

J 15.11

67/14  
C

Visited the cemetery with Dr. George Kawaichi and Mr. George Kido. Both pointed out that the city trash dump was along side of it and felt this was a bad thing. ST

Steps were taken to have the location of the dump changed.

(AHL)

via Moris Burges:

499 evacuees arrived from the Salinas Assembly Center.

(AHL)

19 arrived from Santa Fe, New Mexico.

(AHL)

80  
14  
Sat 7/10-'43

Nealth

-- via Y5D ---CTS

Pressman -Nogawa blow. c.r. Administration personel

"At last the Pressman-Nogawa feud blew up today. It originated with an incident which occurred some time ago. Nogawa rec'd orders from Washinton to make out death certificate in triplicates and signed showing cause of death. He did so and asked Pressman's sec. to have Press man sign it. The girl doubted its necessity and Nogawa's authority for asking for it and tore it and threw into the basket. Whereupon Nogawa berated the secretary and swore. Pressman arrived and reprimanded N. for swearing whereupon N. indignantly replied that it was the sec's fault and her impudence in tearing up that caused it.

Since then N. had been feeling resentful ~~xx~~ towards both the sec and Pressman. He had been saying that if P. didn't change his attitude he must be shown by force.

Today N. had a table with cubbyes brought to the hospital. But Pressman refused space for it. Thereupon N. punched P. on the jaw sending P. reeling against the wall. Now there is a dead man in Unit 3. He is on ice and no one to go and get ~~xx~~ it. N. says that P. had to have lesson in Japanese psychology."

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7/11-'43

Pressman -Nogawa fight.

via M2A

"N. should apologize. He should not have used force no matter his reasons were.

7/12-'43

P-N. fight. via S8B "Hear that Pressman is suing Nogawa. Haas is preparing it."

S

Quad Meeting held in  
Block 39  
July 13, 1942

57

The Chairman introduced Dr. Schnurr to speak on the medical services in Poston. Dr. Schnurr's talk is summarized as follows:

First, I would like to apologize for coming late. But you must know that when you ask a busy doctor to come and eat with you or play cards with you, you must take the risk of his coming late or being called away. I want to say that I am very happy that you have asked me to talk to you, and I want to thank the chairman and his committee who have invited me to come and speak to you. I am especially glad to be able to come and talk to the people in each quad because I am very anxious to know you better. I am also very anxious that you get to know me better. You know that we get to know each other only by what we say and what we do.

In the last few weeks, I have done an awful lot of talking. Only time will prove to you whether or not what I say is true and whether I mean what I really say. I would like to have more time to come around in each block and visit with the leaders and with others, but I do not have that time. It is for that reason that I welcome this opportunity to come and talk to you.

I want to, in the first part of my talk, tell you some of the things that I am thinking so far as it affects my general attitude towards you and the medical service. In the second part of my talk, I want to give you some idea of what the medical service will mean to each one of you and the people

of Poston as a community. And then in order for me to find out what you are thinking, I want to take a little time to have you ask me questions.

First, I would like to tell you that I consider it a great privilege to be called upon to come to Poston to help organize your medical service. My previous experiences have been very limited in so far as my contacts with the Japanese people. I want you to know that I have come to develop a great admiration for you, as individuals and as groups of people, in the short time that I have been working with you. I want you to know that I come and talk to you as a friend, as one who lives here in Poston, as a doctor in this community, and as a fellow American. It will be my job here, working under Mr. Head, to help your doctors and nurses work out a medical program that will protect the health of the people in Poston, and take care of the sick in such a way that they will get well in the shortest possible time.

Now, before I tell you more in detail just what we are planning in the way of medical service, I want to tell you how I feel about being here in Poston. I want you to know that I don't like it here. I want you to know that I hate the dust, and when it gets hot in the afternoons, I don't like it anymore than you do. I want you to know that I haven't seen my little girl in about two months now, and I don't like that. And there are lots of other things I don't like. But,

if we are to be sensible, then we must try to make the best of life as we find it, because only then can we be happy, no matter what comes. I don't pretend to stand here before you and try to tell you things that aren't so. But, as a doctor, I am very much concerned, not only about your physical health, but about your mental health, I know this, that if we face the facts, we must realize that our being here is something which is beyond our control. I am also just as sure that it lies within your power not to be happy. I want to tell you that I am firmly convinced that your happiness is assured because of the fact that you have a leader here like Mr. Head. He and his staff are here because in the past, they have proven to the Commissioners of Indian Affairs that they not only give lip service, but have proven that they live Democracy with their fellow men.

Insofar as it is possible here in Poston, I am positive and if I weren't so I wouldn't be here, that you have every opportunity to enjoy within the confines of this community a democratic way of life. Mr. Head is responsible for what happens here. It is my responsibility to him that you should have the finest medical service that we can give you. We cannot do that without your help. We have what I consider a very good building for our hospital. We have some very fine equipment ordered. We have everything that we need ordered to make this an excellent hospital. But it will take time to get all of these things.

I am sure that you all realize that within the walls of a hospital a great deal of tragedy goes on, that not only the sick are disturbed, but also the families. It takes a well-trained group of people in any hospital to handle these difficult situations in such a way that you get the type of service that you are entitled to. Please remember that, as you come in contact with the people in the hospital, that they are all working very hard to serve you, that they have had no experience in handling the difficult situations which arise, but that they are doing their utmost. I want you to be patient and tolerant.

I would like to tell you a great deal more about what we are planning and what we are doing, but my time is up now, and if I can come again some other evening, I shall be very glad to do so. I would like to close my remarks now by telling you that as a result of watching you as a people for about two months, I have come to realize that you have the character, that you have the moral way that you can come through this ordeal in such a way that any American can be proud of.

QUESTION FROM THE FLOOR:

1. I have visited the hospital in Poston, and although the cooling system has been installed, it does not seem sufficient.

Ans. The Administration has been working very hard to get more coolers, and a great many more we hope will be purchased and a sufficient number will be installed in the hospital to make patients more comfortable.

2. I heard that there is a tubercular patient place in the same room with another type of case.

Ans. Tubercular patients are kept in a separate room from other types of cases. Where it is necessary to put tubercular cases with others, we only pick out the ones who have no germs in their spit.

3. Are there enough medicines to go around to all the patients?

Ans. We have ordered a great many medicines; we have on hand a little of nearly all of them. I can assure everyone here that no patient has suffered for the lack of any one medicine.

4. Are there any charges for medicine or medical service?

Ans. No, there are no charges.

5. Because of lack of medicine at the hospital, I had to order some for myself.

Ans. I think I know pretty well with the interpreter explaining just what you would like to know. I would like to take just a few minutes to explain that there are certain fundamental medicines which are recognized by all doctors. These fundamental medicines we have. However, during the past few years, the various manufactureres of different kinds of medicines have taken these simple medicines and given them all kinds of fancy names, and broadcast over the radio and in newspapers that they will cure everything. You know that everytime you read in the newspaper or listen to the radio, somebody is telling you about this and that medicine that is supposed to be the cure for this or that kind of illness. I do not deny you the right to want to use those medicines. But we cannot begin to stock them all here. Those special things that have been advertised I cannot promise you. If you want those, we could get them for you or you canget them yourselves. I want you to know that the fundamental drugs are here, but we cannot give you those special kinds that everyone is accustomed to.

6. I took my daughter who had her bone broken to the hospital, and I was asked to purchase calcium tablets. I had to pay for those tablets.

Ans. No one who is authorized to work in the hospital is supposed to charge for medicines. If anyone is doing this, then we want to find out who it is, because this is strictly out of order of the pharmacy department. If anyone makes any effort to charge for services or medicines, please report to me immediately.

7. Are there charges for dentistry work?

Ans. No, there are no charges.

8. Are the drugs and medicines on priority? Why is it that we lack so many essential equipments?

Ans. There is no priority on drugs or medicines. There are priorities on many instruments because firms making these instruments are turning out war goods. There is such demand for drugs, that we have a difficult time to get them. We have orders placed with the Quartermaster for all necessary equipments.

7-27-42

8

Via Miss Cheney:

Visited Camp #2 recently and found a number of people down there quite scared and apprehensive. Talked about their having a lot of funerals and that the hospital is so full of patients that no more could get in.

(AHL)

Via Mrs. Kalfus: (Nurse recently arrived)

In working with Indians, noted that the patients in general did not seem to trust Indian nurses no matter how well trained to the same extent they did the Caucasian nurses. This was true in any case of doubt or dispute, the patients would appeal to a Caucasian nurse even when the Indian nurse was the better qualified of the two. Since being here, has noted the somewhat same tendency among the Japanese patients.

(AHL)

8-31-42

2

Via Dr. Kawaichi:

A number of inquiries have come to him as a member of the Public Health Department seeking information in regard to birth control. For a while, Dr. Wakatake ran such a clinic and had a large number of customers.

(AHL)

Via Block Manager of #42:

A young fellow who explained he was manager of Block 42 came in asking to see Dr. Leighton, talked to me a while while waiting for the latter. He explained that he had a definite problem on his hands, namely, the presence of a family in his block which was suspected of having tuberculosis among its members. There had been discussion among residents of the block and it was decided that some kind of precaution should be taken for the safety of other residents. They thought that perhaps everyone in the block should be required to have a physical examination; then they would find out whether this family was a menace or not and it would not appear as discrimination against the family. The manager thought also that there should be a general educational program in regard to health, so that people wouldn't cover up having tuberculosis or something else. He said that he thought it ought to be like the U. S. program of education in regard to venereal disease.

He went on to say that there were exceptional opportunities for young men and women to "become too familiar". He cited the "living all together in one room" and "no kind of supervision around the camp". He said that something would have to be done about this as soon as possible because it is "a very serious problem".

(Dr. Leighton later told me that the family suspected of having tuberculosis in the block was well aware of the fact and that the girl of the family, who works in the hospital, had been examined. Dr. Leighton explained these facts to the block manager.)

(EHS)

Via Moris Burge:

Moris said that it has been announced by the Army that the baggage of the new arrivals at Camp #3 must be inspected. Up to now only the original group of "Volunteers" (the old trustees who arrived first in Parker) have

had their baggage inspected. The inspection proved very arduous and it was discontinued, but now by Army decree must be resumed.

Moris said that the official term adopted by the W R A administration for "whites" is Caucasian.

Moris said that Camp #3 is faced with a possible absence of water when the new evacuees arrive on Monday. There is no pump yet installed and some of the plumbing is not finished. Moris says that it is a great strain waiting to see whether or not there will be water. (EHS)

Via Dr. J. Powell:

Evacuees arrived in Poston on August 1, 1942:

1 parolee	(Camp 2)	Santa Fe, New Mexico
5 parolees	(Camp 2)	Sharp Park Detention Home
1 parolee	(Camp 1)	Sharp Park Detention Home

(AHL)

8-2-1942

Meeting held by Dr. Thompson with Public Health Staff.

Dr. Thompson, W.R.A. Medical Representative, spent the day in Poston inspecting the hospital, medical supply, sanitation, etc. and in the afternoon had Dr. Leighton call a general meeting of the public health staff in the hospital Mess Hall. The Mess Hall was nearly filled with the staff who sweated and squirmed during the talk of nearly an hour which Dr. Thompson gave. He was introduced briefly by Dr. Leighton and as he said attempted to present "the wider picture" in connection with Relocation Project hospitals. He pointed out that the present inadequacy of medical facilities is not peculiar to Poston, but is characteristic of other Relocation Projects and more<sup>than</sup> that is characteristic of the whole United States. He pointed out that all doctors under forty~~five~~ are being taken by the army and navy and within six months the whole civilian population of the United States will have to be served by a few older physicians. The situation is the same in regard to nurses. Every community in the United States is suffering for lack of medical personnel. He went on to say that W.R.A. had priority next to the army in connection with securing doctors, nurses, and other medical personnel. Dr. Thompson stressed the opportunities which this situation creates for the inhabitants of relocation centers. He gave as an example, that of the dieticians. There are only a few in any of the centers. According to the ideal plan each mess is supposed to have a dietician of its own. In order to  
~~make even a beginning~~

make even a beginning in filling these positions, it is necessary to take persons who perhaps have merely majored in dietetics in college, but have not yet graduated or perhaps have had one year of study. What this means, Dr. Thompson said, is that such persons are going to get experience which under peace time conditions they would perhaps have had to wait ten to fifteen years to get. He said that this increased opportunity and intensification of experience which is possible for medical personnel is one of the good features from the <sup>INDIVIDUAL</sup> undeveloped point of view of the whole relocation business, but from the community point of view it represents an undesirable situation, but one which cannot now be avoided. In Dr. Thompson's words "these dieticians, these nurses, these doctors as the result of their <sup>INTENSIFIED</sup> indistinctive experience now are going to have better chances in their profession when this war is over".

One of the things that I noticed especially, throughout Dr. Thompson's talk was his continual unconscious stress of the separation between the two groups, Japanese and Caucasians. He constantly addressed the audience as "you and your group" and spoke again and again of the Japanese group. These terms were used in contrast to the "we" which always seems to include Dr. Thompson himself. The <sup>PROMINENCE</sup> permanence of this division of the "we" group and "you" group in Dr. Thompson's talk indicated to me a considerable consciousness of racial separation. It was true, however, (and this is probably a further indication of such consciousness) that Dr. Thompson made

8-2-1942

3

statements of the following kinds "you are human beings like anyone else and when I talk to a Japanese doctor, it is not as <sup>to</sup> a Japanese, but as it is as to a doctor".

The audience ~~sweated~~ in the stuffy Mess Hall despite the presence of coolers, ~~was necessarily apathetic, but~~ <sup>AND LISTENED POLITELY</sup> Several doctors remained <sup>to ASK</sup> questioning <sup>S</sup> after Dr. Thompson had finished his talk.

Organization: Public Health &  
Research Bureau Staff

Subject: Picnic

Filed:

Place: Colorado River

Principal Actors: Dr. Leighton  
Dr. Spicer  
Miss Florence Mohri  
Mr. Toshio Yatsushiro

Dr. Leighton treated the entire staff members of the Public Health Division and the Bureau of Sociological Research of Poston I, II, and III to a picnic last night (9-9-42), down at the popular Colorado River Region. About forty people met at the hospital about 4:30 p.m. and after loading the food, water and other necessary accessories, the people piled into two trucks and about five o'clock they were off to their destination. Each truck was loaded to capacity and a few were sitting on boxes and even on the floor. The trip down was very dusty and the ride was none too enjoyable with the numerous bumps and dips and the winding road. The group took the road beyond Camp II as many felt that the place was better than the road from Camp I.

Mr. Fukushima and Dr. Leighton caused a humorous incident when the orange box that the two were sitting on gave way under the strain. They finally found themselves sitting on the floor. At another time one of the girls hat felw away and the truck had to stop to pick it up.

It was a good hour before the group arrived at the river. The spot chosen by the group was very close to an apiary and everyone was warned to keep away from the bees. Everyone was

relieved to get off the truck and many relaxed on the cool banks of the Colorado. Several of the more courageous including Dr. Leighton and Dr. Spicer went in for swimming. The smooth yet fast flowing Colorado provided much relief and satisfaction to everyone as it was a direct contrast to the heat and dust of Poston life. Several of the more ambitious men folks immediately began gathering wood and started a nice camp fire, which was later used for baking weiners and brewing coffee. It was not very long before the hunger urge crept up on the group and everyone dove into the food which consisted of: weiners, buns, coffee, peaches and grapes. The food was more enjoyable as everyone was required to bake his or her own weiners. After enjoying their fill, the group sat on the river bank and in the twilight sang old favorites, popular, and college songs. The big camp fire in the background, the quiet smooth flowing Colorado, and the twilight with all its splendor presented an unusually romantic picture.

Mr. Yatsushiro conducted an impromptu program which consisted of vocal solos, group singing, and humorous tales and jokes. Some of the people called upon to perform were rather reluctant to do so, but a large number rendered their numbers willingly. Even Dr. Leighton and Dr. Spicer consented to tell the group some tall tales. Mr. Yatsushiro led the group in singing several Hawaiian songs and did much persuasion before some of the people complied with vocal solos and

humorous tales. It was about 10 o'clock before the party was called to an end and the group sang "aloha oe" and "Good-night Ladies" to climax a successful party.

After putting out the fire and loading on to the truck the pots and other equipment the group again piled into the two trucks and began their journey home. The trip was not unlike the trip coming over, in fact it seemed to be even dustier. About 10:45 the group arrived at their respective camps safe and sound.

It appeared that the party was enjoyed by all and especially as it was the first time the entire staff of Public Health and Research Bureau of Poston I, II, and III had met together. It was an unusual occasion for the staff members. (TY)

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P.S. Mr. Tom Sasaki expressed the "thanks" of the group to Dr. Leighton.

via Nell Findley:

Matiaichi Koda

Stanley Watanabe, Block Manager of #32, came in to see if it would be possible for Matiaichi Koda, age 60, to be transferred to Manzanar where he would be under the care of his former physician, Dr. K. Iwasa. Mr. Koda has been in the hospital one month. He knows that he is slowly dying and his wife is now frantic because he is only getting X-ray treatments. Both Mr. and Mrs. Koda feel that it is absolutely necessary that he go to Manzanar. Their faith in Dr. Iwasa is very great; he has been their doctor for many years, and he has always been able to help them. Mr. Watanabe urged that a wire be sent at once.

Talked to Dr. Wakatake about Mr. Koda. He stated that Mr. Koda had progressive cancer of the muscles and was incurable. At present he was getting X-ray treatments. He felt that all that was possible had been done for Mr. Koda. I explained the same to Mr. Watanabe who was then perfectly satisfied.

(AHL)

(More data on this, date: 9/18/42, page 16)

via Nell Findley:

Matiaichi Koda

Mr. Watanabe came to the office with Mrs. Kimiyo Koda. She is a frail little woman; evidently she is devoted to her husband. She insisted her husband must go. She sees him growing steadily worse day by day. She said even though he would die in Manzanar, she prefers to have him there with Dr. Iwasa rather than here in Poston. Tried to explain to her that it would probably not be any better for her husband if he did go to Manzanar and was operated upon. She would not hear to this statement.

(More data on this, date: 9/21/42, page 7)

(AHL)

9-20-42

SNAKE BITE

via T.M.:

" S.K. of Block 216 brought over a little rattlesnake about 12 inches long, around 6:30 P.M. to the Block Manager's Office. I stuck my hand into the box and got hold of the rattler's tail with my right hand. With my left hand I grabbed it in the region of the stomach and was gradually moving up to grab it behind the neck. When my left hand was two or three inches from the region of his neck, the doggone thing turned around and bit me. The snake couldn't pull his fang out so I had to grab his head and yank it out. L.T. was there when this happened, also T.T. L. T. placed two tourniquets, one on my wrist, the other on my finger just behind the bite. T.T. in the mean time sharpened his knife and burned the tip over a match flame and handed it to L.T. L.T. immediately cut the spot where the fang had entered. Right after this, I walked over to the hospital. By the time I got there my hand was pruple. The doctor in charge told me that he didn't know how to treat rattlesnake bites. As a matter of fact he had to read the directions from a medical book and treated me as he read it. He called up Camp I and asked if they had any rattlesnake antivenin serum in store since there was nothing in a way of medicine in Camp II. Camp I didn't have anything either. After searching around Camp II, they finally found out that one of the pharmacists, J.N. of Block 213, had some antivenin serum. I had to pay \$13.00 for it. Doctor also heard that Dr. H.K. of Block 215 had a snake bite kit, so he got some medicine there also.

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He gave me three injections into the right arm and the antivenin into my seat. Doggone thing sure hurts like the dickens. I can't even sit straight. The antivenin had white powder in one part and some distilled water in the other. The doctor punctured the two containing the white powder and the water which made a white solution. There were two needles in that kit. One was a large one and the other quite small. I thought he was going to use the small one but he used the large one, and boy does it hurt!

As soon as I got to the hospital, he had placed the suction tube on my index finger and had it on there for about two hours. The ambulance then brought me back home and that was about 9:30 P.M. Then the doctor told me to report back in about half hour. I walked over to the canteen. There I got word that the doctor came to look for me, so I went over to the clinic. By this time my hand had started to swell and there was a black spot in the region just behind the knuckle of the index finger. The doctor made another cut in that region and placed a suction cup there. I feel kind of dizzy and my whole arm aches like the dickens. The doctor told me that I could remove this thing in about half hour, but to remain quiet and not move around so much."

(KE)

When he returned from the hospital the second time, his arm was quite swollen and he had a small bandage on the index finger on the second phlange. This was around 11:15 P.M. He also had a suction cup behind the knuckle of the first digit as referred to in the above interview. His arm, especially the region of the index finger and the back of his hand, was swollen and discolored. Just before he started to go back into the house he started to remove the suction cup. As he did so the blood flowed out. He rushed into the house. The following day there were no signs that he had suffered too much except that his arm was still swollen. He also told me that his seat ached a great deal and that he couldn't walk around very well. When he came back from the hospital the first time, his parents didn't know why he had gone to the hospital. They didn't know that he had been bitten by a snake. He didn't want his mother to worry so he had told the fellows to keep quiet. When his sister found out about this she made the following remarks: "Every time we start to move, my brother gets hurt. Just before we left Salinas Assembly Center, he cut his leg while carving and had to get three stitches in it. Now this has to happen just before we leave for Colorado." (As I dictate this on September 26, he still has his arm in a sling.)

(KE)

via Nell Findley:

Matiaichi Koda

Mr. Watanabe called again at the office with the representative of the block and an old friend of the Kodas. They insisted that every effort be made to try to get Mr. Koda to Manzanar.

Together we went to the hospital and took the matter up with Dr. Pressman, who felt it would be foolish for him to be transferred inasmuch as he was incurably ill. We spoke to Dr. Wakatake who stated that if the family felt he would receive better care under Dr. Iwasa he was perfectly willing that they should leave. However, he would take no responsibility for the man's illness nor for his possible death when operated upon.

Consulted Mr. Head about the possibilities of allowing the Kodas to go to Manzanar. Explained the man's condition and the wish of the wife and friends. Mr. Head decided a wire should be sent asking permission for their transfer. A wire was sent.

(AHL)

10-7-42

Health

MAL - PRACTICE INSURANCE FOR DOCTORS

Dr. Ishimaru and I talked with Dr. \_\_\_\_\_ in the former's office. He said: It is getting pretty urgent that we do something about giving ourselves some kind of security against suits. This soldier who died the other day was operated on by Dr. Goldenberg and so that was all right. Goldenberg is responsible for all the soldiers. We have absolutely no responsibility there, but now some of the white workmen with Del Webb have come in and have been treated here. There was one case where the man treated. It was an amputation and the Japanese doctor here filled out the forms for the man to get Workman's Compensation. They went into Phoenix and came back with the statement that it couldn't be accepted because the doctor did not have a license to practise medicine in the State of Arizona. You see we are in federal land here and none of us have licenses to practise in the State of Arizona. Dr. Pressman is the only one who does, but he can't take care of all the white personnel. And there is the real problem, with these new teachers, so many of them coming in and Dr. Pressman going away for the week ends; that leaves only us Japanese doctors here. Supposing an emergency comes up, maybe an appendectomy, we will have to refuse to do the work or at least if we do each of us run the chance of mal-practise suit. Mr. Haas told me that each of us is liable individually. We can't pay for the insurance ourselves as we would if we were on the outside, but if we are liable here then I think we will have to refuse to take care of the white personnel.

Dr. Ishimaru said: Yeh, it's a pretty urgent situation. Maybe the Bureau of Sociological Research could work on that. Any way you can see

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the danger they are running. If somebody comes in here in an emergency, a Caucasian, then they have got to decide whether to take the chance or not, and we don't want any rumors going around that the Japanese doctors in the hospital are refusing to take care of the Caucasian personnel such as the teachers. And there is another point to bring out about the payments that the Caucasian's would make. They ought to be at the regular rate and go into the Community Fund.

Dr. \_\_\_\_\_: Well, it has been laid down in the W.R.A. regulations that nothing isto be charged for the white people, that is, for the personnel on this project. Mr. Head told us that at the beginning. Said that all white folks were to be treated free in the hospital. Of course the white man from the Webb Construction Company are charged regular rates. And that was going to go into the Community Trust Fund until we found that we couldn't collect because of not having Arizona State licenses. We will just have to take no responsibility at all for those white workmen.

Dr. Ishimaru: I heard them talk about this operation on the soldier the other day. They said the army doctor was so nervous that his hands shook all the time. I have heard those soldiers talking and they say that they won't let him operate on any of them. They want some of these Japanese doctors who are getting plenty of practise in the hospital to take care of their cases, but it's just like I say, we are not going to get any of the doctors to do anything like that unless they work out a system for giving them mal-practise insurance.

(EHS)

SUBJECT: Dr. Klein - Dental equipment

Dr. Henry Klein, Dental Researcher for the U. S. Public Health Office, arrived Thursday evening. He was taken around all day by Dr. Shimizu and said he had gotten the project started on the examination of 5000 children. In telling us of his day, he mentioned that Dr. Shimizu was very well trained, intelligent and a pleasant person. He spoke of the lack of equipment. In Camp 3, they have two fairly complete outfits but no where else. He had asked why the dentists didn't bring their own equipment over here and use it. It was just sitting in storage and if they had the public interest at heart as professionals, they should bring it. We asked what their reasons were for not. He said that they would like to be compensated for the loan of it and they ~~wouldn't want~~ to sell outright. Another reason that the dentist gave was that they had been promised <sup>that</sup> medical equipment <sup>would be</sup> furnished. He was somewhat puzzled <sup>attitude</sup> by this and thought that something could be worked <sup>out</sup>.

(RBS)

via Miss Vickers:

It's getting to be so much fun in the hospital. I am just pleased to death with the way our people put on parties. They seem to enjoy it so much and it helps everybody for them to do that sort of thing. Why they take so many pains and yet do it so easily that I am just put to shame and they are so nice about it. When Miss Woods went away, the nurses thought of having a farewell party for her. I wouldn't have thought of it, but they thought of it and they had this party. Some of them went into Parker and spent about \$40 for a gift for her and bought all sorts of knick-knacks and they had <sup>just</sup> the sweetest party. They said it was going to be a breakfast and I thought how dull that would be, but it turned out to be the loveliest thing imaginable. They took these paper drinking cones and in the point put a lollypop and made little red cross hats to put on the lollypop and the whole favor of course representing a nurse. It was just too charming. I never could have made a party so successful if I had tried for weeks and they did it all just on the spur of the moment. They are such lovely people that way.

And then there was another party that I was responsible for and as usual I got all stewed up about it and came over three hours early in order to see that Mr. \_\_\_\_\_ in the Mess Hall would get everything prepared, but he wasn't a bit concerned and just left me <sup>there</sup> and didn't come back until half an hour before time while I rused around not accomplishing anything. Then he came back and served the loveliest dinner you could possibly imagine. He made up a wonderful salad and he had even had a cake baked and everything went off in great style. That's the way they are with everything here. And you know Dr. Wakatake, he

is a great man for parties and that sort of things and he just manages them just beautifully.

(EHS)

via Miss Vickers:

Did you hear about what happened with this Red Cross thing? They organized a home-nursing unit and developed in a big way without consulting anyone at all. The home-nurses, there must be several hundred of them, maybe not really that much, but certainly there are a lot of them, and they are being paid out of the project funds. They have organized themselves beautifully and have been doing good work. It turned out that the Red Cross State organization didn't know what they were doing as other Red Cross units don't have a home nursing organization like that. When they found out that there was this organization here they said that they couldn't support it. It would take \$6,000 a year and they didn't have anything in that money to pay them, but the Red Cross unit here said that the project was paying them and that the state organization would not have to worry about them, but that's the way they do so often. Just go ahead and organize something that there's a great need for and do it all in a very fine way.

(EHS)

via John G. Evans:

2 arrivals from Loveland, Colorado.

(AHL)

## ILLNESS

Since Sunday Layne and his mother, Alma, have not come to the mess hall. Jim, the father, said that little Layne has the chicken pox and so he takes the food home to them. Last Saturday Alma mentioned that Layne was not feeling well and that he had an infection on his eye lid. The doctor was not sure what the infection was, but yesterday the doctor said that it was chicken pox and tonight about 8:00 o'clock the ambulance came after Layne. The Obayashi boy and Charlie said that "Sluggo", Keibo, and Shiro all have the chicken pox, but I have seen these kids still playing around the block. I think it is just the conclusion that the boys grew up from seeing red spots on kid's faces.

(TS)

81 ✓  
K 81 HOSPITAL

PERSONAL JOURNAL mf.

SENTIMENTS ON HOSPITAL

March 15, 1943

An Issei lady in her fifties was taken to the Camp I hospital due to illness. After her return, she had this to say—"The hospital is not the place to go when ill. It's horrible. We were all crowded into one room. I could hear the patients groaning and moaning. It was horrible to hear the patients groaning as they passed away. No, the hospital is not the place to go when ill. I never saw anything like it. The hospitals I've been to have had private rooms. I certainly did want to come home. I wanted to come home so badly I could hardly wait. The hospital is certainly a terrible place."

This lady was a farmer's wife back home. They were wealthy and were accustomed to the best. Thus she was more dissatisfied with the hospital than others would be.

80  
b  
P  
March 26, 1943

Health.  
Interview  
Subject: Funeral Directing.  
Transportation.  
Sentiments.

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Harry Nogawa, the F.D. came over last nite with Mr. Bower's, Undertaker of the Project. I happened to be at the office that nite working, but upon my return home, I was informed of it by Myrtle. I dropped in at the F.D.'s office the next day, which is today, to find out what was in the air. Harry told me that Aiko Nakatani's father had passed away, and since I knew her quite well, being as to how she was my secretny in the errly days of the mortuary department. It seems that Mr. Nakatani's last wish was to be buried; so, Mr. Bowers made arrangements with Aiko to hve her buried in Yuma, for the duration, and then ship the body to wherever she might want it after thewar. There were several reasons for this; first, the transportation and burial expenses would be too kixk expensive for the family, and secondly, the Cemetery in Phoenix was not too fvorable towards Japanese burials. Mr. Bowers also has some interest in the Yuma Cemetery. In burial at Yuma, there would not be the transportation charges because Mr. Bowers makz occassional trips there, and also, the plot need not be too expensive because the family would never go there. There is another underlying reason for Mr. Bowers not wanting to ship it to L. A. That is, the body was not embalmed very well, and was already on the road to noticeable putrefaction. In negotiations with the L.A. cemetery, there would be about a couple of days wait for negotiations, which Mr. Bowers did not like.

Harry then proceeded to tell me of the difficulties that he has been fcng in the department. Perhaps the primary one, is that of transportation. This involves not only trasportation from his home, which is in Block 5 to the hospital, but also to Camps II, and III. He mentioned that many times the family would insist on seeing the body immediately after death, in the middle of the night, and also said that bn several occasions he was wakened three times on one night. On each case, he would have to walk to the hospital, and then walk back. He complained about this to Dr. Pressman, who immediately told him to be his own boss. In other words, rather than getting access to the hospital transportation, he had to go directly to Mr. Barret. He did this many times but to no avail. Harry finally came to the point where he told Mr. Evans that he wanted to quit his job. Mr. Evans told him that he didn't blame him.

(TS)

3-26-43.

Then came the subject of too many hours of work. "I don't mind working, but when the Japanese people demand so much, for nothing, it burns me up. I don't blame them for wanting so much service, but ~~at~~ all, I am only paid \$19.00 a month, and I don't want to work all day and night, Saturdays and Sundays. I tried to get help, but nobody wants this job." "Now the other day, Camp III wanted to have a rosary. I've been holding out, telling them that it is impossible to have Rosary because we have cremations at nights. I ~~have~~ have to be a witness there because rumors go around that we use the same caskets over and over again. Mr. Burge even called me up, and wanted to know why I couldn't bring the body down there for a rosary. I told him why, and if anyone else wants to know, I'll just tell him that I haven't got that much time."

T.S.

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S

FU:Hospital

Soc Jrn  
5/3-43

Int'd & rec'd ---CTS.

X. City Gov.

X. On replacing Caucasian Personnel.  
via Hospital business mgr. Tanaka

To get rid of Pressman would be unprofitable for the Japanese, --- for representing us in getting supplies,

-- as spokesman for and of our rights and needs.

Otherwise all the department heads at the hospital should be Japanese. specifically Issei. No Nisei mature enough.

Replacing Findley and Evans with Japanese?

There's nobody with that much brains. besides the Japanese are too jealous.

Int: "How about committee system?"

"Lots of squabble. Look at the trouble of the L.R.B and the Executive committee.

Int: "Now that the WRA says the Isseis ~~can~~ have equal rights what would be an ideal way to run this camp?"

"Let the people have more voice and govern themselves and let the Caucasians be just overseers. ---To pay more than \$19.00 to such administrative people will lead to dissatisfactin ~~xxdx~~ among the rest.

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5/14-43

Outgroup

Recorded by CTS via a doctor. 5/14-43

Health consultant's views.

C.R. Health  
Miss G

"Miss G's secretary is very sharp witted. Miss G. deplored the waste of gas by the chauffeurs. She replied. Well our Nisei boys learned that from the Americans -- letting the motor run while waiting for the patients.

"Then the Japanese girls are quite sore at Miss G. because it is said that she said, "The Mexicans, the Indians and the Japanese could stand the heat but that she could not. She had to have a vacation every summer.

"Then the girls are not pleased with her remark: "The sewer smell is absolutely harmless to health. The mosquitoes here are perfectly harmless."

40  
80 HEALTH

5-20-43

Interview with Dr. Pressman by EHS.

Health Commission

CR: Permanent Self-Government, TCC

I was discussing with Dr. Pressman the result of the election on the ratification of the constitution. He looked over the election returns and noted that Camp 3 had rejected the plan for permanent self-government. He said, "Well, of course, we should go ahead and have it anyway. There's no point in letting a few people in one of the camps stop them from having the kind of government that the great majority in the other two camps want. One thing I hope that they do is to set up a real decent Health Commission. We had a plan for that, but they never did anything about it. The Public Health Committee of the TCC never amounted to a thing. They used to come around and bother me sometime and ask questions, but I can't say that they ever accomplished anything. When it's come to the real problems, the Council committee never did a thing. Right now I can't get any help. I need some assistance. As it is, when I leave, everything just stops. If I had an assistant who could do a little I could get away. For instance, I want to get away to the Public Health meeting in Phoenix this weekend, but I probably won't be able to make it because if I go everything will stop dead.

81 Hospital  
Conversation with Miss Vickers and Dr. Pressman by AHL  
Colored Nurses. Red tape.

5/20/43

C.R. Temporary Community Council-114

At lunch today I asked Miss Vickers when the colored nurses were coming. She said none had accepted yet. I asked how the Japanese felt about it. She said every person in the hospital was very much for it. The doctors especially. Some of them had worked with colored nurses before and thought them good.

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Then with a smile, Miss Vickers said they were having a great time with the council. "They want to give us \$2,000, but we are not anxious to accept it for fear of what will go with it." She said they showed a tendency to interfere in the internal affairs of the hospital. "Anyway, we don't need the money. We have all the money we need."

Today I asked Dr. Pressman about getting the medical department to pay for our two staff members who are receiving treatment in Phoenix. He seemed to think there would be difficulties. He said there was enough money all right, but since they hadn't come through his office and the regular channels, he didn't see how it could be done. I said why not, they can go through the regular channels now, and the doctor hasn't yet sent his bill. He demurred further. I said they hadn't gone through the regular channels in advance because it took so long. We had the chance to go to Phoenix so we picked up and went. We thought the details could be fixed later. He still was uncertain about it. I said, well, I just wanted to know if it were possible. It was a question of either the medical department paying or my paying because I had taken it on my own responsibility and I was glad enough to pay if it were in any way irregular. I said the doctor in

Phoenix had asked me if I were going to pay the bill saying he never charged doctors. But I had hedged on this because I didn't want him to give his services free. He asked why shouldn't the patient's pay. I said because the government was supposed to give them medical attention free. They had been in Poston a year without getting their skin condition improved. He said, well, send them around to see me before they go for their next visit and I will see what I can fix up.

Interview with Dr. Pressman and Mr. Bracken by AHL  
Sewage outflow at hospital - government red tape.  
C.R. Health

Yesterday and today a lot of sewage has flooded from a pipe into a ditch near the hospital 8th Ward. When the water went down this morning, the sewage was left. In the late afternoon, since it had not been moved, I asked Mr. Bracken about it who is head of plumbing. He said the backflow was due to the pressure having been shut off yesterday. When that happens, the water pressure drops and when the water pressure drops, toilets won't flush, but if anyone presses the valve each will start to flow and continue indefinitely. Pressure is needed to close the valve. As a result, more water collects in sewage pipes than the system can contain and floods occur all over the camp. Mr. Bracken has been up 36 hours trying to get things straightened out after they shut the pressure off a few hours. He talked at length about it and several things became clear. 1.) Although trouble was caused by people pressing valves, he had done nothing to education them in this matter and thought never occurred to him. 2.) Disposal of the sewage that was left after the water went down was the job of the health department, not his and he had not contacted them about it.

I mentioned this situation to Mrs. Popkin and she said Mr. Popkin's department could do nothing about it because it was a job of the maintenance department.

I saw Dr. Pressman and he took the position that the health department could only advise. Removal of sewage or covering it up was somebody else's job, though he didn't know who.

I burst out laughing at this and said it was too typical of the government. He smiled then, seeing the funny side himself and said he would see what he could do about our mess on Ward 8. However, nothing was said about the same mess all over the camp.

(See notes in S. J. this date on conversation with Mr. Gelvin.)

Observation, EC

Well Baby Clinic

Stop by the Public Health building today — down in 310. Miss Matsumoto and several other women in the front office, and in the building a number of women with babies or small children. Miss Matsumoto says that they are having an examination of the well babies. They figure there are about 75 of these in Poston, those up to about a year old. She takes EC into another room, where more mothers are sitting holding babies. The babies are either naked or dressed in a diaper, and apparently waiting for their turn on the inspection table. Miss Matsumoto pulls open a swinging door and leads EC into a room half the width of the barracks, where Dr. Togasaki is making the examinations. The doctor is a youngist woman, probably in her 30s. She is sitting by a table, which is covered with sheet and towel. The baby is placed on this for the examination. At this moment, both mother and father are present watching the examination. The baby has a bad case of exzema, and she asks for details about its diet and care and last visit to the clinic. The examination seems to amount to little more than inspection of skin, listening with stethoscope, and tapping the chest and feeling the abdomen. This baby is still on the table, when the next is brought in. Stand there watching, while about 5 babies are examined. One or two, get little attention — possibly because they look so completely healthy. In one case, she examines eyes, turning eyelid back. Two girls are helping her with the examination.

Go out and talk with Miss Matsumoto after this. She says that they sent out the announcement that the examination would be held through the Block Managers. They were supposed to announce it in the messhalls. She thinks most did, but some parents don't bther to bring their children in. They get tired of the frequent trips. First it was tuberculin tests, then inspection of this, then the general examination. Today they have handled 71 babies so far (about 11:00) and there are about 50 more that didn't come in. T

6/25/43

They have already had the examination of the school children. They didn't have as many problems down here as they did in Camp 1, so they didn't ask all the mothers to come in with the children. But they called in all children with high blood pressure, and had a dental examination. They have just started Dental Public Health in this camp.

The Public Health office has been open here in this camp since sometime in February or March, whenever it was that they moved down from Camp 1. Some days they are terrifically busy, and at other times it is very slack. There is always a good deal of secretarial work involved, but the rest isn't constant.

This next week they are going to start a physical examination of all mess hall crews, tuberculin test and all the rest. They are trying to get the children finished before they start, but there are always some stragglers.

Dr. Togasaki comes out. She suggests that they check with the Block Managers office or with the Leave Office on the cases that didn't come in today -- she thinks many of them will be found in families that have left camp. They should do this before sending out further notices to have these children brought in.

While Dr. T. making one examination of baby with exzema, she advises the mother to get soy milk every day from the Tofu Factory and give that to the baby instead of regular milk, saying that it is excellent food and often cures such cases. Tells her that since will have to get it every day should go herself for it, otherwise could get it from her dietician, in 317. The woman is Mrs. Namba, wife of the dentist.

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BLK 11

6/28-43

---CTS

DEPARTURE of a DOCTOR. C.R. Health: Outgroup: Resettlement.

~~xxxxxx~~ Sunday night a large group of friends were invited by Dr. W. for farewell. Watermelon, cookies, soda, etc were served.

As a private car was to take the Dr. to Parker instead of the bus, a large group of ~~xxxxxx~~ acquaintances came to see him off.

~~xxxxxx~~ After supper the Dr. went around the block ~~xxxxxx~~ to apt to apt and bid each farewell and asked the residents' consideration of the family he was leaving here.

Many who came to see him off were ~~xxxxxx~~ hospital workers, or patients. Many of them came and left "sobetsu" and went not waiting for the departure at 9:00 P.M.

There was much discussion among these guest standing around brrack 3 concerning outgroup relationship, pro and con about the wisdom of going out. Rumors of difficulties predominated.

The outstanding rumor concerned the closing of medical dept to Japanese in five colleges of the Chicago district, the difficult of Dr. Hara, a prominent Japanese Dr. in securing position. This fact had been publicized by Dr. W. during the farewell tea of the evening before.

People feel that under the circumstances perhaps Dr. W. would come back when his projected study of a few months is over, ~~the fact that xxxxxxxx~~ They feel that the difficulty of finding adequate housing for his family which includes two up and growing boys under 10 would also induce him to return.

There is unanimous agreement that the Dr is wise in going out to study now, that is utilizing this marking-time period for advancement.

81  
A-1: Hospital  
Interview a n Issei nurse:gy  
Opinion and Attitude of working in the Hospital.

7-7-43

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The interview was conducted in the front of Barrack 14-D. The shadows of the other barracks offered us a shade and the interview was conducted in a very informal manner. The subject is an Issei lady around 47 years old and has had some previous experience in Nursing. Mrs. X is a registered mid-wife in Japan, but did not practice in this country; but assisted some friends with the delivery. Ever since entering Camp Mrs. X has not been working until one day there was a call from the Red Cross in Poston recruiting Issei Lady Nurse to take charge of Ward 3 in the hospital. The nurse's aides were having such difficulties with the patient that something had to be done. Ward 3 is for old Issei patients with chronic diseases.

Mrs. X: I consulted my family about working in the hospital as a nurse and the first objection was that the work might be too hard, and I'll break down physically, but I realized that I should help in some way so I accepted a position as one of the Issei nurses. I began work on April 1, 1943. When I entered the ward and saw so many misfits, blind, skin diseases, paralysis, and people that could not talk I felt very fortunate that I was not ill like the patient that I'm going to look after. I realized that there were going to be lots of trouble, but I felt that it was my duty to take of the patients. I learned the routines from the former nurses, and made use of some of my former experiences. The first day I was so tired that my body felt like cotton. I thought I couldn't continue this work for a week, but I thought of the obligation that I must meet for accepting a position as a nurse in the Red Cross list. It was the obligation that made me go back to the hospital. I gradually got used to the work and gained confidence to an extent that I didn't

want to quit. I realized that nursing was my duty in this universe just as same as some of the doctors think that there won't be anything else for them to do in this world except being a doctor. There were times when I felt disgusting when the patients were asking for some of the most impossible things. I tell my children that if you can't put to practice somethings that you learned your education is dead. There many times that I felt happy that I wasn't in the patient's shoes, but I have to sympathize with the patient. There's one patient that can't speak so distinctly and the other patients are annoyed by his tone. There were many pshic cases, and it was my first experience. I certainly learned a lot of parental love. It was amazing how an insane woman would forget the other things around her surroundings but would always mention something about her children. When I felt disgusted with the work I had to cover my feelings and repeat to myself "Can't help", and I think that there are many employees in the hospital that feels the same as I do.

One thing that we should be grateful although we are put into the relocation center is the medical attention we received in the Centers. This is especially true with the Isseis who are actually enemy aliens, but they are taking care with the latest and the efficient doctors of the respective fields. The patient receive "o-yatsu"(fruits or drinks in between meals) twice a day and three square meals which is hard to get in some of the hoppital on the outside. The patients has neat, white beds and they have the opportunities of recuperating of every\* worrying what's going to happen; so I can't \$ help but Beel grateful and say, "Thank you".

During the day the surrounding of the hospital is not too quiet but around 2:00 or 3:00 a:m the deep silence and the soft moon tha t comes through the window creates a very peaceful atmosphere and at

times I wonder whether there really is a war on the outside. At such time I can't help but meditate, Gassho, extent my gratitude that we are living in the "Bunmei no America", the modern America. The President of the United States have been through many difficulties and I'm sure there are many more in his head; so we should help out as much as possible. Mr. Head is in the similar conditions so the residents of Poston should cooperate with the project policies, and make things as simple as possible.

It has been 3 months since I started on this work and I'm looking forward the earliest moment of peace.