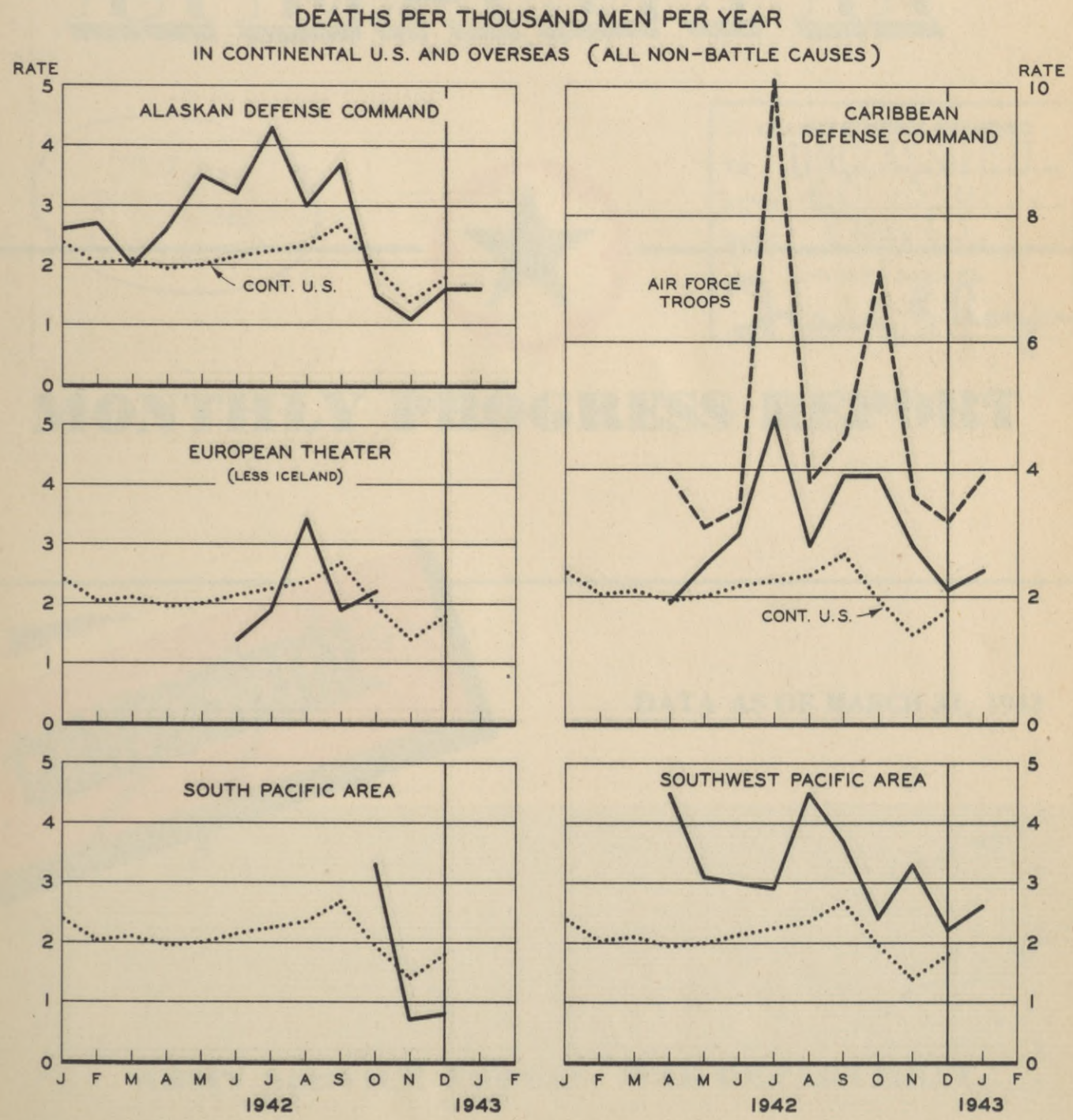
For December the death rate for troops in the Continental U. S. advanced to 1.79 deaths per 1,000 men per year, after having fallen to the extremely low level of 1.40 for the month of November. The death rate for injury rose from 0.57 to 0.71 and that for disease increased from 0.83 to 1.08. The accompanying chart covers the period from January, 1940 through December, 1942.



DEATHS FROM NON-BATTLE CAUSES (Continued)

In the five areas with sufficient experience to justify comparison, the average death rate (from non-battle causes) has tended to be at least as high as the rate for the Continental U. S. About the most favorable rates in the chart below are those for the European Theater, for they have been lower than those for the Continental U. S. in each month except August. For the last three months of 1942 the mortality experience has also been excellent in the Alaskan Defense Command, there having been a marked diminution in deaths caused by non-battle injuries.

The high rates for the Caribbean are in large part attributable to the experience of its Air Force troops, the rates for which are also plotted in the panel for the Caribbean. These rates, in turn, stem largely from deaths caused by injuries. For the nine months ending December 31, 1942, the death rate from injuries averaged 4.4 for its Air Force troops and 2.5 for all other forces included in the consolidation.



MORTALITY

DEATHS FROM BATTLE CAUSES

Since the Philippine campaign, the average death rates from battle causes have been very low for the U. S. Army as a whole. In three theaters, however, the rates have now arrived at a level which makes their reporting desirable. In North Africa the December rate of 2.7 was about twice the rate for all non-battle causes. In the South Pacific Area the rates of 15.1 and 18.4 for November and December were many times those for non-battle causes. In the Southwest Pacific Area the rates of 45.2 and 28.7 for December and January were also many times the corresponding rates for non-battle causes. For 1918 the AEF experienced a rate of 13.1 deaths per 1,000 men.