

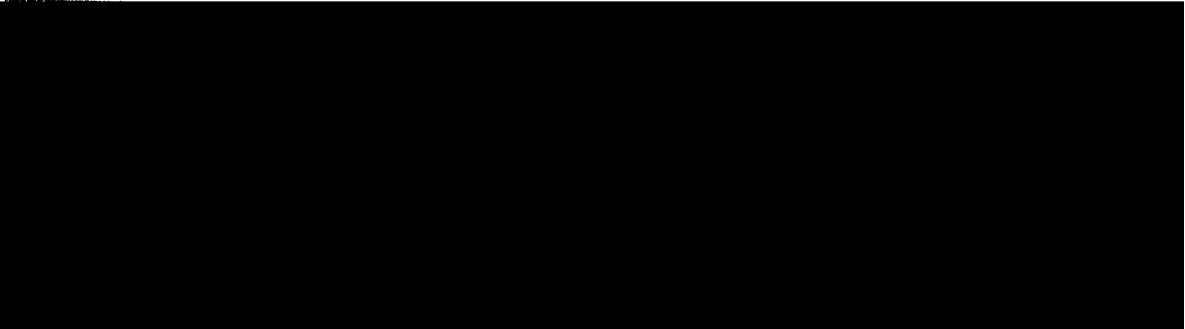
INFORMATION REPORT

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In addition to the clinics attached to university medical faculties, two types of hospitals are to exist at the completion of the current reorganization: district hospitals (okresni nemocnice) and regional hospitals (oblastni nemocnice). (1) These hospitals, which are subject to the administration of the Public Health Office (zdravotni oddeleni) of their appropriate District or County National Committee and are located wherever such National Committees are established, consist of the following sections: (2)

- a. District Hospitals: surgery  
internal diseases  
gynecology and obstetrics  
pediatrics
- b. Regional Hospitals: surgery  
internal diseases  
gynecology and obstetrics  
pediatrics  
ophthalmology  
otology  
x-ray  
dermatology  
infectious diseases  
neurology  
psychopathology

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2. It is intended to establish Health Centers (zdravotni stredisko), some of which are already in operation, directed by a medical manager who is to be an accredited physician and an administrative manager elected from among the ranks of the non-medical personnel. These Health Centers will be formed by amalgamating the functions of the medical consulting offices of the National Insurance Offices, the Institutes of National Health (Ustav narodniho zdravi) and the appropriate hospital, district or regional as the case may be. (3) The Health Centers may also have branch consulting offices outside of the hospitals. The National Insurance consulting offices may be abolished, their functions being transferred to hospital departments.

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3. All hospital wards, especially those for internal diseases, are currently overcrowded. There is a variety of reasons for this condition, among which is the fact that the general practitioners are overburdened with patients and are therefore prone to send ambulatory cases to the hospital to lighten their own load, and that many people attempt to become admitted to the hospital in order to obtain a legal excuse for absenteeism from work. One of the major causes, however, is that there are insufficient institutions for the incurably diseased and the aged. Such patients who have no one to care for them have therefore glutted hospital wards, internal disease wards particularly. Many patients who have a justifiable claim to hospital admittance must be turned away.
4. Most physicians still maintain a private consulting practice, although a small minority have given up private practice and entered a physicians' cooperative. Privately practicing physicians are paid for their services only in accordance with the number of National Insurance certificates received from patients in the quarter for which they are valid. The doctor is furthermore paid only for one visit even though the patient requires further treatment. (4) A physician's traveling expenses when treating bedridden patients in their homes are also met through standardized, lump sum allowances, regardless of the number of home calls the physician may be required to make.
5. Physicians, all of whom are required to keep the number of patients unable to work at an absolute minimum and to prescribe the cheapest and smallest quantity of drugs possible, also act as factory doctors for about two hours each morning. (5) In the latter part of the morning each physician holds his private consultations, seeing an average of 70 patients. During the hours from noon to 8 P.M. the doctor visits bedridden patients at home, contributes several hours working for a dispensary or public consulting office performing public health inspections, and again holds private consultation for an average of 70 more patients. After 8 P.M. he makes evening house calls. (6) In addition to these normal duties, each physician is also liable to emergency call, which also includes any surgical stitching required after delivery since midwives may not perform surgery in any form. (7)
6. Any general practitioner can be employed as a factory doctor, for which he receives 1,500 Kcs monthly for about 6 hours a week's attendance at the plant. A factory doctor is expected to perform two medical functions: preventive and curative. His preventive activities are the more heavily stressed by the regime and consist of supervision of health conditions in the plant, hygiene and research on the materials with which the workers must come in contact in order to determine and eliminate or otherwise neutralize harmful characteristics. This duty suffers because his time largely consumed by his curative function. The factory doctor's curative activity is concerned with keeping the workers from visiting a doctor of their own choice in order to keep absenteeism at the lowest possible level. (8) Plant medicines are purchased collectively through the District National Insurance Offices.
7. Chief hospital physicians, the so-called Primarius who are generally the older physicians in the hospital and, in addition to the hospital director, are those in charge of departments and sections, receive a salary of about 13,000 Kcs to 14,000 Kcs monthly. (9) Assistant hospital physicians, the so-called Secundarius, received a gross salary of 5,000 Kcs monthly plus bonuses for specialized or extra work prior to July 1950. (10) When the 500 Kcs physicians' salary raise was introduced in July, however, all bonus pay was abolished. This actually had the effect of a salary cut since most hospital assistant physicians now earn less than before the raise. A second raise of 500 Kcs for the assistant physician depends upon the recommendation of his chief physician.

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8. Full and exclusive specialization is permitted, only in key fields such as pediatrics, eye, nose and throat, gynecology and nerve diseases, which fields are considered medical bottlenecks. (11) Permission to specialize requires an application submitted to the Ministry of Health plus the recommendation of the Employees' Council, the hospital trade union group comparable to the Factory Workers' Councils. In practice such permission is granted only to politically reliable applicants. (12) Except for surgeons, gynecologists and internal disease specialists, who must have two years of hospital work, the successful applicant is not required to fulfill the full hospital internship requirements demanded of the potential general practitioner. (13)
9. There are still many very capable Czech and German nuns doing hospital nursing, although their numbers are inadequate, but they are to be replaced by civilian nurses. (14) Expulsion of German nuns is again under consideration despite a lack of nurses in some areas and a shortage of really skilled nurses almost everywhere. However, it is anticipated that should that be done those with special qualifications such as operative nurses will nevertheless be retained. The present civilian nurses, who are generally unskilled because of too short and rapid a training course, are selected from the domestic servant class and given six months' ward training. This sort of training reflects itself in many ways, but especially in the new-born infant mortality rate, particularly among premature infants. Furthermore, the ill-trained civilian nurses have been the cause of new-born infant injuries and infections, in many cases, due to ignorance and poor hygienic habits in the nursery.

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- (1) [REDACTED] Comment: Except for emergency cases, patients are admitted to hospitals only after consulting a physician and receiving his recommendation for hospitalization. The university clinics are at Charles University in Prague, which also has branches at Pilsen and Hradec Kralove, at Brno University and at the university in Bratislava. At present there are also several other types of hospitals not mentioned here or in the text, but they are merely of a transitional nature and are ultimately to be abolished.

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- (2) [REDACTED] Comment: The Public Health Office, which is one of those organs of the National Committees authorized to perform the myriad functions allocated to the National Committees, is ultimately subordinated to the Ministry of Health in medical matters, but in matters of personnel the Public Health Office is responsible to the Ministry of Interior.

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[REDACTED] Comments:

- (3) The Institutes of National Health consulting offices for pregnant women, children, tuberculars and venereal diseases, which offices are now established in the district and regional hospitals, may be expanded, [REDACTED] to include sections for dipsomania, hormone disorders and cardiology. [REDACTED] Comment: It is unclear what the present relationship is between the functions of the consulting offices of the National Insurance Offices, which is a public sickness insurance institution, membership in which is now believed to be obligatory, and the consulting offices of the Institutes of National Health, a public health institution. Both are apparently under the jurisdiction of the Public Health Offices, and it is believed that the Institutes of National Health consulting offices are fundamentally concerned with social work and problems in their medical implications, whereas the National Insurance Offices' consulting offices concentrate on diseases of a non-social nature. It might be noted that the National Insurance Offices were formerly called the Sickness Insurance Offices, by which title they are still often popularly designated.)

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(U) A recent general order (prior to March 1951) required all physicians as well as all the nurses to work in surgery wards for at least two months in order to familiarize themselves with the treatment of abdominal wounds and fractures. 25X1X  
[REDACTED] the main purpose of this measure is to create as large a group of medical personnel as possible capable of treating war casualties. Furthermore, all physicians were required to attend blood transfusion courses prior to April 1951.

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