

Jl. 615

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c

*Will you please sound out
Dr. Kamega. He seems to
be the key to the solution.*

April 30, 1943
9 A.M.

HOSPITAL COMMITTEE MEETING

Chairman: Franklyn Sugiyama

Representatives:

1. Mr. Tanaka, Business Manager Hospital
2. Mr. Kawasaki, Issei Advisory Board, Poston I
3. Tom Sakai, Block Manager, Poston I
4. John Nakamura, Poston II
5. Frank Kawai, Executive Board, Poston I
6. Mr. Shimotsuka, Poston II
7. George Kurata, Council Public Relations, Poston I
8. Mr. Ohtani, Poston III
9. Jimmy Takashima, Poston III
10. Franklyn Sugiyama, Chairman, Council I
11. Dr. Mizushima, Issei Advisory Board, Poston I
12. Mr. Kushiya, Issei Advisory Board, Poston I

Purpose: How can the people help maintain the hospital services and facilities.

If any doctors leave, home calls will probably be eliminated. If there is a real necessity for home calls, there is a possibility of placing nurses in every quad. One of the main reasons why doctors are overworked is because of many unnecessary calls. Up to the present, the hospital and the people have been more or less at a distance because the people have not understood the problems of the hospital. It is recommended that in the future, more meetings as last night's joint meeting with the doctors be held. Also this committee will help the hospital staff in helping to solve many of their problems as lack of equipment, obtaining workers, etc.

A program will be pushed to get more nurse's aides for classes starting July 1. The best method is to educate the people of the work of the hospital. It might be very well to have interesting talks or movies on public health. All positions such as orderlies, nurse's aides should be made more attractive.

Recommendations:

1. No home calls to blocks without the authorization from the Block Managers. No telephone calls to doctors except through Block Managers and Assistants except in case of accidents.

2. A first aid dispensary with a pharmacist or other capable person to take care of rashes, insect bites, and other light cases. This to be located if possible, at a central locale. This will probably eliminate 50% of clinical cases.
3. Quarters must be provided for nurses, nurse's aides, and orderlies so that they may not have to travel long distances.

Possibilities:

- a. Moving out two barracks in section 6 or Block 32.
 - b. Using the Community Enterprises and the Red Cross buildings.
 - c. Ward 7 in the hospital.
4. A program for exchange of doctors for short periods of time with the doctors in the five Indian Agencies. This should be done to give the doctors much needed rest and change.
 5. Will ask Mr. Head to talk to these doctors again to persuade them to remain here in Poston.

Next meeting: Tuesday morning 9 A.M., May 4, 1943.

10

Hospital Committee Meeting
Conference Room 2:00 P.M.
Sept. 8, 1943

Present were members of the Hospital Committee of Unit's I, II, III, and Mr. Tanaka.

Mr. Tanaka discussed the following points.

I. Optometry Department:

Up to the present a small charge has been made for breakage and other expenses but because there was very little breakage, a fund of about \$500 was built up. Mr. Empie states that the fund cannot be kept under the Optometry division, because they used W.R.A. equipment and personel but that it belongs to the government. Either that, or that the Optometry department to be under the Community Enterprise which will greatly increase the charges for glasses.

Solution:

1. Appeal to Mr. Head that \$500 be kept for breakage charge but that this amount will not be increased in the future.
2. The Optometry Department will give full services except for the handling of money. This part will be taken care of by the Community Enterprise. If this were done the individual will be charged just as in the past. This matter will be referred to the Community Council meeting which will be held on Sept. 18, 1943

II. Barracks for the Nurse's Aid

Two barracks are necessary to accommodate the number of nurses aides who will start a new class in the near future. As the matter has already been referred to Mr Head several weeks ago, a memo to remind him will be sent to him in the next few days.

III. Employment: Segregation and Outside Employment.

The hospital will lost at least 15 workers so that matter will be referred to the Labor Relation Board.

IV. White shirts will be bought for the funeral Director (15x32)

V. Ear, Eye, Nose Specilist:

At present Doctor Murakami is doing this type of work, however he feels there should be a specialist to take over his work. The Commu nty Council will refer this matter to Mr. Head immediately. He will try to get Docotors from other cen- ters or the outside.

VI. Teeth (false teeth) Dental Department.

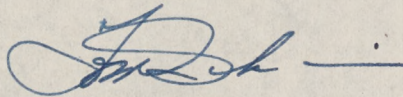
At present the department is not will- ing to make teeth etc, for various re- asons:

1. Too busy to handle the work.
2. In case it does not fit, the people will complain.

VII. Mrs. Kinyo Yanamoto (Midwife)

A As she is a registered midwife, the difference of her pay will be paid to her so it will be the same as the rest of the registered nurses.

The meeting was adjourned.

A handwritten signature in blue ink, appearing to be "J. H. ...", followed by a horizontal line.

MINUTES OF MEETING
DIVISION OF SANITATION
August 24, 1943
Ward Seven

A meeting of the Division of Sanitation of Camps I, II, and III was held on August 24, 1943 for the purpose of determining how the Sanitation Division is working within the three Units, the standardizing of some of the inspecting procedures, and also to get ideas and recommendations from the three Units so that all would mutually benefit from each other.

Discussions were held on the following subjects as outlined below:

1. FOOD AND CONDEMNATION OF FOOD. Mr. Shintaku of Camp II was asked to explain the procedure of condemnation in his Camp. He explained that if the amount of spoilage is small, the food is condemned outright. In the case of large amount of spoilages, the Steward Department is contacted before the food is condemned. He also stated that whenever a kitchen reports a supply of spoiled food, that kitchen is visited to determine the amount of spoilage and to work out the necessary procedure for condemnation.

Mr. Nishimoto stated that the inspection of food in Camp I was left up to Mr. Ed. Takahashi in the Subsistence Department with periodic inspection of the same food made by the Division of Sanitation. So far this procedure has proven to be entirely satisfactory in Camp I. It was also brought to the attention of the group that the Tovrea Meat Company, from whom the regular supply of meat was being received, had informed Mr. Snelson that no more meat would be made available to them, thereby making it necessary for the residents to depend much more on the Poston slaughtered hogs in the future. Because of transportation difficulties, it is exceedingly hard to get fresh produce in a satisfactory condition. Therefore, undue condemnation of food would work many hardships on the people of Poston.

2. MESS HALLS. Mr. Frank Takahashi of Camp III stated that the table tops in the mess halls in Camp III were badly in need of varnish. He stated that many of the blocks were buying their own varnish from their block fund, but he did not think this fair to them since the varnishing of the table tops is necessary to preserve the masonite. Camp II stated that they had obtained both varnish and brushes from the Subsistence Department in Camp II to varnish their table tops. Mr. Nishimoto stated that he would look into the matter and obtain the varnish from the Construction Department as soon as possible.

It was brought to the attention of the group that the scullery boards in the kitchens should also be kept as clean as possible with either varnish, paint, or replacements.

Mr. Nishimoto explained to the group the necessity of

having dish rinsing racks in the kitchens. Many complaints have been coming into this Office about the unsanitary conditions existing in the washing of dishes. The unsanitary conditions are such that in some blocks in Camp III the residents bring their own eating utensils to the mess halls. Mr. Nishimoto stated that he had contemplated making the racks out of wood, but as no lumber is available, he was assured of obtaining about 15,000 ft. of wire which would serve the purpose just as well. A sample rack was shown to the group, and they were told to make out a requisition for the amount of wire needed for their respective Camps. Three to four racks per kitchen was thought to be sufficient in each of the Camps. After the dishes are washed in soap, they are to be put into these racks and dipped into very hot water from about 1 to 1½ minute, thereby, killing all germs and bacteria which might be present on the dishes. As many of the kitchens were rather reluctant to take the initiative in making these racks, it was brought to the attention of the Block Managers at a recent meeting the potential dangers involved from the standpoint of a health problem the present system of washing dishes. The dish rinsing racks were approved by the Block Managers and assurance was given for the full support in making these racks in the blocks of Camp I. Mr. Nishimoto stated that if the other two Camps could have the matter brought to the attention of the Block Managers, they would undoubtedly get their support also and work could be started on these racks immediately.

3. **INSIDE FAUCETS AND SINKS IN THE BARRACKS.** Mr. Nishimoto proposed the mimeographing of certain rules and regulations pertaining to the inside faucets and sinks within the barracks, which are to be distributed to all residents having such facilities. The rules and regulations were read to the group, and after much discussion it was decided to issue the mimeographed sheet to the residents.

4. **Industry Projects Within Camps.** Camp III reported that the Industry Projects were not quite up to the sanitary standards set forth, but at the present time the workers are all taking physical examinations and he believed that in due time they would come up to the required standards as set forth. Camp II and I reported that their projects were up to standard.

5. **BLOCK SANITATION SURVEY.** In making the block surveys Camp III goes according to the A, B, C method, whereas the other two camps go by the percentage system. It was decided to have a uniform system in all of the three camps according to the percentage method.

6. **ORDINANCE PROHIBITING THE RAISING OF LIVESTOCK.** A request to the two Camps to contact their Community Council and have an ordinance issued prohibiting the raising of chickens and livestock within the blocks in the Camps was made by Mr. Nishimoto. Camp III reported that such an ordinance had already been passed in that Camp.

7. **LAUNDRY ROOMS.** The unsanitary conditions existing in

the laundry rooms were brought to the attention of the group. It was suggested that the residents be informed to clean the tubs after using them, since the floors, walls, etc., are usually cleaned by the janitors assigned to the blocks. Mr. Nishimoto suggested that all except about two of the mouth of the faucets in the latrines be filed to extract all the dirt and grime attached to it. Suggestions was also made to file those of the laundry and the kitchen faucets.

8. SEWERAGE SYSTEM. Camp III reported that they would like to have the blue print of the sewerage system in order to better understand the operation of the system. Mr. Nishimoto assured them that a memorandum had been sent to Mr. Bowman, and that action would soon be forthcoming. Camp II had no complaints regarding this subject.

9. CHANGE IN LOCATION OF THE GARBAGE DUMP. Mr. Nishimoto stated that Mr. Rupkey's Department had contacted him in regards to the garbage dump and asked that a new location be found immediately. It was decided that a new location between Camp II and III should be found in the very near future.

10. PROCUREMENT. Camp III requested varnish, paint, and brushes for their mess halls. Camp II had requisitioned for their varnish from the Stewards Department, and they are to start their work within a few days with the help of the paint crew.

11. PEST CONTROL. Mr. Nishimoto informed the group that the electric spray guns have not as yet arrived, but since the fly situation is pretty well controlled at the present time, need for the guns is not as imminent. Camp II and III reported that the fly situation is also pretty well controlled in their respective Camps.

Camp II reported that they have just started the use of the Cyanide Dust for the control of ants. One method of killing the ants is to get a stick and enlarge the hole, then pour the dust into the opening.

For the control of rats, 48 rat traps have been requisitioned which is thought to be sufficient.

Crickets have become quite a nuisance in all three Camps, but with the use of Arsenic Trioxide and Paris Green, it was thought to better control them. Since Arsenic Trioxide is very poisonous to man, great care must be used in administering this poison around the Camp, especially in blocks where children are apt to get at it.

Mr. Nishimoto informed the group that he had made a mixture with which to kill roaches. So far it has been working quite well, and the mixture will be sent down to the other Camps quite soon.

12. SANITATION AT THE SCHOOLS. Mr. Nishimoto informed the

group that paper cups have been furnished the teachers so the children would not use the other cups in which to drink water. Janitor services have been requested, and they are instructed to clean the latrines at least three times a day, since children are easily infected.

Mr. Snelson was introduced to the group at this time, and he gave a little talk enlightening the group on the food situation. He thanked the group for the cooperation given his Department, and commended the group in their interest in keeping the city of Poston healthy for the people. The important points in Mr. Snelson's talk are briefly listed below:

1. The reason for so much spoilage in the early days of the Project could be laid to the fact that food requirements were based on four to six months supply because of the uncertainty of transportation. The present system requires a very careful analysis of the food situation, and a breakdown is estimated on the number of persons to be fed. Therefore, the food supply requisitioned at the present time is based on the average of 45 days, thus eliminating much of the spoilage of early days.

2. A system of storekeeping has been inaugurated in the mess halls, thus cutting down on much of the spoilage and waste as compared in the past.

3. The produce sent to us is the best available, and the spoilage is due to the fact that many times the cars on which it is shipped is shoved off the railing for other train movements and becomes unnecessarily late. When a carload of produce arrives in Parker, Mr. Campbell goes down to inspect the produce. In many cases 25% of the produce is spoiled and in order to salvage the other 75%, he does not condemn the whole load. If the whole load is condemned, no produce would be available for quite some time. In the case of meats and fish spoilage is not so great because they come in refrigerated trucks.

4. Many times potatoes and onions are sent to the kitchen which are spoiled. A notice is sent to the steward of the kitchen to the effect that extra potatoes or onions are sent and ask that they separate the spoiled ones from the non-spoiled ones, thus eliminating waste as much as possible. He asked cooperation from the inspectors in not condemning all of the vegetables sent to the kitchens.

5. Produce was shipped to us from Tule Lake recently with quite a bit of spoilage. Due to the uncertainty of transportation facilities, arrangements were made whereby the produce could be shipped with ice for a period of eleven days instead of the former three days. On that shipment 90% of the spinach was condemned before the Sanitation Division was called.

6. Use of good judgement in condemning the food was urged by Mr. Snelson. Condemning of food should be made in conjunction

with the cook of that particular kitchen, and it should be explained to the cook that the condemning of food does not necessarily mean that some of it can not be salvaged. Whenever food is condemned, the inspector should get in touch with the Camp Steward and report to him the amount of food condemned.

7. There is a little of the original flour and corn meal left in the warehouse, some of which are infested. As soon as these are used up, the new stock can be used. The steward in the kitchens should keep a record of these infested flour and corn meal, so that a replacement can be made by the Subsistence Department.

8. Mr. Snelson hopes to obtain a good veterinarian in the very near future to pass inspection of the meats from the butcher shop. Until that time he has cautioned the cooks to cook the meat a long time before serving.

The following questions were asked of Mr. Snelson from the group:

1. Can varnish be obtained from the Subsistence Department? Varnishing of table tops is to start in all three Camps in the very near future under the supervision of Mr. Anderson.

2. Can something be done so that the drivers would be much more careful in the handling of milks and vegetables when delivering to the kitchens? Many a case of milk has been found to be leaking when delivered to the kitchens because of the rough handling of the drivers. A small amount of the spoilage of vegetables is also due to the rough handling of the vegetables when delivered to the kitchens.

No one was in charge of the boys until Mr. Campbell came, and now that he is in charge of the boys conditions should be improving very quickly.

3. Can transportation of meat be done early in the mornings? Since the contract on the trucks expired, it has been very hard to get a truck, especially early in the morning, but arrangements are being worked out whereby a truck might be available. It is very important to get the meat to the kitchens in the morning, because if it is delivered about 11:00 a.m., the meat is left until about 3:00 p.m. without butchering or refrigeration., thus causing much of the spoilage in the meat. It is hoped that during the winter months, the ice house could be made available for a butcher shop.

4. Why is it that some of the cereals delivered to the kitchens are infested?

Most likely it was one of the old cereals, and instructions should have been given to the stewards in the kitchens to set that particular cereal away from the others as it is so easily infested. Mr. Snelson suggested that from time to time someone from the Sanitation Division should check up on the Subsistence warehouse for infestations and other sanitary details.

Meeting was a

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
September 17, 1943

INFANTILE PARALYSIS
(POLIO)

Polio or infantile paralysis is a very dangerous disease affecting the nervous system. This disease may cause paralysis of any part of the body, but the legs and arms are most liable to become paralyzed.

The germs of this disease are spread from one person to another in the secretions of the nose, mouth, and stools.

With the approach of cooler weather flies will increase in number. Flies are known to be the chief carriers of paralysis germs. Therefore:

Keep screen doors and windows in good condition.

Have a newspaper or fly-swatter handy and Kill every fly that gets into the house.

Keep garbage covered.

Keep latrines clean.

Do not let flies get on your food.

Everybody in Poston must help on these things to keep polio down.

A. Pressman, M. D., Director
Health and Sanitation

インファンタイルパラシス

小児麻痺病の御注意

小児麻痺病は非常に危険で身体の神経を冒し身体各部分特に手足の麻痺を來たします

此の病菌は他人の鼻口の分泌物及び大便カイベンより傳播します

此の病気を傳播させる主役は蠅であります、時々時候が冷しくなつてくるにつけ蠅の發生が増すのであります、そこで皆さんは出来るだけ蠅を殺すことに務めて下さい

一、各家々のドア或は窓には完全なスクリーンをつけて蠅の侵入を防いで下さい

二、新聞紙か蠅叩を用意して蠅を見附け次第、叩き殺して下さい

三、蠅繁殖防止の爲めかベジは常に蓋フタする様にして又便所も清潔にして下さい、尚又皆さんの食物に蠅がたかう様によく注意して下さい

皆さんは以上の注意により皆さんの家庭から此の恐るべき小児麻痺病に、かゝる様にして下さい

千九百四十三年九月十八日

アリゾナ州ホストン

衛生局長

エー プレスマン

PUBLIC HEALTH COMMITTEE
POSTON COMMUNITY COUNCIL

November 1, 1943

2:30 p.m.

Committee Members Present;

T. Sasaki - - - - -Unit I
Y. Kawasaki - - - - -Unit I
S. Yoshikawa- - - - -Unit I
J. Terakawa - - - - -Unit II

K.J. Takashima for T. Namiki- -Unit III

Guest: T. Tanaka, Hospital Bus. Mgr.

It was decided that the appointment of the chairman would be left until all the members of the committee representing the three camps were present. Mr. J.K. Takashima acted as chairman pro-tem.

Mr. Kawasaki, reported that since the hospital has been having a great deal of turn-over, he investigated and found that: (a) many workers have been segregated to Tule Lake; and (b) people who left their jobs claim that the other staff members were not treating them on the same level; (c) privileges such as lunching in the hospital were denied them; (d) they were not included in their parties.

Mr. Tanaka clarified the point. The invitation was given by Mr. Tanaka by word of mouth to ALL employees connected with the hospital or clinic. He further stated that many took it upon themselves to hesitate attending the party because of their rank as employees.

As to the prohibition of employees lunching in the hospital dining room, he informed the body that up to now everyone was permitted to eat, even though it was against regulations. Leniency was shown on persons dining in the hospital kitchen, but the number of persons began to increase. The kitchen, whose seating capacity is only 150, had to be set and reset several times. Consequently, the kitchen crew began to complain of overwork; the doctors and nurses began to complain of overwork; the doctors and nurses began to complain of insufficient food. Therefore a new system was set up a month ago. Only employees who are unable to regulate their time have been allowed to eat in the kitchen. For the other employees, arrangements were made with near-by blocks kitchens to allow the workers to dine.

Mr. Tanaka, also, brought another point before the committee. Two janitors working in the hospital say that they are not fed enough in their blocks and ask permission to eat in the hospital kitchen. If they were given that privilege, then everyone would want to eat in the Kitchen. The hospital can not let one eat and leave the others out.

Mr. Terakawa suggested that the kitchen crew make arrangements on how many could be fed. It is quite natural that if the crew was overworked, they would begin to complain. Therefore, the crew should work the same amount of hours as the other block kitchen workers. The equipment and kitchen crew would decide just how many could be taken care of.

Two janitors and the pharmacists, Mr. Tanaka said, have been the only ones complaining about their deprivation to lunch at the hospital.

Mr. Yoshikawa in his recent visit to Ward 3 heard from a patient that the food fed to the patients was very scarce, especially breakfast. Mr. Tanaka corrected the misinformation. Breakfast in the hospital (in Ward 3) is considered one of the best served in the hospital. He also stressed that it is impossible to please all. There is bound to be complaints. In fact, the patients do not show any appreciation for special food privileges granted them, and also the kindness the hospital staff show.

In regards to labor problem, Mr. Tanaka stated that if the hospital crew were granted some sort of privilege, it may be easier to obtain workers.

A suggestion was made by Mr. Takashima that the hospital grant rest periods of about 15 minutes each day at which time light refreshments to be served. Variations such as apples, oranges, tea, coffee, doughnuts could be had.

The Committee was in favor of this suggestion. It was decided that Mr. Tanaka approach the kitchen crew upon this subject; and for the Committee to contact Mr. Snelson for the extra mid-morning or mid-afternoon snack; if possible, for two times a day -- one at 10:00 a.m. and one at 3:00 p.m.

Everyone agreed that the basic trouble in the hospital pertained to the food situation--that of privilege to eat in the hospital kitchen. It is no doubt that the kitchen would have superior menus as compared to other block kitchen menus. Therefore a suggestion was made that if the hospital kitchen could not accommodate all the employees, why not have a near-by kitchen cook especially for these employees and make them dine there.

The flow of this suggestion would lie in the fact that that kitchen would have to work double time--once to cook their regular meals for the block residents, and also once to cook a special meal for the hospital staff. Therefore, Mr. Takashima's suggestion of granting rest periods once or twice a day (to more or less ease that strained atmosphere among employees) was decided to be the best answer to that problem.

The matter of removal of tuberculin patients who are able to walk was discussed. Many of them could be removed to Phoenix so that those who should have immediate attention to their cases can be brought into the hospital. They refuse to be transferred. The reason could be that food served in this hospital is cooked to fit the Japanese palate, also no strict discipline is required by the

November 1, 1943

hospital staff, also they would not want to be separated from their families.

The best solution to this problem was to speed up the completion of the Rest Homes in Camp II; so that these walking Tuberculin cases could be removed to the Home, and ones who need immediate attention could be listed in the hospital. Temporary Chairman Takashima appointed John Terakawa to look into the matter and urge completion of the Rest Home.

Arrangements for doctor's living quarters were discussed. Living quarters for the Camp I doctors have been taken care of. Arrangements for quarters for the Camp II and III doctors should be made.

It was also decided to make arrangements so that dentists would be granted this privilege also. Therefore negotiations are to be made so that the doctors and dentists would be given much improved living quarters near the hospital or clinic.

Since the Camp I doctors have been taken care of, nine more homes are needed to accommodate the dentists of all three camps and doctors of Unit II and III.

Mr. Kawasaki's investigation in regards to SMA milk issue by the clinic of one can to be used for four days, was found to be insufficient. One can should be supplied to babies for three days' feedings. Also SMA should be released to kitchens for distribution to mothers. The committee is to contact Dr. Pressman on these two points.

Meeting was adjourned at 4:05 p.m.

Respectfully submitted,

Secretary

U.C.

Meeting of the Public Health
Committee of Poston III

November 20, 1944

The Unit III Public Health Committee meeting of Poston 3 held Monday morning, November 20, 1944, from 9:00 A.M., at Council Office 310-B-D, was called to order by Chairman pro tem Itaru Kubota.

All members were present: George Horibe, Ichiro Okada, Denji Uyeno, Teruhiko Morishima, Kiyokichi Umezawa, Suketaro Kamiura, Ben Nakagawa, and Masami Honda. Local Council Chairman Itaru Kubota was also present.

Nominations for Chairman of Public Health Committee was opened, and Mr. Kiyokichi Umezawa and Mr. George Horibe were nominated. Votes were signified by hand raising and Mr. Kiyokichi Umezawa was unanimously elected.

Chairman Umezawa brought up the unsettled matter discussed at the joint meeting of the Councilmen, Block Managers, Department Head, and Executive Board, held on November 4, 1944, as to how the appreciation fund of the Medical and Dental personnel will be distributed. It was decided by the Public Health Committee to set up a plan which will be presented at the Public Health meeting, Wednesday in Camp 1 as Camp 3's proposal.

The amount of \$2600.00 for appreciation to Medical and Dental personnel will be raised through block donations of 25 cents per person from a population of 11000 persons.

Medical Doctors, Dentist, Optomistrists (twelve person) will receive \$75.00 each.

X-Ray Technicians, Head Nurses, and Masseurs (numbering fourteen) persons will receive \$40.00 each.

The other 200 workers will receive \$5.00 each on a monthly basis.

Ward workers who are included under the title "Other Workers" will receive \$2.00 in addition to their appreciation gift.

The case of Mrs. Kiyo Ikeda, 307-10-D, was told by ambulance driver Teruhiko Morishima. On November 18, 9:00 P.M. she complained of heart trouble. At 9:00 P.M. that night the Police Department reported the case to Mr. Morishima, ambulance driver of Camp 3. Mr. Morishima went to see Mrs. Kiyo Ikeda and found her condition to be serious, so he phoned the Camp I hospital receptionist, Kiyo Yasukoshi, to ask the doctor on duty to make a ~~phone~~ call. The receptionist refered the request to the Registered Nurse on duty, Miss Davis, but she did not give a definite answer of sending the doctor. However, a Nurses Aide arrived on an ambulance from the hospital to check the patient's condition. The Camp I ambulance driver made a direct phone call to Dr. O'Connell asking what steps the ambulance driver should take. Dr. O'Connell told the driver that he was unable to attend the home call, ~~but would try to send Dr. Boardman as soon as he returned to the hospital. The Camp I driver returned to the hospital for Dr. Boardman, but both~~

November 20, 1944

~~Caucasian doctors refused to make the home call,~~ so the driver went to see Dr. Murakami who took the call and attended the patient.

The Examples of Mrs. Hemi's Case, (evacuee) when doctor was unavailable and also Mrs. Evans's, (caucasian) when doctor arrived immediately when notified were mentioned.

It was resolved that a Petition be sent to Mr. Duncan Mill, Project Director, and a copy to Dr. Powell, Assistant Project Director and and City Council, Public Health Committee; signed by Administrator of Unit III, Mr. H. K. Yoshimine, Unit III Local Council Chairman, Mr. Itaru Kubota, Executive Board Chairman, Mr. George Horibe, and Unit III Public Health Committee Chairman, Mr. Kiyokichi Umezawa.

As there was no further business, the meeting was adjourned by Chairman Kiyokichi Umezawa.

Dup

COLORADO RIVER RELOCATION CENTER
Poston, Arizona
November 24, 1944

MEMO TO: Block Managers

SUBJECT: Copy of the minutes from the meeting of Public Health Committee.

Following is the copy of the minutes from the meeting of the Public Health Committee held on November 20, 1944.

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The case of Mrs. Kiyo Ikeda, 307-10-D, was told by ambulance driver Teruhiko Morishima. On November 18, 9:00 P.M. she complained of heart trouble. At 9:00 P.M. that night the Police Department reported the case to Mr. Morishima, ambulance driver of Unit III. Mr. Morishima went to see Mrs. Kiyo Ikeda and found her condition to be serious, so he phoned the Camp I hospital receptionist, Kiyo Yasukoshi to ask the doctor on duty to make a phone call. The receptionist referred the request to the Registered Nurse on duty, Miss Davis, but she did not give a definite answer of sending the doctor. However, a Nurses Aide arrived on an ambulance from the hospital to check the patient's condition. The Camp I ambulance driver made a direct phone call to Dr. O'Connell asking what steps the ambulance driver should take. Dr. O'Connell told the driver that he was unable to attend home call, so the driver went to see Dr. Murakami who took the call and attended the patient.

The Examples of Mrs. Hamai's Case, (evacuee) when doctor was unavailable and also Mrs. Evans's, (caucasian) when doctor arrived immediately when notified, were mentioned at the meeting.

It was resolved that a petition be sent to Mr. Duncan Mills, Project Director, and a copy to Dr. Powell, Assistant Project Director, and City Council, Public Health Committee; signed by Administrator of Unit III, Mr. H. K. Yoshimine, Unit III Local Council Chairman, Mr. Itaru Kubota, Executive Board Chairman, Mr. George Horibe, and Unit III Public Health Committee chairman, Mr. Kiyokichi Umezawa.

COLORADO RIVER RELOCATION CENTER
POSTON, ARIZONA

May 25, 1945

TO: PUBLIC HEALTH COMMITTEE -- CITY COUNCIL
FROM: Unit 3 Community Council
SUBJECT: Ambulance Service curtailed by Gasoline Ration

In regards to the Memorandum received from Dr. Dunshee about Ambulance Service, we recognize the necessity and we are trying to cooperate in every possible way. However, there are a great number of complaints already from the patients as well as from the residents. Therefore, after an investigation at the Ambulance Department and the Unit 3 Motor Pool, we are asking for your reconsideration regarding the Ambulance Service.

Previously the ambulance has been going to Unit I about three times a day, excluding the emergency cases. As you know, in Unit III there is no resident Medical Doctor, Registered Nurse, or a Pharmacist in charge of the Clinic. The ambulance had to go after the Doctor and Pharmacist to Unit I. At the same time such patients that could not be taken care at the Unit III Clinic were taken to Unit I.

Since the Ambulance service was cut down on May 17, the patients are compelled to take the regular busses to Unit I. According to the Memorandum received from Dr. Dunshee, the Clinic is to telephone the Motor Pool and have seats reserved for the patients. But when the busses stop at the Clinic to pick up the patients, the busses are always full of passengers which necessitates the patients to stand on the end of the truck to Unit I. In most cases the Motor Pool has to put out an extra truck to carry the passengers. If such be the case, you are using more gasoline, wear and tear of the other equipments. The ambulance driver must accompany the patients to Unit I to carry their medical records, and also to guide them to the correct department.

According to the memorandum concerning the gasoline allocation for the ambulance, Unit III is allowed only 80 gallons per month. This allocation seems to be very unfair as the distance between Units I and III are twice the distance of Units I and II. Unit II has a resident physician and a registered nurse, while Unit III has neither to take care of the sick people.

Up to date Unit III has been using about 40 to 45 gallons of gasoline weekly. Prolonging the life of Ambulance depends largely on the care given by the drivers more than cut on the gasoline.

This is only the beginning of the new set-up, but when a patients with a contagious disease are compelled to ride with the passengers, the residents will start complain-

ing. It is very hazardous to have such patients riding with other people, as the disease will spread very rapidly. In order to safeguard against such an occurrence, it is necessary to have a better ambulance service.

Unit 3 Community Council
Chairman

According to the Memorandum which we received from Dr. Dunshee in regarding to the Ambulance service, we are trying to co-operate as much as possible. However, there are many complaint from the patients as well as from residents.

Therefore we have investigated the Ambulance department and Motor Pool of Unit 3 and ask your re-consideration of Ambulance Service.

Previously the Ambulance had been going to Camp I about 3 times a day (exclude emergency cases). As you know, the Unit 3 has no resident Medical Doctor nor Nurse nor Pharmacist in charge of Clinic. Therefore the ambulance had go after the doctor and pharmacist to Camp 1. In same time took the patients to Camp 1 such as those cannot taken care in Camp 3 Clinic.

Since the Ambulance service was cut down from May 17, the patients has been taken regular busses to Camp 1. According to the Dr. Dunshee Memo., the patients are going to get reserved seats. But when the bus stop at Clinic to pickup patients, the busses ~~are~~ always full of passengers and patients have to stand on the end of the truck to Camp 1. Also almost every time the Motor Pool have to put out extra truck to haul the passengers.

If these things are happen all the time, you are using more gasoline and wear-out other equipment.

According to memo concerning to the gasoline allocation for the Ambulance, Unit 3 allowed only 80 gallons a month. This is very unfair. Because the distance of the Unit 3 is twice of Unit 2. Bigger population in 3 than 2. No medical doctor nor Registered Nurse to take care sick people in Unit 3. Up to date Unit 3 Ambulace was using 40 to 45 gallons of gas weekly.

Prolong of life of Ambulance depend on the care given by drivers more than cut down on gasoline.

AMBULANCE SERVICE

of CAMP III

	SUN.	MON.	TUE.	WED.	THUR.	FRI.	SAT.
A.M.	X	PTS. TO CAMP I BRING DR & PHARMACIST TO 3	PTS. TO I PICK UP DR. KOWADA FROM 2 TO 1	PTS. TO I BRING DR & PHARMA- CIST TO 3	Y	X	PTS. TO I & BRING DR & PHARMACIST TO 3
							DR & PHARMA- CIST TO I.
P.M.	X	DR & PHARMA- CIST & PTS TO I.	X	DR & PHARMA- CIST & PTS TO I.	PTS. TO I & PICK UP DR. KOWADA FROM 2 TO I.	X	X
					DR & PHAR- MACIST TO 3 DR & PHAR- MACIST TO 1		

(X) Trip to camp 1 Only in case of Emergency.

Remarks. Mon. Wed. Fri. A.M. Always have many patients going up to Camp 1. Because special clinic patients and x-ray patients together.

ambulance drivers. Has been taken care of medical supplies dental supplies, laundries, lab. specimens and distilled waters and sterilize articles and records of patients.

This schedule is only showing the operation of the Ambulance between Camp 3 and 1.

Service within the camp (Unit 3) is to pick up Dentists (Dr. Takeda and Dr. Nakadate and Patients(unable to walk) and Emergency cases.

UNIT III
AMBULANCE SERVICE
UP TO DATE

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
A.M.							
.							
P.M.							

- () Trip to Camp I in case of emergency.
- () Patients to Camp I and bring back Doctor and Pharmacist.
- () Stop at Camp II Clinic, pick up Dr. Kuwada and Patients to camp I.
- () Optometry patients to Camp II and patients (special clinic) to I from III and II.
- () Doctor and Pharmacist back to camp I.
- () Patients to Camp I.

COLORADO RIVER RELOCATION CENTER
Poston General Hospital
Poston, Arizona

May 2, 1945

MEMO TO: Mr. Mayeda, Dispatcher

Gas ration for the cars listed below for the
month of May is as follows:

#361----30 gallons
#360----60 gallons
#341----100 gallons
#186----50 gallons

Total 290 gallons

J. D. Dunshee, M. D.
Principal Medical Officer

COLORADO RIVER RELOCATION CENTER
Poston, Arizona

AMBULANCE TRANSPORTATION

For some time we have been concerned with the necessity for conserving gasoline as well as prolonging the life of motor equipment for the duration of the Project.

For the month of May gasoline allocated to the Health Section has been cut one third. In order that service will be available for emergency cases, effective May 17 it will be necessary to restrict the use of our ambulances to such cases as cannot come to the Hospital by means of inter-camp bus.

The following is the bus schedule for every day except Saturday after noon and Sunday.

From Camp III to Camp I: 8:15--9:15--10:15--11:15 A.M.
1:15--2:15--3:15--4:15 P.M.

From Camp II to Camp I: 8:30--9:30--10:30--11:30 A.M.
1:30--2:30--3:30--4:30 P.M.

From Camp I to Camps II and III: 8:15--9:15--10:15--11:15 A.M.
1:15--2:15--3:15--4:15 P.M.

Hospital Busses: 6:30 P.M. from Camp III to Camp I.
6:30 P.M. from camp II to Camp I.

All that is necessary in order to assure a seat on the bus for patients coming to the hospital is to phone the Motor Pool giving the number of seats desired, and they will be reserved. Upon request busses in camp II and III will stop at the Clinic if patients are otherwise unable to meet the bus. The same is true of busses leaving Camp I.

J. D. Dunshee, M. D.
Principal Medical Officer