

H3.3.5

67/14
c

WAR RELOCATION AUTHORITY
Central Utah Project

TOPAZ HOSPITAL

September 18, 1943

HOSPITAL MEMORANDUM NO. 5

Upon the recommendation of the Principal Medical Officer regarding the Clinic hours and same having been approved by the Planning Board on August 25, 1943, that there will be no Clinic held in the forenoon, but Clinic starting from one o'clock and ending at 4:30 or when completed in the afternoon, and only those persons who have certificate from the block nurse stating that they are unable to walk to the Clinic for any reason will be hauled to and from the Clinic by the carrier.

All other persons wishing to visit the Clinic in the afternoon hours who are able to walk will do so. The ambulance drivers are instructed not to carry anyone in the carriers without a certificate from the block nurse.

J. A. Simpson

J. A. Simpson, M. D.
Principal Medical Officer

JAS/yk

TOPAZ HOSPITAL

January 4, 1944

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

ATTENTION: Mr. Claud H. Pratt
Miss Adrian Altvater
Community Welfare Section

SUBJECT: Births and deaths for December 1943

BIRTHS:

<u>NAME</u>	<u>FAM. NO.</u>	<u>DATE OF BIRTH</u>	<u>TIME</u>
SAKA, Yuki Boy, John Hatsuo	22605	12/1/43	4:45 A.M.
MITA, Yoriko Boy, Yuji	12778	12/5/43	6:18 P.M.
MORIGUCHI, Masa Boy, Francis Yutaka	30890	12/7/43	1:32 A.M.
NAKAOKA, Kiyoko H. Boy, Glen Iseo	14785	12/12/43	7:48 A.M.
NISHIKAWA, Kimiko Girl, Lina Rumiko	27475	12/15/43	4:45 P.M.
NAGATA, Mary Girl, Marlene	13682	12/19/43	2:18 A.M.
TAKAYAMA, Toyo Boy, Ken	14635	12/25/43	9:55 P.M.
OKAMURA, Akiko Girl, Hideko	21901	12/27/43	8:07 A.M.

DEATHS:

<u>NAME</u>	<u>FAM. NO.</u>	<u>DATE</u>	<u>TIME</u>
NAKATSUKASA, Ikumatsu	14926	12/9/43	9:50 P.M.
SAWAI, Zenshichi	13611	12/12/43	5:05 A.M.
MATSUI, Tane	14734	12/13/43	1:56 A.M.
NAKAMOTO, Katsumi	19074	12/31/43	2:30 P.M.

LVG
Leanore V. Gottfried
Medical Social Supervisor

Approved by:

J. A. Simpson, M. D.
Chief Medical Officer

LVGottfried:st:1/4/44

TOPAZ HOSPITAL

January 4, 1944

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

ATTENTION: Mr. Claud H. Pratt
Miss Adrian Altvater
Community Welfare Section

SUBJECT: Births and deaths for December 1943

BIRTHS:

<u>NAME</u>	<u>FAM. NO.</u>	<u>DATE OF BIRTH</u>	<u>TIME</u>
SAKA, Yuki Boy, John Hatsuo	22605	12/1/43	4:45 A.M.
MITA, Yoriko Boy, Yuji	12778	12/5/43	6:18 P.M.
MORIGUCHI, Masa Boy, Francis Yutaka	30890	12/7/43	1:32 A.M.
NAKAOKA, Kiyoko H. Boy, Glen Isao	14785	12/12/43	7:48 A.M.
NISHIKAWA, Kimiko Girl, Lina Rumiko	27475	12/15/43	4:45 P.M.
NAGATA, Mary Girl, Marlene	13682	12/19/43	2:18 A.M.
TAKAYAMA, Toyo Boy, Ken	14635	12/25/43	9:55 P.M.
OKAMURA, Akiko Girl, Hideko	21901	12/27/43	8:07 A.M.

DEATHS:

<u>NAME</u>	<u>FAM. NO.</u>	<u>DATE</u>	<u>TIME</u>
NAKATSUKASA, Ikumatsu	14926	12/9/43	9:50 P.M.
SAWAI, Zenshichi	13611	12/12/43	5:05 A.M.
MATSUI, Tane	14734	12/13/43	1:56 A.M.
NAKAMOTO, Katsumi	19074	12/31/43	2:30 P.M.

LVB

Leanore V. Gottfried
Medical Social Supervisor

Approved by:

J. A. Simpson, M. D.
Chief Medical Officer

LVGottfried:tt:1/4/44

CENTRAL UTAH PROJECT
TOPAZ HOSPITAL
TOPAZ, UTAH

January 28, 1944

MEMORANDUM TO: Community Council

FROM: Margaret A. McCaffery, R.N.
Acting Chief Nurse

SUBJECT: President's Birthday Ball and the
March of Dimes

The purpose of the National Foundation for Infantile Paralysis is to lead, direct and unify the fight on every phase of this sickness.

Each year 50% of the money raised through celebrations of the President's Birthday is left in the area in which it was contributed to finance the services of the local Chapter. The remainder is used by the National Foundation For Infantile Paralysis, Incorporated, to forward its national program of research, education and epidemic aid.

We in Topaz have already received assistance from this Fund during 1943 when one of our resident children was stricken with the disease.

At this time the staff of the Topaz Hospital are sponsoring the President's Birthday Ball and the March of Dimes so that some of the proceeds from same will be available to this area to help the fight on Infantile Paralysis.

Margaret A. McCaffery R.N.

Margaret A. McCaffery, R.N.
Acting Chief Nurse

MAMc:km

C
O
P
Y

*Compensatory Overtime
Resident
H 3.38*

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

May 30, 1944

MEMORANDUM TO: Mr. Roscoe E. Bell
Assistant Project Director

FROM: Dr. A. Pressman
Chief Medical Officer

This will confirm our discussion with regards to authorization of compensatory time for the Medical Staff of the hospital.

Our Medical Staff at the present time comprises four resident physicians. Three of these physicians, Doctors Goto, Teshima, and Sugiyama are on regular schedule of duty in the hospital and rotate in answering emergency calls, emergency operations, obstetrics, and other hospital duties after 5:15 P.M.; so that each physician is on duty for a period of twenty-four hours every third day. Our experience has shown that these physicians are called frequently after their regular tour of duty, each call consuming from fifteen minutes to two hours in addition to emergency calls. It is therefore reasonable to say that each man on twenty-four duty, actually renders at least sixteen hours of professional services. Under the circumstances, I recommend that the physicians be credited with eight hours overtime on the days when they are assigned to an emergency duty. This will mean that sixteen hour duty will be authorized every third day for each doctor. Such authorization will be furnished the Time Keeping Department at the beginning of each working week.

A. Pressman, M.D.
Chief Medical Officer

AP/hm

cc: Mr. Campbell
Mr. Gooding

C
O
P
Y

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

April 17, 1944

H 3,38

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. A. Pressman
Chief Medical Officer

SUBJECT: Repairs and alterations of the hospital

This will confirm recent discussions with you, Mr. Roscoe Bell and Mr. Henry Watson, relative to repairs and alterations in the hospital. It was agreed that these alterations are necessary for the more efficient handling of the hospital business and for the convenience and comfort of patients and hospital personnel. Verbal approval for these changes were given to Mr. Watson at the time of our conference. It is hereby requested that this approval be formalized and that Mr. Watson be authorized to proceed with the alterations.

The following are the proposed changes to be effected:

ADMINISTRATION BUILDING

- (1) A new Entrance to hospital offices to be made by cutting a door from the main corridor just east of the present main entrance and that portion of the catwalk is to be partitioned off.
- (2) A second door is to be installed on the other side of this partition connecting the Administration building with the main hospital corridor.
- (3) The south porch to be inclosed for the purpose of housing the Ambulance Department, and the door leading from the porch to the main hospital corridor be closed off.
- (4) Part of the partition between the storage room and the adjoining office to the west of it to be removed and the entrance to the storage room to be closed off.
- (5) A door to be cut between the office of Chief Medical Officer and the adjoining office to the west of it.

- (6) A storage closet with an adequate lock to be constructed for the storage of hospital liquor supply and other valuable items. This closet to be placed in the office of Chief Medical Officer.
- (7) A wooden grill with two openings to be installed on the counter of the front hospital office.

(These structural changes have been discussed with Mr. Sutton and indicated on the hospital blue prints)

NURSES QUARTER

- (1) Nurses' quarters are to be made suitable for housing of the appointed nursing personnel. The rooms at present are hardly sufficient to contain more than a bed and a chair. It is proposed to connect adjacent rooms by means of a door. This will afford housing for eight appointed nurses.
- (2) The room just south of the washroom to be made suitable for a kitchenette for the common use of all nurses housed in this wing.

(The changes have been marked on the appropriate blue prints)

CLINIC WING

The space originally provided for the X-ray Department has proven totally inadequate. It has been found necessary to keep the files of X-ray films in another part of the hospital structure which causes great deal of inconvenience and loss of time.

Also, there is extreme crowding in the waiting room because both Medical and Dental patients come in through the same entrance. To remedy this situation, additional room should be provided for the X-ray Department and a separate Dental receptionist's office. This can be effected by:

- (1) Constructing an additional, approximately 14x12 feet, will serve as X-ray office and reading room, and the remaining space to be an office for dental receptionist and dental records.

The arrangement for interviewing and examining Medical patients which now obtain in the clinic is highly unsatisfactory. Due to the fact that sheets are used to partition off examining room, there is no privacy for the patient and doctor during the taking of history and examination. The undesirability of this is obvious. To correct this situation, it is proposed:

- (1) That partitions be installed in this portion of the clinic building as indicated on the appropriate blue prints.
- (2) Some type of air-conditioning be provided during the summer months.

No satisfactory provisions for filing health records exists at a present time. These records consists of hospital charts, clinic records, public health records, immunization data, etc. It is essential that all data pertaining to the health of an individual be readily available in one place. To accomplish this, it is proposed to:

- (1) Make use of the room adjoining the receptionist's office for record library.
- (2) Cut a door between the receptionist's office and this latter room.

/s/ A Fressman, M.D.
Chief Medical Officer

AP/hm

CENTRAL UTAH PROJECT
TOPAZ, UTAH

PD

MEMORANDUM TO: Topaz Community Council

ATTENTION: Mr. Masaru Narahara
Chairman

This will acknowledge your letter of July 25, in which the Council indicates that the residents of Topaz are objecting to the proposed reduction in the number of dentists and pharmacists employed on the project.

I appreciate the thorough and careful study and analysis you have given to this problem and the expression of concern as to the adequacy of the health services available to Topaz residents. That, of course, is a matter of concern to us all, particularly of our Chief Medical Officer here and of the Medical Director in Washington. I am confident that it is just this concern for the dental and health needs of the residents of all centers that prompted the action taken in order to more adequately provide such services where not now available.

However, as I told your committee, I do feel that the requests for dentists to fill needed vacancies at other centers should precede the termination of the positions here; and I have recommended to the Director that no action be taken here on the termination of these positions until we are, first, provided with a statement of the needed vacancies at other centers, and second, that request is made for someone from this center on the basis of comparative needs to accept transfer. In other words, that it be handled on an individual basis and from the standpoint of greater comparative need elsewhere, and then let the individual decide. If within a reasonable time, the vacancy is not filled or acceptance for transfer secured then that one position will be terminated, but only after every effort has been made to handle it on an individual and voluntary basis.

The Council expresses a desire to maintain maximum health services for the community. Naturally, I agree with this desire and will lend all assistance possible to maintain these services. As I am sure, however, the

Council will agree WRA does have a responsibility to maintain such services in all the centers.

I appreciate greatly your expression of desire for the closest cooperation possible as between the WRA and the residents for the future operation of this project, and may I add, to better meet the needs of the residents, most important of which is their continued good health.

As soon as I hear further on this from the Director, I will immediately get in touch with you. In the meantime we will maintain status quo.

L.T. Hoffman
Project Director

LTH:hf: 7/28/44

CENTRAL UTAH PROJECT
TOPAZ, UTAH

MEMORANDUM TO: Mr. Mas Narahara, Chairman
Topaz Community Council

ATTENTION: Mr. Kurakichi Suwada, Chairman
Rev. J. K. Tsukamoto
Special Hospital Committee

This will acknowledge your excellent memorandum of July 29 which has been accepted in the light of a better understanding of the hospital situation. Your memorandum was referred to Dr. Collier, Chief Medical Officer, and Miss Kirchner, Chief Nurse, and the following statement is based on their written response. As agreed in our last discussion together, the Project Director's reply would be in the nature of a brief summary rather than an itemized statement of each item as presented in your memorandum.

Regardless of what may or may not have occurred in the past, I am sure that we all heartily agree, that in working out matters of common interest and concern, as between the administration and the community through their official representatives the Community Council and its committees, that we will at no time use methods of threat either directly or indirectly.

We also recognize that mutual courtesy, based on confidence and a desire to cooperate for the good of all concerned, should characterize all relationships, not only as between supervising nurses and nurses aides but as between personnel of the hospital and of all other departments. It should be remembered, however, that in all well ordered hospitals, the welfare of the patients necessitates a special relationship of authority and responsibility, not only as between doctors and nurses but also as between graduate nurses and nurses aides. This need of recognition of the final responsibility of the Chief Medical Officer for the health of hospital patients is one that needs to be more clearly understood and accepted than it has been in the past. Our Chief Medical Officer who has the responsibility for the total health services of the community as well as for those individuals who are now patients, must be free to exercise his professional judgment freely and quickly while at the same time making use of the helpful services of such

committees as have prepared the memorandum referred to above.

Both Dr. Collier and Miss Kirchner have stated that everything possible will be done in recognition of the very valuable services of the nurses aides to the hospital patients to provide adequate services for their comfort and to make possible necessary rest while off duty. This has been worked out to the satisfaction of the nurses aides and steps have already been taken to provide these needed services.

Referring to the problem of student nurses and nurses aides being made responsible for administering of hypodermics, this is part of the common and normal practice of hospitals throughout the country and can be one of desirable experience in terms of training and nursing technique, if the proper relationships exists as between the supervising nurse and those who are taking this valuable training. Such improvement Miss Kirchner is now bringing about. This information is passed on directly from Dr. Collier and I am sure all of us will understand and support the desirability of this procedure.

If the resident registered nurse, who has a child $1\frac{1}{2}$ years old is desirous at the present time of giving full or half time to the hospital, I can assure you that special arrangements will be made so as to enable her to perform her valuable services and work at the hospital where she is so badly needed.

Your point regarding the presentation of certificates to nurses aides for their work is well taken and plans are now being made to make this possible.

As you are well aware, outside patients are brought in to our hospital at Topaz only in extreme emergencies when outside facilities are not available because the Delta doctor is away. This happened in the recent case of an acute appendicitis where it was necessary to bring someone from Deseret for an emergency operation, Dr. Bird the Delta doctor being away at Salt Lake at the time. We believe that the good will developed from such occasional services will benefit the residents of Topaz in the long run. It should also be pointed out that medical ethics require such care on a medical cooperative basis. In the early period of Topaz, Dr. Bird furnished medicines and hospital services for residents and personnel of this center. As Dr. Collier has pointed out, the small amount of medicine furnished in such

cases does not deplete our stock to any appreciable degree. He has also assured the residents and everyone concerned that we have adequate medical supplies for all possible needs of the patients, or patients to be, here at Topaz.

I trust that reply has pointed.....

..... We wish to also express mutual concern, on the main problem of the need of nurses aides, and at the same time indicate in our reply the desire on the part of the medical staff and of our administrative staff as a whole, to come to a mutual understanding as to the health needs of the center residents. I am sure that the time and energy taken up in this particular study will be worthwhile if it has brought about a better working relationship which in turn should minimize the time and effort necessary in the future to solve similar problems as they arise.

L. T. Hoffman
Project Director

LTHoffman:hn: 8/10/44

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

August 22, 1944

Mr. L. F. Hoffman
Project Director
Topaz, Utah

Dear Mr. Hoffman:

On August 21st at the fifteenth session of the Community Council, a recommendation was unanimously approved that our present Chief Medical Officer, Dr. R. Collier, be transferred elsewhere.

We believe it is impossible for Dr. Collier to understand and cooperate with residents in maintaining the proper unity and understanding among the personnel in our hospital and also as the hospital administrator, evidences have revealed the lack of sincerity to maintain and promote the health of the community. We believe it is imperative to the residents that health of the community be given first consideration.

It is difficult for the residents to cooperate on any health problems if the mutual understanding and cooperation of the administrator cannot be obtained.

The Community Council was suggested and made recommendations to the Administration which we believed would be helpful in assisting and correcting the existing problems of the hospital. We feel that these suggestions have not been appreciated or have been taken into consideration. The health of the community is the paramount consideration of the residents and we desire that the health of the community be maintained and promoted at all time.

The Council has appreciated your reply to our letter on July 25, assuring us the hospital service will be maintained, based on the health needs of the residents, which you state is the responsibility of the Chief Medical Officer. Also the recognition that mutual courtesy, confidence, and desire to cooperate for the good of all concerned should characterize relationship of all personnel of the hospital.

Since the receipt of your letter, many unfavorable conditions and situations have occurred at the hospital created by the actions of our Chief Medical Officer which, we believe, have not been for the best interest and welfare of the residents.

This is a very serious matter and realize the importance of our decision. Your earnest and sincere consideration for the removal of our Chief Medical Officer is respectfully requested.

Respectfully,

TOPAZ COMMUNITY COUNCIL

By Masaru Narahara
Chairman

MN:tm

REPORT TO PROJECT DIRECTOR
By Douglas Collier

HEALTH SERVICE

After almost 3 weeks observation and work in the health section I have come to the following conclusions.

1. The health service is being adequately covered. The work is not outstanding, but everybody who is acutely ill is been care for. A fair amount of prophylactic work is being done. Surgery is adequate but not out of the ordinary, in most instances.
2. A staff, most of them now, has been recruited in the past two months, which is adequate. Individually they are well trained and should be able to handle the health service.
3. A bad spirit exists between some of the evacuee staff and the appointed staff. I see no hope of getting a harmonious working relationship between members as long as a certain member remains. I expect a further deterioration as long as things continue as they are at present.
4. Miss Kerchner is competent to handle the nursing service if she is given proper backing. I recommend that she be given complete support.
5. When Dr. Thompson was here I told him that unless I could get a reasonable harmony in the staff that I would resign. I meant it then and it still holds.

C
O
P
Y

INGOMING TELETYPE

19DELTA SU 8-2-44 815A
HOFFMAN DELTA
ATTN DOUG COLLIER MD CHIEF MEDL OFCR

PHARMACIST EVACUEE POSITIONS AT GILA RIVER ARE VACANT.
SINCE YOU HAVE ONE PHARMACIST IN EXCESS OF ALLOTTED
POSITIONS PLEASE ADVISE HIM OF THESE VACANCIES AND
ENCOURAGE ACCEPTANCE OF TRANSFER WITH OR WITHOUT
FAMILY AS HE PREFERS. PLEASE ADVISE ME SAN FRANCISCO.
TO ASSIST WITH MEETING PROBLEM EXCESS DENTISTS YOU MAY
EXPECT AUTHORIZATION FOR TEMPORARY ADDITIONAL POSITIONS
TO MAKE MAXIMUM OF FOUR DENTISTS AND TWO DENTAL TECHNI-
CIANS. TRANSFER OF ONE DENTIST NOW TO MANZANAR IS POSSI-
BLE. OTHER TRANSFER OPENINGS WILL BE ANNOUNCED IN NEAR
FUTURE.

G D C THOMPSON MD WRA SF

BN

UNITED STATES DEPARTMENT OF INTERIOR
WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
Topaz, Utah

August 31, 1944

MEMORANDUM TO: Dental Staff
Center Hospital

FROM: Dr. Douglas Collier
Chief Medical Officer

SUBJECT: Reduction in Dental Force

Yesterday I received the following memorandum from
Dr. S. Murata:

"I deeply regret that we cannot come to a conclusion regarding the decision made by the administration. We will leave the matter up to the Medical Chief as to what course he may take."

Since the dentists have been unable to come to a decision, I hereby request Mr. Marstella to prepare termination notices for Mr. Taira, dental student now acting as dental technician, and Dr. George Ochikubo, to be effective September 1. Since the dentists were notified that there would be a reduction from among their number considerably longer than two weeks ago, I feel that due notice has already been given, and the termination should be effective as of September 1.

/s/ D. R. Collier, M. D.
Chief Medical Officer

cc: Mr. Hoffman
Mr. Sanford
Mr. Lafabregue
Mr. Marstella
Dr. Ochikubo
Mr. Taira

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
Topaz, Utah

August 31, 1944

Mr. L. T. Hoffman
Project Director
Topaz, Utah

Dear Mr. Hoffman:

After the meeting with you this afternoon, the Community Council had considerable discussion and decided to request the Administration in regards to the present order of termination of one dentist and one dental technician as follows:

1. To give, at least, two weeks notice to the recipient before the actual termination.
2. From the residents' viewpoint, the present dental services as rendered by them today is not adequate to the needs of the residents.
3. That there is considerable cases of those that requires dentures on basis of medical need which were delayed because of lack of necessary dental equipment which should have been provided to our dental unit. Because of delay, the Council feels that our present dental staff should be maintained at status quo until such time that these services as required may be completed.
4. The Council feels that these two terminations which is to be effect tomorrow is unjustified. This the residents' viewpoint and that we cannot be involved or make any comments or express our opinion on the WRA viewpoint.

The above facts in mind, Council request further consideration on the two terminations of our dental staff that were issued today.

Respectfully,

TOPAZ COMMUNITY COUNCIL

/s/ M. Narahara

Masaru Narahara, Chairman

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
Topaz, Utah

June 16, 1944

REPORT ON HEALTH SERVICE

TO: Dr. G. D. C. Thompson

FROM: Dr. A. Pressman

THRU: Luther T. Hoffman
Project Director

S U M M A R Y

CONCLUSIONS

- 1) One of the members of the evacuee medical staff has assumed certain functions of the Chief Medical Officer because of a laxness in the supervision and direction of the professional staff.
- 2) An appreciable percentage of the dental services have been extended to a favored few who could afford special dental services, - to the detriment of the great mass of evacuees.
- 3) The dietary department has had no professional supervision and direction, and in a very important sense has functioned on the same basis as a block mess hall.
- 4) There has been woeful negligence in the handling of mess hall equipment and an improper and wasteful use of food issued for patients.
- 5) There has been no supervision of employees and no discipline of mess hall personnel.
- 6) The tuberculosis control program, especially with respect to the follow-up of contacts, has not been entirely adequate.
- 7) The functions of the Chief Nurse have not been carried out as is reflected in the inadequate administration of the office and in the weakness of the nurses.
- 8) The responsibilities of the hospital administrator have not been fully realized and a serious weakness exists in that unit.

RECOMMENDATIONS

1) Dr. Goto should be transferred to another project.

Note: The functions and responsibilities of the office of the Chief Medical Officer should remain in the hands of this official and be exercised by him. It is not desirable to share this responsibility with any member of the evacuee staff. It will therefore be necessary to limit Dr. James Goto strictly to his professional duties. Personally, I do not believe that Dr. Goto will accept such limitations or if he accepts them that he will abide by them in good faith. I am convinced that the matter can be disposed of only by the transfer of Dr. Goto to another project.

2) The whole subject of dental service should be reviewed in the light of existing W.R.A. regulations, and the private enterprise aspect of some of its practices should be inquired into and if substantiated should be entirely abolished.

3) The tuberculosis case finding program should be extended and a careful check executed over the contacts.

4) Prospective mess hall employees should be more adequately examined and each one should have a chest X-ray.

5) A capable and efficient Chief Nurse should be assigned to this Project.

6) Miss Margaret McCaffrey should be offered a transfer to another project.

7) A capable employee should be assigned to the position of Hospital Administrator.

Submitted by

Dr. A. Pressman

AP:AH

(Dictated but not read)

Mr. Dillon S. Myer, Director
War Relocation Authority
Barr Building
Washington, D. C.

Attention: Dr. John Provinse
Dr. Ned Spicer

From: Oscar F. Hoffman
Community Analyst

Subject: Community Analysis Newsletter No. 13, for a
week ending September 9, 1944)

1. Tread of Thought

The past week has been rather quiet with an air of watchful waiting on the part of the residents very much in evidence. This is particularly true regarding the pipeline work, hospital situation, school problem and the question pertaining to the CAS. Results for none of these have come out too favorably as far as the residents are concerned. This is the root of the indifference shown toward the work of the Administration in their efforts to obtain workers for the essential job of the pipeline and hospital. The attitude of the residents still seems to be that sincere aim toward cooperation is not met wholeheartedly. This is a "held-over" attitude from the former Administration which the present one must make every effort to overcome. The majority of the residents cannot reconcile themselves to the fact that relocation is steadily being accelerated and at the same time urgent requests are being made for project workers. This is an old question and one which the residents, especially the Issei, will not interest themselves in any longer. The general opinion is that this is now the Administration's problem. This is much more true now that most of the available, able-bodied workers have gone out permanently or are out on seasonal leaves

6. Hospital

Continued negotiations have left the hospital situation in mid-air as far as the residents are concerned. Here, too, they have taken the attitude of watchful, wishful waiting, hoping for something they realize will not come to pass: that of the transfer of Dr. Collier. The residents will tell you that it is the refusal of the WRA to comply to any of the wishes of the residents that makes the atmosphere between them so tense. They feel that their requests are made only after situations have reach-

ed an impasse stage; that only when problems ~~became~~ be-
come unbearable, do they request the Administration any
special favor.

Many times an example is cited of a certain Caucasian
staff member whose attitude so incited the residents
that they asked for his removal. However, this man was
reasonable enough to see that getting on the other side
of the fence did him no good.

His attitude showed a remarkable change and with it he
was able to get full confidence and friendship of the
residents. If this same spirit is shown by certain
members of the hospital staff, the residents feel that
everything will smooth out by itself at the hospital.

COUNCIL MINUTES
Twenty-First Session
September 11, 1944

The regular Council meeting was called to order by the Chairman, Mr. Masaru Narahara, at 8:30 a.m.

COUNCIL MEMBERS ABSENT: Iwao Takahama (9-Ex), Kaei Kataoka (57-Ex).

The minutes of the previous meeting was approved.

BUSINESS:

HOSPITAL

Chairman reported three men and two women ambulatory patients were transferred to Block #3 last Saturday afternoon. No arrangement such as toilet and water were installed; therefore, chairman asked Mr. Hoffman to see the place Saturday night. Project Director saw the need of immediate attention and promised to correct the condition as soon as possible. Nothing has been done as of Monday. Dr. Collier admitted he made a mistake on one woman patient; and she was taken back to hospital Saturday night. It was reported about 30 patients were send home last week. This drastic measures were taken on account of serious shortage of RN and Nurses Aides. It was reported evacuee doctors agreed if proper facilities and services are given to these patients; but two kitchen workers are helping them just on eating time and no facility given to them. It was decided unanimously to investigate the premises. All Councilmen went to see the place. It was decided unanimously to ask for transfer of these patients back to empty ward immediately until proper arrangement for Rest Home is provided; secondly, provide proper facilities and clean proper attendents; thirdly, ask for definite answer concerning Dr. Collier's transfer.

The meeting was adjourned at 11:55 a.m. in order to meet with Project Director at 1:30 p.m.

Mr. L. T. Hoffman, Project Director was introduced by the Chairman, and three questions were presented to him.

Mr. Hoffman explained there are only 4 RN and about 30 patients. This present move is only on emergency matter because of shortage of trained professional people at the hospital. Dr. Collier has met the situation with what help he has at the hospital; therefore present condition has to continue for awhile. The adequate facilities or services are decided by Medical Chief. Mr. Hoffman stated that he cannot approve the removal or trans-

fer of Dr. Collier at present time. Mr. Hoffman mentioned that Council nor residents did not seem to take interest in securing a Rest Home in the Blocks. It was explained to Mr. Hoffman that Council was never consulted on this matter. Mr. Hoffman appealed for Council's cooperation in order to overcome general problems.

Mr. Sanford, Assis't Project Director, reported these patients will be taken care by Welfare Section under Mr. Pratt beginning tomorrow. Diet Kitchen will be open as soon as a cook can be found at Dining Hall #2. It was unfortunate that Council was not consulted on this matter.

After the reports by our Administrative Staff, the Community Council expressed their opinion that it will be difficult to act in behalf of the residents if the Administration cannot give us more cooperation on the problems of mutual concern.

ARMY ORDINANCE DEPOT

It was suggested by Army Officers to send two representatives to investigate the Army Depot in Nebraska with Army expense. It was decided to let Relocation Office select their representative from persons who are interested.

The meeting was adjourned at 4:20 p.m.

Respectfully submitted,

Masuji Fujii
Office Manager
Community Council

REPLY TO SPECIAL HOSPITAL COMMITTEE.

By Dr. Douglas Collier

1. Administrative acts regarding visitations.

The persons who were responsible for the reduction in visiting are not here to explain their actions. I cannot answer for them. However since the orders have been changed, the matter should be dropped.

2. Nurses quarters.

It will not do to mix the graduate nurses and students. Either find other quarters for the students, or move the graduates out of the quarters. This would have a bad effect on graduate nurses and other personnel, and make it difficult to hold the few nurses we have now. The mistake was made in allowing the doctor's families to move in. The quarters should have been kept for distinctly professional personnel, and graduate nurses, including other single appointed staff such as dietitian, etc. Quarters for the students can be adequately arranged in a quiet suitable place. I should like authority to do so.

3. Supervision of Nurses

4. Relationship between Supervising nurses and aides.

These can be best answered by Miss Kerchner.

However I would like to say that I consider Miss Kerchner very capable, and am convinced that if she has the proper backing she is entirely competent to handle all such matters.

5. What would happen

This is no threat, but is a statement of fact. If the facts hurt, then it is up to the camp to alter conditions.

6. Administering Hypodermics.

This is not the responsibility of the aides, except as directed by the supervisor. Until we get more trained help or can train our own help this problem will continue to exist.

7. Treatment of outsiders.

A dog in the manger attitude. Dr. Bird is years past has not been alone, since there have been two doctors until recently. No essential medicines have ever been denied patients. It has always been my policy to refuse work to Caucasians if such work would in any way deprive evacuees of care or attention.

CONCLUSION;

Whether or not the committee recruits nurses is their decision. Without nurses the health of the camp will certainly suffer. When we have brought the needs to their attention our responsibility has been discharged. They must take the consequences of a break down in the health service, if it results from this cause.

EPILOGUE

Com
Council

-90-

(HOSPITAL REPORT AS OF SEPTEMBER 16, 1944)

Four matters--the recruiting of nurses' aides; the reduction of the resident hospital personnel; the recommendation that Dr. Douglas Collier, Chief Medical Officer, be removed; and the removal of 12 patients from the hospital to either their homes or to quarters in block three--drew center-wide attention at Topaz during the period from the last few days of July, 1944, to September 16, 1944.

At the end of this period, most of these matters had been solved as far as possible; altho, little unimprovement in the nurses' aide situation had been made. This was partly unavoidable due to the termination of high school students who had been working during summer vacation and due to relocation.

The special Community Council committee which discussed the nurses' aide situation agreed that certain matters should be corrected before they could justifiably endeavor to secure more recruits. Points enumerated in a letter to the project director were as follows:

- 1) The proposed removal of the nurses' aides from the nurses' quarters.
- 2) Poor relationship between the supervising nurses and the nurses' aides.
- 3) The necessity for untrained nurses' aides to administer hypodermics.
- 4) Treatment of outside Caucasians in the center hospital.

The nurses' aides objected to their proposed removal from the nurses' quarters in the hospital as such a move would deprive them of needed rest away from the noise of residence barracks.

In his reply, Project Director L. T. Hoffman reported that both Dr. Collier and Chief Nurse Kirchner stated "that everything possible will be done in recognition of the valuable services of the nurses' aides to the hospital patient to provide adequate services for their comfort and to make possible necessary rest while off duty. This has been worked out to the satisfaction of the nurses' aides and steps have already been taken to provide these needed services."

It was contended that nurses aides were reluctant to request needed supplies of the supervising nurses due to the possibility of reprimand.

The Project Director stressed that "mutual courtesy, based on confidence and a desire to cooperate for the good of all concerned, should characterize all relationships, not only as between supervising nurses and nurses' aides but as between personnel of the hospital and of all other departments. It should be remembered, however, that in all well ordered hospitals, the welfare of the patients necessitates a special relationship of authority and responsibility, not only as between doctors and nurses but also as between graduate nurses and nurses' aides."

Nurses' aides objected to administering narcotics in the form of morphine, codeine, etc., through hypodermic injections, as they felt they lacked the proper nursing background in chemistry and the reactions to the drugs.

Project Director Hoffman stated that the responsibility of administering hypodermics is part of the common and normal practice for hospital nurses' aides throughout the country and "can be one of the desirable experience in terms of training and nursing technique, if the proper relationships exist as between the supervising nurse and those who are taking this valuable training"

The council committee drew attention to the fact that many Caucasian government employees from outlying districts had been coming to the Topaz hospital for care, thus depriving center residents of the time and supplies needed to treat non-residents.

On the other hand, Project Director Hoffman pointed to the medical cooperative basis which necessitates the treatment of outside patients in extreme emergencies and stated that goodwill resulted in such reciprocal treatment. He added the instances in which Dr. Bird of Delta had treated the residents of Topaz when no local surgeon was available.

The Community Council, in the meanwhile, became concerned about the budget allocation of authorized positions for the first quarter, cutting the hospital staff. Originally, the order had called for the reduction of the staff of seven dentists to three and the five pharmacists to one; however, a succeeding order, announced at the council meeting of August 7, 1944, revealed that four dentists and four pharmacists would be permitted to re-

main. As one pharmacist had announced the intention of relocating, the council did not concern itself with this department.

The council wrote a letter of objection to the project director, dated July 25, 1944. In his reply, the project director expressed the opinion that requests for dentists to fill needed vacancies at other centers should precede the termination of the positions here and that he had recommended to the national medical director that no action be taken on the termination of these positions until Topaz is first provided with a statement of the needed vacancies at other centers and that request is made for someone from this center on the basis of comparative needs to accept transfer. The transfer was set on an individual and voluntary basis.

Dr. Thompson teletyped that the transfer of one dentist to Manzanar was possible and that other transfer openings would be announced in the near future.

In the meanwhile, the dentists themselves could come to no decision in the matter and finally decided to leave the matter to the medical chief. Dr. Collier, in turn, requested termination notices for Mr. Taira, dental student then acting as dental technician, and Dr. George Ochikubo, to be effective September 1, 1944. The memorandum to this effect was dated August 31, 1944, declaring that as the reduction had been announced over two weeks previous, that due notice had been given.

The council memorandum pointed out that the present dental services were not adequate and that displacement of any dentist would further hinder essential dental service. Councilmen requested "further consideration of the two terminations."

The council finally decided to hold its action of the staff cut in abeyance until the arrival of Dr. Thompson, at which time clarification was expected. The council also agreed to suggest to Dr. Thompson that the hospital cover the expense of dentures and eyeglasses.

Dr. Thompson arrived in Topaz on August 17. Project Director Hoffman appeared before the council on the afternoon of August 31 to explain the results of his visit. He stated that Dr. Thompson has come for the purpose of facilitating the reduction instructions which had been issued in June. The cut had been made to give equal medical care to all centers and was based on the number available and the number relocating.

The project director also added that Dr. Thompson has announced that dentures are provided to the extent that equipment as available and the welfare section is not concerned.

The council asked the administration to postpone the termination of the two from the dental staff. At its meeting on September 4, the councilmen declared that the health committee would investigate the reasons why Dr. Ochikubo was terminated, even though the administrative cabinet had already decided that nothing more could be done about the mandatory termination. At the same meeting, councilmen unanimously approved a recommendation for the deferment of the remaining optometrist.

At its meeting of August 21, the Community Council decided unanimously to request the transfer of Dr. Collier "due to lack of cooperation with the residents."

A formal recommendation was addressed to Project Director Hoffman the following day which stated in part:

"We believe it is impossible for Dr. Collier to understand and cooperate with residents in maintaining the proper unity and understanding among the personnel in our hospital and also as the hospital administrator, evidences have revealed the lack of sincerity to maintain and promote the health of the community. We believe it is imperative in the residents that health of the community be given first consideration.

"It is difficult for the residents to cooperate on any health problems if the mutual understanding and cooperation of the administrator cannot be obtained."

On the other hand, the administration contended that such a recommendation was not within the jurisdiction of the Community Council and that the latter body should keep to its function of an advisory group. The council maintained its stand.

Upon the arrival of Dr. Thompson, the special council committee met with him and explained the situation to him.

At its meeting on August 28, the council unanimously moved that the body request Dr. Collier's "permanent vacation" from the center as he had planned to take a 2 weeks vacation 1st 2 weeks in October. Councilmen called block meetings, as a result of which, the residents approved the council's move.

And thus the matter stood, with neither side acceding,

although the initial tension was relieved somewhat, as the resident doctors were reported to be accepting the situation calmly.

The fourth crisis began with a meeting of Dr. Collier, Mr. Sanford, head of Community Management, and the resident doctors on September 9. At this time, those gathered agreed that the acute shortage of nurses' aides might be relieved by relieving the hospital of persons who were more "boarders" than patients. On the same day seven persons were transferred to their own homes and five were sent to a "rest home" in block three. The resident doctors recommended the names of patients affected, subject to the approval of the medical officer.

The afternoon passed uneventfully. Late that night, the chairmen of the council and the health committee, as well as several residents, came to the home of the project director to protest the day's action. Project Director Hoffman went to block three to inspect the conditions, found them unsatisfactory, and told the committee that he would see Dr. Collier. He saw the medical officer that same night. Dr. Collier, in turn, made the inspection and found that one patient should not have been removed from the hospital. This patient was returned on September 10.

The welfare division was then asked to assume the responsibility for the care of these people.

Residents became aroused over the situation and flocked to block three. This was the situation until September 11, when Director Hoffman spoke before councilmen.

The afternoon council session climaxed a morning-long discussion already conducted on the subject. The morning session protested the transferral of the patients as previous arrangements had not been made to install lavatory facilities and running water. It was reported that the resident doctors had agreed to such transfer only after assurances had been made that proper facilities and services would be provided. It was also held that two kitchen workers were available only at meal times and constituted the entire attendant staff. The entire Council body trekked to block three and viewed the premises.

The councilmen decided unanimously to: (1) ask for the transfer of the patients back to an empty ward immediately until proper arrangements were provided for a rest home; (2) request proper facilities and

attendants; (3) ask for a definite answer concerning Dr. Collier's transfer.

At the afternoon session, Project Director Hoffman explained that a shortage of nurses--four registered nurses to 80 patients--necessitated the transfer as an emergency move. He declared that he could not approve the removal or transfer of Dr. Collier at that time. He appealed for the council's cooperation on the basis of providing the maximum health services to the residents.

Though the council was informed that the welfare division would take over the care of the patients from September 12, the group maintained its attitude. On the morning of September 12, a general "protest" meeting was held in the block three dining hall, with representatives of the Block Committee, Block Managers Committee, Community Council and others present. That afternoon the council chairman met with the project director to review the situation. The former warned the director that a crisis loomed.

Project Director Hoffman met with Messrs. Sanford and Pratt that night. Mr. Pratt agreed with the director that the administration should acknowledge that it had made a mistake and should return the patients to the hospital. Mr. Sanford held that this move would "break faith" with Dr. Collier and the resident doctors. He feared the resignations of Dr. Collier and the Caucasian nurses in the event that such an action were taken. Approached, Dr. Collier declared that he would accept the director's decision, albeit without his wholehearted approval. He stressed, however, that the patients should return under the care of the hospital staff and not the welfare division.

On the evening of September 13, the administration met with the chief medical officer and the resident doctors. Dr. Collier and the doctors expressed their reluctant agreement with the plan and asked for additional nurses and nurses' aides. The project director, at this time, declared that while the move had been poorly timed that we should continue to work toward an adequate rest home.

Later, the project director met with Chairman Mas Narahara of the Community Council and Mr. Suwada,, Chairman of the health committee. The latter two thanked Mr. Hoffman for his disposal of the matter and reiterated their group's desire for the removal of Dr. Collier.

In the meanwhile, due to lack of a cook, the diet

kitchen had not opened. The head dietician announced that she was conducting a survey on the possible employment of diet patients on a part-time basis. The block managers promised their assistance in securing the needed 25 regular workers.

The general resident attitude toward the hospital situation and the lack of workers was characterized as one of "watchful waiting" in the Community Analysis Newsletter No. 13 prepared by a worker on the staff of Dr. Oscar F. Hoffman, Community Analyst.

Dated for the week ending September 9, the report states:

"Continued negotiations have left the hospital situation in mid-air as far as the residents are concerned. Here, too, they have taken the attitude of watchful, wishful waiting, hoping for something they realize will not come to pass: that of the transfer of Dr. Collier. The residents will tell you that it is the refusal of the WRA to comply to any of the wishes of the residents that makes the atmosphere between them so tense. They feel that their requests are made only after situations have reached an impasse stage; that only when problems become unbearable, do they request the administration any special favor.

"Many times an example is cited of a certain Caucasian staff member whose attitude so incited the residents that they asked for his removal. However, this man was reasonable enough to see that getting on the other side of the fence did him no good. His attitude showed a remarkable change and with it he was able to get full confidence and friendship of the residents. If this same spirit is shown by certain members of the hospital staff, the residents feel that everything will smooth out by itself at the hospital."

The report further stated that residents were indifferent to administration efforts to obtain workers for the hospital, due to their own dissatisfaction with the general situation. The problem was termed purely an administrative one.

This completes the picture of the hospital over a two-year interim. Daily relocation makes the labor situation more acute; both administrative and resident personnel differences have still failed to come to any agreement as a working basis for mutual cooperation-although the relations between the chairman of the council and individual members of the staff appear to be on a friendly basis of mutual respect.

July 29, 1944

TO: Luther T. Hoffman, Project Director
Raymond P. Sanford, Assistant Project Director

The Special Committee got together Saturday night to discuss the matter of recruiting nurses aides. In the course of our discussion, we came to the conclusion that there are many conditions existing in the hospital through which we lose large numbers of our present nurses aides and which acts to prevent and make it difficult for us to recruit nurses aides. This has been our previous experience when we have attempted when requested by the administration to recruit nurses aides. Therefore, we thought it advisable to present to you some of these examples of faults and mismanagements that have come to our attention.

ADMINISTRATIVE ACTS REGARDING VISITATIONS

It has been called to the attention of the chairman that Miss McCaffery felt that because of shortages of nurses aides that visiting should be cut down to once weekly. Dr. Pressman felt that it was too severe and made it twice weekly (Tuesday and Sunday), rationale of the policy was "If the people consisting of the council and the block managers complain too vehemently that the hospital administration would demand that the people produce more nurses aides. If they produce more nurses aides, the administration will increase visitations." The policy has been corrected by Dr. Collier who changed the policy to nightly visitations, but we would like to bring to the attention of the administration that this type of forcing the issue is deplored.

NURSES AIDES QUARTERS

On March 11, 1944, the chief medical officer issued an administrative bulletin stating that nurses aides should evacuate the nurses quarters as it will be renovated. It has been approximately six months now and no large renovation has been accomplished. The bulletin was issued on good intentions, but there was no provision for taking care of the nurses aides after their removal from the nurses quarters. They were told to remain at home and sleep during the day for the girls that were on nights. Subsequently, the community council approached Mr. Ernst and requested that some provision be made for the nurses aides to sleep during the day when they are on night duty. Finally, after much discussion, a ward was opened up between the Contagious

Diseases and Men's ward. This was an empty ward with no matron to watch after these young girls. The nurses aides complained that while they were there the hot water was shut off time and time again and bath towels ran out. They came to the nurses quarters to obtain it from the linen closet but have found it locked under key, and key being maintained by Miss McCaffery. So, little by little the nurses aides felt that it was better to quit and work someplace else than to insist on getting their deserved comforts, adequate sleep, and without noisy interruptions.

Since Dr. Collier's administration, the x-ray files which were occupying Room #1 in the nurses quarters were moved to the Obstetrics ward occupying the private room which is essential for critically ill patients, the rational explanation given by Mr. Marstella being that, (1) it was an order by Dr. Collier to move the files, (2) it was moved because it disturbed the two nurses who had been on call at nights and sleeping there during the day.

The point the community council would like to bring up is this: "How do you expect a nurses aide to sleep in an evacuee quarters whether C, D, or E room where there are three or four in a family and to sleep there during the day when two nurses in a barrack consisting of 19 rooms are disturbed because of occupation of one room by x-ray files?" Apparently, there is no effort on the administration's part to think of the welfare of the nurses aides and their rest during the day.

SUPERVISION OF NURSES

During the past two weeks it has been called to the attention of the council that a ward clerk who does nothing but chart temperatures and keep the desk in order was ordered by the supervising Caucasian nurse to take charge of the Communicable Disease ward as they were short of nurses aides. This said clerk stated that, in the first place, she was not trained as a nurses aide although she has a sister who is a nurses aide; secondly, she did not know anything about contagious disease technique, and contagious disease technique is paramount in taking care of these cases. "hereupon, the Caucasian nurse alleged to have said, "I can make you do anything I want you to do." Whereupon, the child went home and told the mother. The mother congratulated the child for taking that attitude. Forthwith, the mother, apparently, spoke to other nurses aides' mothers about the situation, bringing up poor morale situation.

The question at stake is not what she was trained in or what the Caucasian supervising nurse demanded at that particular moment, but the question of morale, as you administrators are well aware, how rumors travel. The story grew larger, the damage has been done. What we request is that a little more tact be used.

POOR RELATIONSHIP BETWEEN THE SUPERVISING NURSES AND THE NURSES AIDES

The community council's attention has been brought to the fact that, apparently, there has been some occasions in which poor mental attitude has been taken by both parties concerned. As an illustration, of times the nurses aide working on the wards run short of sheets and other expendable material but upon requesting the said sheets to the supervising nurse in charge would be told to mind her own business or do the best she can with what there is. Again, on Obstetrics ward, it has been called to the attention that some supervising nurse, apparently, has been insolent and mean to the nurses. Because of these insolent remarks, the nurses aides, apparently, turn to some other personnel of the hospital requesting the sheets, etc. Whereupon, this party would refer the thing back to the supervising nurse, but since the nurses aides are fundamentally scared of their position would drop the subject as is. Occasionally, this third party would muster up enough courage to suggest to the nurse in charge or the chief nurse that there are ample supply of sheets in the warehouse, that he would be glad to get them out. He has been told time and time again to mind his own business. This, apparently, is the attitude of the entire nurses aides--that they are scared and afraid to request things that are obvious because of possible reprimand. If the situation continues to certain extent, the nurses aides being young and untrained, their natural reaction would be to quit their job using some other excuse for leaving the nurses aides' job.

WHAT WOULD HAPPEN IF THERE ARE NO NURSES AIDES?

At the last hospital committee meeting with Dr. Collier on July 27, 1944, the chairman of the Health Committee pleaded that it has been called to his attention that the Caucasian administrators of the hospital have time and again stated that "If there are no nurses aides available, the only other alternative would be to send the sick patients home." And, the chairman further pleaded that "Please do not issue statements of such a nature in the future." Whereas, Dr. Collier

stated frankly, "What else can I do?"

Mind you, the citizens in this center have no voice. However, as chairman of the community council, there is pressure from the alien group who are cognizant of international law in which food, shelter, and health is guaranteed. We deem it imperative that statements of such a nature whether on good grounds or not should not be made until all sources are exhausted.

ADMINISTERING OF HYPODERMICS

The chairman of the council's attention has been called time and time again that nurses aides are reluctant to give narcotics in form of morphine, codeine, etc., via hypodermic injection. They feel that they do not have the nursing background in chemistry and the reactions of the drugs, to administer these hypodermics. Although, they do not state these grievances directly to the nurse in charge, they do make these statements at home and it consists of lowering the morale. We, as laymen, do not know the policies of a well-run hospital, but we would like to have you investigate if this is the proper procedure in any well-managed Government or accredited hospitals in the State of Utah. If these accredited hospitals and well-run private hospitals in the State of Utah do these procedures, there is no argument. However, we feel that if they are not doing it and to insist on the nurses aides here in Topaz to assume the responsibilities of giving these narcotics, we would like to have it corrected. If these nurses aides are adequately trained, perhaps, there are no criticisms, but, in view of the rapid turnover of these high school nurses aides, we, as laymen, cannot understand how they can get the so-called proper training in such a short period of time. Nurses aides complain that because of lack of training of times the patient will complain about the techniques of giving the hypodermics, and after several objections like this, the nurses aides are very reluctant to give the hypodermics and they will go home and tell other prospective girls that hypodermics must be given and the result is reluctance to becoming nurses aides.

CONSIDERATION FOR SPECIAL PROBLEMS OF THE NURSES AIDES

It has been called to our attention that a nurses aide with great ability was transferred from Tule Lake to Topaz. In Tule Lake she was diagnosed by the staff as a peptic ulcer. She was told to stay on a peptic ulcer diet. When she applied as a nurses aide, she conferred with the chief nurse and the chief nurse felt that

she can work during the day and stay on her diet. However, as time progressed she was told to go on night duty. She remained on night duty, but on that she could not get adequate sleep and that she could not get adequate diet. She protested to the chief nurse to no avail. As a result, this nurses aide at the present moment is working in the canteen where she can have regulated hours. There are other similar cases, but we mentioned this as an illustration where no consideration was given for a willing worker with disabling illness.

It has been called to our attention also that there is a Japanese evacuee registered nurse who has a child $1\frac{1}{2}$ years of age. The husband has relocated. She stated her desire to work in the hospital for one-half days. Since she has no relatives here, she could not impose on the neighbors to take care of her child. These factors were brought up to the hospital administration for consideration but was denied any mother's helpers to take care of this child during the period the mother worked. She went as far as to request what other avenues to be taken and was told that if she desired a maid that she would have to pay \$40 a month like the rest of the Caucasians, result of which an available registered nurse is not working.

Miss Mori, R.N., is working on the hospital staff one-half days. She is taking care of her invalid mother during the rest of the day. She has conscientiously spent her time for the past $1\frac{1}{2}$ years in Topaz Hospital. She has been using her own uniforms and her own shoes. Her uniforms are becoming frayed due to use and she has requested for replacements. These uniforms, apparently, costs around \$5 apiece and it would necessitate approximately 4-5 as she would have to change daily. Since she is getting \$9.75 a month, she feels that she cannot afford a uniform for \$5 and feels that she would be justified in taking a "long rest" rather than to continue as a nurse.

We feel that in a situation as this in which the professional contribution is above what she is getting as wages that administration should take a definite step in helping an individual like this.

It has been called to our attention also that during the recent visit of an evacuee registered nurse by the name of Katherine Yamaguchi who was representing Red Cross to give lectures to this center that she was denied a room in the nurses quarters--the grounds being

that "there were no free beds available." Upon further investigation, we were informed that there have been plenty of all types of beds available in the hospital. We know for certain that Miss Yamaguchi was not squeamish as to the type of bed. Incidents like this must be presumed that even among professional registered nurses of Japanese extraction are not desired living in the same quarters. Incidents like these can cause drop of morale.

TEACHING OF NURSES AIDES

At the last meeting, Dr. Collier mentioned about certification of the nurses aides for their work in Topaz Hospital. We know for a fact that other hospitals, namely Poston and Manzanar, have been issuing certificates all along. We would like to know why this hospital has not been performing this small part before in making it more attractive for the nurses aides.

TREATMENT OF OUTSIDE CAUCASIANS

It has been called to our attention that the medical or surgical emergencies for the Government employees here have been extended to them which we feel, when occasion arises, that it is necessary. However, it has been noted that many of the patients from the outlying districts (Delta, etc.) have been coming to the clinics and hospital for care. These patients are being taken care of by Caucasian nursing personnel. While we are on the subject of shortages of nurses aides, it behooves us that if possible the cutting down of the so-called outside medical care would decrease the time allotted to the Japanese evacuee patients to whom the nursing personnel are assigned. Hitherto, as an illustration, Mr. Lorne Bell's wife had a ruptured appendix which Dr. Simpson deemed it an emergency. However, Mr. Bell felt that it was an imposition and took her to Delta and had an operation from which she recovered satisfactorily. The argument that may be put up by the chief medical officer may be that if Dr. Bird is absent and in a case of emergency that from the professional ethics that it is mandatory that he takes care of these outside cases. If we go back a few years, we find that before this WRA center was put up in Topaz, Dr. Bird has been taking vacations during the summer months to attend the clinics in the East. During his absence, the doctor in Fillmore took care of his patients. If this practice is to continue, we would like to suggest that the nursing personnel must accompany the patient from the outside, as well as drugs, etc., thus not depleting the evacuees from the allotted nursing and medicinal care. We are

cognizant of the fact that all drugs are charged to the evacuees. We realize also that the Caucasians pay Government prices for the drugs but the money goes into the U.S. Treasury and the result of which the evacuees are deprived of the essential drug.

CONCLUSION

We, as a special hospital committee, have been requested by the hospital administrators to help recruit more nurses aides for the hospital. However, in face of all the above, we feel that before we can proceed with this recruiting that the hospital administration should rectify existing above faults, mismanagements, and unsatisfactory conditions present, some of which are mentioned above.

Mas Harahara,
Chairman, Community Council

Rev. J. K. Tsukamoto
Chairman, Inter-Faith Comm.

Kurakichi Suwada
Chairman, Labor Committee

2

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

October 13, 1944

Mr. Fred Koba
Topaz American Red Cross
Topaz, Utah

Subject: Funds for Occupational
Therapy Supplies

My dear Mr. Koba:

I deeply regret the unfortunate events which transpired before either Dr. Collier or I came to this hospital. The people of Topaz showed a splendid attitude by offering to buy supplies for our patients who are so unfortunate as to be confined to their beds for long periods of time, and it seems most regrettable that the money was not used as intended immediately. However, I am sure that you all agree that whatever mistakes were made, the sick should not be deprived as a result. After all, their welfare and comfort are our only considerations.

The need of the patients for occupational therapy is very great. Two young men and three young ladies are interested and much cheered by the prospect of having a chance to enjoy something of this kind. Miss Shizue Tamura, the art teacher, has been kind enough to help the patients prepare a list of supplies and tools. I enclose this list for your consideration.

We hope that when these patients get started on their work that others, bored by long months in bed, may take heart and get interested, too. As the first request made by the patients was for leather work, we want to start with that. Other arts and crafts should follow

Mr. Fred Koba
10/13/44

- 2 -

to the great physical and mental benefit of
our patients.

For the sake of our patients I am asking you
to lay this problem before your committee.
It is very difficult to heal the body when
the mind is restless and unhappy, as you know.

Cordially yours,

Mary Lue Cochran

MLC:rh

Hospital

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

July 7, 1944

MEMORANDUM TO: Dr. Collier
Chief Medical Officer

In reference to your budget estimates for personal services, evacuee and appointive the following reply has been received from the Acting Executive Officer of the Washington Office with regard to your section:

X-Ray Technician, SP-6: This position has been retained as recommended by the Washington Health Section.

Supervising Nurse, SP-6: The number of positions has been reduced from six to five in view of difficulties in recruiting. Additional positions may be authorized should conditions change.

Senior Staff Nurse, SP-5: The number of positions has been reduced from seven to three pending a change of the recruiting situation.

Junior Staff Nurse, SP-4: The position formerly authorized has been abolished pending a change in the recruiting situation.

The Washington Health Section has recommended the following changes in evacuee positions. Contrary to our general policy these recommendations are mandatory because of the necessity of maintaining control of the limited number of technically qualified employees. However, additional positions of a given title may be authorized if you will submit the name and qualifications of all persons employed in the class of position and of all persons you wish to appoint to the additional positions requested.

Dentist, \$19: Your request for seven positions has been reduced to three.

Pharmacist, \$19: Your request for four positions has been reduced to one.

Optometrist, \$19: Your request for two positions has been reduced to one.

The Washington Health Section has also made the following advisory recommendations in regard to evacuee personal services:

Sanitary Inspector, \$16: It is recommended that five rather than three positions be established in view of the special problems on your center.

Dental Aide, \$16: The Washington Health Section recommends that your proposal of five positions be reduced to three in accordance with standards of one Dental Aide to one Dentist.

Kitchen Helper, \$16: It is suggested that you reduce the number from 24 to 14.

Pharmacist Aide, \$16: It is recommended that you establish two positions of this title.

Raymond P. Sanford
Assistant Project Director

lk

Dr. Collier

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

July 7, 1944

MEMORANDUM TO: Dr. Collier
Chief Medical Officer

In reference to your budget estimates for personal services, evacuee and appointive the following reply has been received from the Acting Executive Officer of the Washington Office with regard to your section:

X-Ray Technician, SP-6: This position has been retained as recommended by the Washington Health Section.

Supervising Nurse, SP-6: The number of positions has been reduced from six to five in view of difficulties in recruiting. Additional positions may be authorized should conditions change.

Senior Staff Nurse, SP-5: The number of positions has been reduced from seven to three pending a change of the recruiting situation.

Junior Staff Nurse, SP-4: The position formerly authorized has been abolished pending a change in the recruiting situation.

The Washington Health Section has recommended the following changes in evacuee positions. Contrary to our general policy these recommendations are mandatory because of the necessity of maintaining control of the limited number of technically qualified employees. However, additional positions of a given title may be authorized if you will submit the name and qualifications of all persons employed in the class of position and of all persons you wish to appoint to the additional positions requested.

Dentist, \$19: Your request for seven positions has been reduced to three.

Pharmacist, \$19: Your request for four positions has been reduced to one.

Optometrist, \$19: Your request for two positions has been reduced to one.

The Washington Health Section has also made the following advisory recommendations in regard to evacuee personal services:

Sanitary Inspector, \$16: It is recommended that five rather than three positions be established in view of the special problems on your center.

Dental Aide, \$16: The Washington Health Section recommends that your proposal of five positions be reduced to three in accordance with standards of one Dental Aide to one Dentist.

Kitchen Helper, \$16: It is suggested that you reduce the number from 24 to 14.

Pharmacist Aide, \$16: It is recommended that you establish two positions of this title.

Raymond P. Sanford
Assistant Project Director

lk

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

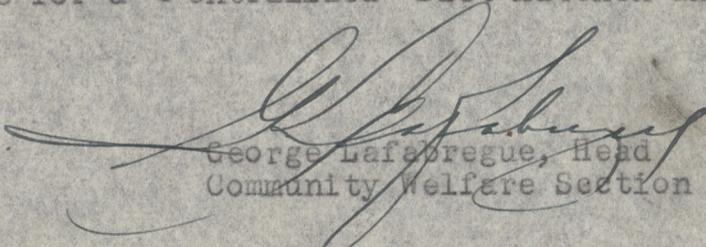
B

January 18, 1943

MEMORANDUM TO: Lorne W. Bell
Dr. Carl Hirota
✓ Dr. Ramsey
Mrs. Barbara Takahashi
James F. Hughes
Edwin Kitow
Mrs. Masa Obata

SUBJECT: Diet Kitchen and Health Residence Report

Attached find copy of the report submitted to Mr. Ernst by the Health Service Committee regarding their findings and recommendations for a Centralized Diet Kitchen and Health Residence.



George Lafabregue, Head
Community Welfare Section

GL:yk
Attach

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT

REPORT ON THE CENTRAL DIET KITCHEN AND
HEALTH RESIDENCE SURVEYS

At a meeting called on Friday, December 4, 1942, attended by representatives of Block Managers, Councilmen, and the Hospital, preliminary plans were formulated for the establishment of a Diet Kitchen and a Health Residence for those needing medical supervision in either Blocks 4, 5, or 6, for the purpose of centralizing the patients. The Housing Division of the Community Welfare Section were instructed to move the present residents out from these blocks in an orderly fashion. To discuss and devise ways and means of effecting this, another meeting was called on Wednesday, December 9, 1942. As the outcome of this Health Service Committee Meeting, it was deemed necessary that before such a step could be taken, a survey should be conducted in order to obtain an estimate of the actual number of residents needing the services of a Diet Kitchen medical supervision as well as a Health Residence for the aged and the chronic. For preliminary preparations, a Survey Committee was appointed, consisting of Mrs. Masa Obata, Misses Marguerite Fujita, Doris Hayashi, Junko Hedani, Fumi Takemoto, and Kuwa Yoshida to prepare schedules to be used for this purpose. The committee met on the afternoon of the following day and drew up a schedule and a questionnaire as per attached forms. Miss Doris Hayashi was asked to take care of the mimeographing of these forms. From thence, the Medical Division of the Community Welfare Section directed and conducted the survey with the help of the following field workers from

the Family Division: Mrs. Toda, Misses Shigeko Ishikawa and Himeyo Saito, Messrs. Hamada, Aso, Yoshida, and Takeuchi.

The survey was completed within a week, and the following data were gathered from same:

C
O
P
Y

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

April 17, 1944

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. A. Pressman
Chief Medical Officer

SUBJECT: Repairs and alterations of the hospital

This will confirm recent discussions with you, Mr. Roscoe Bell and Mr. Henry Watson, relative to repairs and alterations in the hospital. It was agreed that these alterations are necessary for the more efficient handling of the hospital business and for the convenience and comfort of patients and hospital personnel. Verbal approval for these changes were given to Mr. Watson at the time of our conference. It is hereby requested that this approval be formalized and that Mr. Watson be authorized to proceed with the alterations.

The following are the proposed changes to be effected:

ADMINISTRATION BUILDING

- (1) A new Entrance to hospital offices to be made by cutting a door from the main corridor just east of the present main entrance and that portion of the catwalk is to be partitioned off.
- (2) A second door is to be installed on the other side of this partition connecting the Administration building with the main hospital corridor.
- (3) The south porch to be inclosed for the purpose of housing the Ambulance Department, and the door leading from the porch to the main hospital corridor be closed off.
- (4) Part of the partition between the storage room and the adjoining office to the west of it to be removed and the entrance to the storage room to be closed off.
- (5) A door to be cut between the office of Chief Medical Officer and the adjoining office to the west of it.

- (6) A storage closet with an adequate lock to be constructed for the storage of hospital liquor supply and other valuable items. This closet to be placed in the office of Chief Medical Officer.
- (7) A wooden grill with two openings to be installed on the counter of the front hospital office.

(These structural changes have been discussed with Mr. Sutton and indicated on the hospital blue prints)

NURSES QUARTER

- (1) Nurses' Quarters are to be made suitable for housing of the appointed nursing personnel. The rooms at present are hardly sufficient to contain more than a bed and a chair. It is proposed to connect adjacent rooms by means of a door. This will afford housing for eight appointed nurses.
- (2) The room just south of the washroom to be made suitable for a kitchenette for the common use of all nurses housed in this wing.

(The changes have been marked on the appropriate blue prints)

CLINIC WING

The space originally provided for the X-ray Department has proven totally inadequate. It has been found necessary to keep the files of X-ray films in another part of the hospital structure which causes great deal of inconvenience and loss of time.

Also, there is extreme crowding in the waiting room because both Medical and Dental patients come in through the same entrance. To remedy this situation, additional room should be provided for the X-ray Department and a separate Dental receptionist's office. This can be effected by:

- (1) Constructing an additional, approximately 14x12 feet, will serve as X-ray office and reading room, and the remaining space to be an office for dental receptionist and dental records.

The arrangement for interviewing and examining Medical patients which now obtain in the clinic is highly unsatisfactory. Due to the fact that sheets are used to partition off examining room, there is no privacy for the patient and doctor during the taking of history and examination. The undesirability of this is obvious. To correct this situation, it is proposed:

- (1) That partitions be installed in this portion of the clinic building as indicated on the appropriate blue prints.
- (2) Some type of air-conditioning be provided during the summer months.

No satisfactory provisions for filing health records exists at a present time. These records consists of hospital charts, clinic records, public health records, immunization data, etc. It is essential that all data pertaining to the health of an individual be readily available in one place. To accomplish this, it is proposed to:

- (1) Make use of the room adjoining the receptionist's office for record library.
- (2) Cut a door between the receptionist's office and this latter room.

/s/ A Pressman, M.D.
Chief Medical Officer

AP/hm

C
O
P
Y

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

April 17, 1944

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. A. Pressman
Chief Medical Officer

SUBJECT: Provision for Special Diets

Following discussions for the past two weeks with various interested group such as the Medical Staff, the Health and Food Committees of the Council, the Chief Steward, Mr. Brandon Watson, Mr. Walter Honderich, and yourself, I am herewith submitting this report for your consideration and appropriate action.

PROBLEM

Successful treatment of the diabetic and stomach ulcer patients in particular, depends upon a strict dietary regime. Provision for such care either does not exist on this Project or at best is of haphazard manner.

After thorough discussion, it was agreed that no serious obstacles looking toward the establishment of a special Diet Kitchen and Mess Hall exist. Also, that the formula kitchen, now housed in one of the hospital ward, should be incorporated in this special mess hall. It was the consensus of opinion that the special dietary service should be centralized in one place if patients are to have an effective controlled diet. To effectuate this program, it is recommended:

- (1) That the mess hall in Block 2 be used for this purpose.
- (2) That floor space of approximately 40 x 50 feet, in addition to the kitchen space, is sufficient and that the mess hall be partitioned accordingly.

- (3) Insofar as possible, such people as required these special diets be urged to move near Block 2, in such vacant apartment as now exists or will be available from time to time.

(Please note attached community map with number of vacancies marked in each block)

- (4) That a staff of about 10 to 12 workers, preferably women, be recruited for approximately 60 people who will likely need the service.
- (5) That the administration and supervision of this special diet kitchen will be under the Chief Medical Officer or his deputy.
- (6) That it will be the responsibility of the Chief Steward Office to furnish all necessary equipment, utensils and special foodstuffs, insofar as the latter are procurable, upon the recommendation of Chief Medical Officer.

It is anticipated that a qualified dietician will be available to this Project in the very near future. One of the first problems which she will be assigned to will be to work out the details and arrangements for this special diet kitchen. It is, therefore, essential that the mess hall in Block 2 be put in good order and ready for functioning at the time she arrives on the Project. I, therefore, recommend that the appropriate Department be authorized to proceed with the necessary alterations and repairs.

/s/ A. Pressman, M.D.
Chief Medical Officer

Attachment

AP/hm

C
O
P
Y

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

April 17, 1944

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. A. Pressman
Chief Medical Officer

SUBJECT: Provision for Special Diets

Following discussions for the past two weeks with various interested group such as the Medical Staff, the Health and Food Committees of the Council, the Chief Steward, Mr. Brandon Watson, Mr. Walter Honderich, and yourself, I am herewith submitting this report for your consideration and appropriate action.

PROBLEM

Successful treatment of the diabetic and stomach ulcer patients in particular, depends upon a strict dietary regime. Provision for such care either does not exist on this Project or at best is of haphazard manner.

After thorough discussion, it was agreed that no serious obstacles looking toward the establishment of a special Diet Kitchen and Mess Hall exist. Also, that the formula kitchen, now housed in one of the hospital ward, should be incorporated in this special mess hall. It was the consensus of opinion that the special dietary service should be centralized in one place if patients are to have an effective controlled diet. To effectuate this program, it is recommended:

- (1) That the mess hall in Block 2 be used for this purpose.
- (2) That floor space of approximately 40 x 50 feet, in addition to the kitchen space, is sufficient and that the mess hall be partitioned accordingly.

- (3) Insofar as possible, such people as required these special diets be urged to move near Block 2, in such vacant apartment as now exists or will be available from time to time.

(Please note attached community map with number of vacancies marked in each block)

- (4) That a staff of about 10 to 12 workers, preferably women, be recruited for approximately 60 people who will likely need the service.
- (5) That the administration and supervision of this special diet kitchen will be under the Chief Medical Officer or his deputy.
- (6) That it will be the responsibility of the Chief Steward Office to furnish all necessary equipment, utensils and special foodstuffs, insofar as the latter are procurable, upon the recommendation of Chief Medical Officer.

It is anticipated that a qualified dietician will be available to this Project in the very near future. One of the first problems which she will be assigned to will be to work out the details and arrangements for this special diet kitchen. It is, therefore, essential that the mess hall in Block 2 be put in good order and ready for functioning at the time she arrives on the Project. I, therefore, recommend that the appropriate Department be authorized to proceed with the necessary alterations and repairs.

/s/ A. Pressman, M.D.
Chief Medical Officer

Attachment

AP/hm

C
O
P
Y

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

April 17, 1944

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. A. Pressman
Chief Medical Officer

SUBJECT: Repairs and alterations of the hospital

This will confirm recent discussions with you, Mr. Roscoe Bell and Mr. Henry Watson, relative to repairs and alterations in the hospital. It was agreed that these alterations are necessary for the more efficient handling of the hospital business and for the convenience and comfort of patients and hospital personnel. Verbal approval for these changes were given to Mr. Watson at the time of our conference. It is hereby requested that this approval be formalized and that Mr. Watson be authorized to proceed with the alterations.

The following are the proposed changes to be effected:

ADMINISTRATION BUILDING

- (1) A new Entrance to hospital offices to be made by cutting a door from the main corridor just east of the present main entrance and that portion of the catwalk is to be partitioned off.
- (2) A second door is to be installed on the other side of this partition connecting the Administration building with the main hospital corridor.
- (3) The south porch to be inclosed for the purpose of housing the Ambulance Department, and the door leading from the porch to the main hospital corridor be closed off.
- (4) Part of the partition between the storage room and the adjoining office to the west of it to be removed and the entrance to the storage room to be closed off.
- (5) A door to be cut between the office of Chief Medical Officer and the adjoining office to the west of it.

- (6) A storage closet with an adequate lock to be constructed for the storage of hospital liquor supply and other valuable items. This closet to be placed in the office of Chief Medical Officer.
- (7) A wooden grill with two openings to be installed on the counter of the front hospital office.

(These structural changes have been discussed with Mr. Sutton and indicated on the hospital blue prints)

NURSES QUARTER

- (1) Nurses' quarters are to be made suitable for housing of the appointed nursing personnel. The rooms at present are hardly sufficient to contain more than a bed and a chair. It is proposed to connect adjacent rooms by means of a door. This will afford housing for eight appointed nurses.
- (2) The room just south of the washroom to be made suitable for a kitchenette for the common use of all nurses housed in this wing.

(The changes have been marked on the appropriate blue prints)

CLINIC WING

The space originally provided for the X-ray Department has proven totally inadequate. It has been found necessary to keep the files of X-ray films in another part of the hospital structure which causes great deal of inconvenience and loss of time.

Also, there is extreme crowding in the waiting room because both Medical and Dental patients come in through the same entrance. To remedy this situation, additional room should be provided for the X-ray Department and a separate Dental receptionist's office. This can be effected by:

- (1) Constructing an additional, approximately 14x12 feet, will serve as X-ray office and reading room, and the remaining space to be an office for dental receptionist and dental records.

The arrangement for interviewing and examining Medical patients which now obtain in the clinic is highly unsatisfactory. Due to the fact that sheets are used to partition off examining room, there is no privacy for the patient and doctor during the taking of history and examination. The undesirability of this is obvious. To correct this situation, it is proposed:

- (1) That partitions be installed in this portion of the clinic building as indicated on the appropriate blue prints.
- (2) Some type of air-conditioning be provided during the summer months.

No satisfactory provisions for filing health records exists at a present time. These records consists of hospital charts, clinic records, public health records, immunization data, etc. It is essential that all data pertaining to the health of an individual be readily available in one place. To accomplish this, it is proposed to:

- (1) Make use of the room adjoining the receptionist's office for record library.
- (2) Cut a door between the receptionist's office and this latter room.

/s/ A Fressman, M.D.
Chief Medical Officer

AP/hm

C
O
P
Y

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT

March 4, 1943

MEMORANDUM TO: Mr. James F. Hughes Mr. Honderich
Mr. Gilbert Niesse Mr. Lafabregue
Dr. Donnell Boardman

FROM: Lorne W. Bell, Chief
Community Services Division

SUBJECT: Procedure in ordering eye glasses through
Community Enterprises

The following is a revision of the agreement sent to you on February 4; as developed by Dr. Boardman and Mr. Honderich:

- I. When the patient desires to pay for his own glasses.
 - a. The patient is given a RX. order blank with Dr. Boardman's signature or other authorized signature.
 - b. The above is taken by patient to Community Enterprises (Rec. 26) and order placed by them to Western Optical Co., Salt Lake City.
 - c. When glasses arrive at Optometry Clinic, patient is notified by them to pay bill and obtain receipt at Community Enterprises. A nominal charge will be made by them for this service.
 - d. Glasses are dispensed at Optometry Clinic on presentation of receipt from Community Enterprises.

- II. When patient is unable to bear expense of glasses:
 - a. The patient is given
 1. A referral slip to Community Welfare by the Optometry Clinic containing
 - a. Signed statement of patient's inability to pay.
 - b. Statement of medical necessity of glasses by medical director or other authorized person.
 - c. Cost of glasses (in case of new glasses white service frames plus necessary un-tinted lense will be provided) and accompanied
 2. By Rx. order slip for glasses.

- b. Patient will take referral slip to Community Welfare (Rec. 23) and apply for Public Assistance grant.
- c. On receipt of grant, he will take Rx. slip and order glasses through Community Enterprises. No service charge will be made by Community Enterprises.
- d. When glasses arrive, patient will be notified by Optometry Clinic.
- e. The glasses will be dispensed to patient at the Optometry Clinic on presentation of receipt from Community Enterprises.

Community Enterprises will pay all optical bills to Western Optical Company.

Lorne W. Bell, Chief
Community Services Division

LWB:p

C
O
P
Y

CENTRAL UTAH PROJECT
TOPAZ, UTAH

February 18, 1943

MEMORANDUM TO: Mr. Lorne W. Bell, Chief
Community Services Division

SUBJECT: OPTICAL PROCEDURE

We are attaching copy of a memorandum just received from Dr. Boardman. This procedure has been checked by the Merchandise Committee and agreed upon.

/s/ Walter Honderich
Chief, Community Enterprises

Attachment

WH:MK 2/18/43

C
O
P
Y

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

February 13, 1943

MEMORANDUM TO: Mr. W. Honderich
Community Enterprises

FROM: Dr. D. W. Boardman
Chief Medical Officer

SUBJECT: Procedure in ordering eye glasses through
Community Enterprises

The procedure in ordering glasses is understood by the Optometrists to be as follows:

1. When the patient desires to pay for his own glasses:
 - a. The patient is given a Rx. order blank with Dr. Boardman's signature or other authorized signature.
 - b. The above is taken by patient to Community Enterprises (Rec. 26) and order placed by them to Western Optical Co., Salt Lake City.
 - c. When glasses arrive at Optometry Clinic, patient is notified by them to pay bill and obtain receipt at Community Enterprises. A nominal charge will be made by them, for this service.
 - d. Glasses are dispensed at Optometry Clinic on presentation of receipt from Community Enterprises.
2. When patient is unable to bear expense of glasses:
 - a. The patient is given
 1. A referral slip to Community Welfare by the Optometry Clinic containing
 - a. Signed statement of patient's inability to pay.
 - b. Statement of medical necessity of glasses by medical director or other authorized person.
 - c. Cost of glasses (in case of new glasses white service frames plus necessary untinted lenses will be provided) and accompanied
 2. By Rx. order slip for glasses.
 - b. Patient will take referral slip to Community Welfare (Rec. 23) and apply for Public Assistance Grant.
 - c. On receipt of grant he will take Rx. slip and order glasses through Community Enterprises. No service charge will be made by Community Enterprises.
 - d. When glasses arrive, patient will be notified by Optometry Clinic.
 - e. The glasses will be dispensed to patient at the Optometry Clinic on presentation of receipt from Community Enterprises.

Community Enterprises will pay all optical bills to Western Optical Company.

/s/ Donnell W. Boardman

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

November 16, 1944

MEMORANDUM TO: Mr. Luther T. Hoffman
Project Director

FROM: Dr. Douglas R. Collier
Chief Medical Officer

SUBJECT: Ambulance Drivers

In confirmation of the decision of the meeting of yesterday, I would like to make the following comments:

1. PAY STATUS: I feel that there should be a supervisor from among the group of ambulance drivers. This individual should keep close supervision of the mechanical condition of the cars and see that they are kept in proper running condition and supplied with gasoline and oil. They should be responsible in seeing that the tires are kept in a proper condition. If a vacancy occurs, it should be the duty of the supervisor to see to it that so far as possible the shifts are covered by taking a man from another shift where there are two and arranging it so that there is service at all times. Because of this extra responsibility, I feel justified that he be placed on the \$19 basis.
2. NUMBER OF DRIVERS. The decision of the meeting to which I do not agree was that there should be eight men, which was the number of men already chosen. Following the meeting, it was discovered that there were nine instead of eight chosen, and Mr. Marstella agreed on the basis of nine. In view of the various factors involved, it seems advisable to employ the nine men at this time. However, I wish to point out that I do not agree with this as a matter of principle. The reasons have been set forth in a previous letter to you

3. TRIP IN AND OUT OF CENTER. I am quite willing to use the ambulance drivers for such trips and will try to make the ambulance duties as pleasant as possible. However, I do not feel that we are bound to use ambulance drivers for the use of passenger cars if other conditions of the trip indicate that there is not sufficient room, or that some other cars are more desirable.
4. SPECIAL PASSES. A 24-hour pass will be requested for ambulance drivers employed on the regular basis. If a driver should be employed to cover a temporary vacancy, the granting of a pass will be considered on its merit.
5. GAS RATIONING. There will be no difficulty about gas rationing since there has been no trouble concerning gas rationing which has come to my attention in the past. I feel this is a question between the Hospital Administrator and the Motor Pool rather than through any member of the ambulance crew.
6. REPAIR WORK ON CARS. I feel quite certain that the Motor Pool will recognize the necessity of keeping ambulances in service and I am assuming that the Motor Pool will give us the best service which their facilities and work demands will allow.
7. ADDITIONAL PASSENGER CAR. As I stated yesterday, I feel that the appointed staff and, occasionally, members of the evacuee staff, such as the assistant to Mr. Marstella and the Medical Staff, should have two passenger cars available at all times. If we reserve the use of the white ambulance for stretcher cases and off-the-project cases, it would be necessary for us to request one additional car. This is entirely in the form of a request to the Motor Pool without knowing whether or not such a car is available, for our use. If such a car is available, it would spare the use of the white ambulance, and in using a lighter car, conserve on tires and gasoline. I, therefore,

make such a request this time with the understanding that, if it is granted, the white ambulance will be reserved for stretcher and off-the-project cases only.

8. TOILET FACILITIES. I suggested at the meeting yesterday that a ~~key~~ to the door between the ambulance room and the administration quarters be furnished to the ambulance crew in order that they can use the toilet facilities in the Administration Building. I feel that, in the interest and in the proper administration of the hospital, this building should be kept locked outside of business hours. The ambulance crew will be held responsible for any misuse of administration quarters, which might occur through their failure to keep the premises locked during the night.
9. UNIFORMS. This is in accordance with instructions recently received. Mr. Marstella will endeavor to look up such uniforms while he is on leave of absence between now and the end of the month.
10. SLEEPING QUARTERS. I do not, at the present time, see just how we can comply with this request. I might add that the men on night duty should be able to get four to six hours of sleep during their shifts and that it is not as essential that they be given sleeping quarters as the nurses aides who must be awake during their shifts.
11. MEALS OUTSIDE THE HOSPITAL MESS. Following the request made yesterday afternoon, I would be glad to suggest to the Steward in Mess Operations that ambulance drivers be given special consideration in their own messhalls if such can be done without inconveniencing the mess. I am quite sure that the hospital mess will be obliging in this respect in the future as they have always done in the past.
12. DISPATCHER. I do not feel that the position of dispatcher is necessary or justified. The records pertaining to the ambulance service can easily be kept by the man on duty.

13. CONTROL OF AMBULANCE SERVICE. Mr. Marstella is willing to supervise the ambulance service and transmit all orders and complaints directly. During Mr. Marstella's absence, I expect to carry this responsibility.

D. R. Collier, M. D.
Chief Medical Officer

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

August 5, 1944

MEMORANDUM TO: Mr. Luther T. Hoffman
Project Director

Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. Douglas Collier
Chief Medical Officer

I wish to reply to the letter written by the Special Hospital Committee with reference to nurses aides and their working conditions. I have asked Miss Kirchner to reply to certain of the questions, and I will reply to the rest.

1. Administrative Acts Regarding Visitations. *omit reply*

*approach
from inside*

The persons who are responsible for reducing the number of visiting days are not here to explain their actions. I cannot answer for them or give reasons why they felt it advisable. However, very soon after my arrival I discussed the matter with the present staff, and we felt that we could allow visiting hours daily. Since the hours have been changed, I see no reason for discussing the matter further.

2. Nurses Aides' Quarters.

I think any hospital administrator or chief nurse would agree that it is part of good management to keep the graduate nurses' quarters distinct from those of the student nurses. The matter has been discussed with the present nurses aides, who are on that duty, and they felt that the present quarters given to the nurses aides in one of the wards are quieter and more satisfactory than mixing both graduate and student nurses into one dormitory. I might state further that the nurses' quarters would be considerably crowded if we were to put them all together.

As I explained to the Committee, other hospital personnel are living there, such as the Medical Social Service Worker and the Dietitian.

We have requested furniture to fit up the sitting room for the nurses aides, and we will provide hot water, towels, linens, and the usual facilities in order to make the girls as comfortable as possible. Without question, it would be much quieter for them and give more privacy in the unused ward.

3. Supervision of Nurses.
4. Poor Relationship Between the Supervising Nurses and the Nurses Aides.

This question can be best answered by Miss Kirchner. However, Dr. Thompson and Miss Sutherland have found Miss Kirchner very capable. She has been with W.R.A. for two years and has proven herself entirely competent. In this, I agree most heartily. I am convinced that if Miss Kirchner gets proper backing from the administration and from the leaders among the residents of Topaz, she will be able to create the proper relationship between the graduate nurses and the nurses aides and that she will foster the spirit of service among the entire nursing force, which is so essential to the properly running hospital.

5. What Would Happen if there are no Nurses Aides?

I am sorry if the members of the Council interpreted this as a threat. It is not a threat but a statement of fact. It is possible that some of the residents do not realize how dependent the hospital is on nurses aides. If possible, do not realize that there is a serious shortage of graduate nurses throughout the United States, and that the W.R.A. has sent all the nurses available to the various camps. In my opinion, we cannot hope for any appreciable increase in the number of graduate nurses. Certainly we cannot hope to get enough graduate nurses to supplant nurses aides.

6. Administering of Hypodermics.

This is another question to be answered by Miss Kirchner. However, I would like to say that narcotics are first given by order of the staff physician. The nurses do not have the authority to give narcotics except on written order. The dosage is determined by the physician and the order is checked by the supervising nurse. Nurses aides are taught the mechanics of administering the hypodermics in all our camps and in all hospitals. The responsibility for the dose is placed directly on the doctor, who ordered it, and the supervising nurse, who directs the student nurses as the occasion requires. If we are able to have the proper number of nurses aides, then, without question, the graduate nurses will have more time for instruction and can give closer supervision.

7. Consideration for Special Problems of the Nurses Aides.

In regard to uniforms for Miss Mori, R.N., the matter was taken up more than a month ago. We are unable to buy locally enough material to make the uniforms. The order since has been placed with Montgomery Ward, and we are waiting to receive the material. The pattern was obtained, and as soon as the material comes, we will have the sewing room make them up.

8. Teaching of Nurses Aides.

Miss Kirchner has directed the nurses aides as classes planned and course of study made up. The most important requisite is still missing and that is nurses aides for the classes.

9. Treatment of Outside Caucasians.

When the camp first opened up, Dr. Bird in Delta made available to the camp his hospital. I have been informed that he worked hard and went to considerable effort in helping us get started. Until recently, there has been two physicians in Delta so that when Dr. Bird went away the entire community was not left without any medical

attention. However, Dr. Bird is now the only doctor for the entire community as far away as Fillmore. Dr. Evans is the only physician in Fillmore so that it leaves both communities very short if one of them is gone. Before I came to Topaz, Dr. G. D. Thompson, of Washington, stated that he felt that it would be a means of fostering good will between the residents of the camp and the community if I were able to assist in emergencies along health lines.

When I brought a case of acute appendicitis into the hospital recently, the case was such that a trip to Salt Lake City would probably have resulted in a ruptured appendix. To refer the case to Dr. Evans at Fillmore would not have been adequate for the following reasons: First, Fillmore is considerably further away. Second, Dr. Evans has no trained nurse and no assistants for operations excepting Dr. Bird and his wife, who is a registered nurse. He could not have operated with any degree of safety by himself.

In the fifteen months that I have been in W.R.A., I have always insisted that the hospital was primarily for evacuees and that any attention, or care, given to Caucasians, or outsiders, be given secondary consideration. No care has been given if it were to result in keeping any of the residents from receiving adequate care. To refuse care of outsiders in emergencies, would have a tremendous effect on the attitude of the people in this vicinity toward the residents and toward friendly relations after relocation. It is certainly to the advantage of the residents of the camp that we maintain a friendly spirit with the outside.

In regard to giving drugs to outsiders and depleting our stocks, I would like to say emphatically that this is not the case. There has never been any question of receiving adequate medical supplies, and the small amount of medicines given in this way has not affected the amount of medicine available for the camp. I would like to call your attention to the fact since I have been here we have sent five patients to hospitals

outside the camp. Records show a considerable number have been treated outside. I have given the people the care available. The amount of medicine used by these patients outside the camp is manifold the amount of medicine prescribed to the residents.

Conclusion:

Whether or not the Committee wholeheartedly gets behind the effort to recruit more nurses aides is entirely their own decision. We have in our own hospital the best equipment that is on the market. We have it in adequate amounts. I think I am safe in saying that it is far superior than any community of 5,000 people that I have ever visited. Many towns of 20,000 are not nearly as well equipped. We have an unusually competent professional staff. The laboratory is as good as any in the state. We are equipped to do a first-class piece of work for the health of the residents of Topaz. All that is needed to round out this service is a spirit of mutual trust and helpfulness and an adequate number of nurses aides.

D. R. Collier M. D.

D. R. Collier, M. D.
Chief Medical Officer

August 8, 1944

MEMORANDUM TO: Mr. Luther T. Hoffman
Project Director

Mr. Raymond P. Sanford
Assistant Project Director

FROM: Augusta N. Kirchner, R.N.
Chief Nurse

In reply to your memorandum of July 29, I wish to state that we have carefully investigated the situation called to out attention and our findings are listed below:

1. Nurses Aides' Quarters

On Monday, July 31, a meeting was called of the entire nurses aides group to discuss present sleeping quarters for night nurses. It was the consensus of opinion of all present that the present quarters were satisfactory and that it was much quieter there than in the nurses residence. The nurses aides have a choice of sleeping in a large ward, if they so desire, which is roomier, or if they want privacy, they may go in any one of the private rooms. If it is possible, we are planning to fix one room as a sitting room for them where they may read or relax. I would be very glad, at any time, to have the members of the committee visit us and welcome any suggestions that they may have. I do not feel that it is necessary to have a matron in charge of the girls as long as the sleeping quarters are in the hospital. There is always a graduate nurse on duty ready to help them at any time. As far as I can learn, no complaint was made to anyone in authority about the lack of hot water. However, the boiler has been adjusted and if I or my assistants are informed of any needed repairs, immediate attention will be given to the matter. No one working in the nursing service need ever be afraid or hesitate to come to the nursing office with a justifiable complaint. I have always been most concerned about the welfare of my co-workers and I have every intention of continuing such a policy in Topaz.

2. Supervision of Nurses

Regarding the ward clerk that was asked to go to the C.D. ward, I wish to state the following: The young girl in question had been a nurses aide, had had instructions in isolation technique which is very simple and easily followed. Due to some physical ailment, she withdrew from the nurses aides group and continued to work as a ward clerk. The night she was asked to go to the C.D. ward, several nurses aides failed to report for duty and this made for a very difficult situation. The patients were left without any nursing care and the supervisor in charge did the proper thing by asking this ward clerk to cover the ward until further arrangements could be made. As the welfare of the patients is the first concern of any good nurse, I feel that the supervisor used good judgement in handling the situation as she did. The workers in the nursing service sometimes must sacrifice their personal wishes and desires for the welfare of the patients. This seems to be difficult at times and hard to accept especially if the person involved is very young. The following day, the sister of the aide in question, who is one of the nurses aides, stated that her younger sister, who is a very sensitive person and has always been, was very up set. I requested that she have her sister come in to see me, but to date she has not done so.

3. Poor Relationship Between the Supervising Nurses and the Nurses Aides

This subject has been discussed fully with the graduate nursing staff and I hope in the future the two groups concerned will be able to work in closer harmony. Graduate nurses coming into the Center to work for the first time find many things that are unusual to them and it takes time for them to become adjusted. As we have had an unusually large turn over of hospital workers, including the appointive staff and the nurses aides, we are bound to have many problems. We are all human, at times personalities will clash, but with the present nursing staff and the splendid group of nurses aides that are with us, I am sure better relationship can be developed.

4. Administering of Hypodermics

The nurses aides are taught and supervised in giving hypodermics, and they are usually very eager to have this experience. As Dr. Collier has stated, the order is left by the attending physician and the supervising nurse directs the nurses aides in the proper technique. It is not unusual for the nurses or nurses aides young in the service to be concerned with every new experience. They need never hesitate to follow procedures in the Topaz Hospital which the head of the nursing service allows them to do. The basic knowledge of chemistry is not necessary to give hypodermics. This is a nursing procedure and should be regarded as such. The knowledge of chemistry may give added interest but it in no way interferes with the technique of giving hypodermics.

5. Consideration for Special Problems of the Nurses Aides

Concerning the care of the nurse aide suffering from peptic ulcer, I shall be very glad to see her at any time and give her any assistance necessary if she desires to come back and work with us. I understand that there were other problems involved in the termination of this young lady.

The material for Miss Mori's uniforms has been ordered and we hope she will have them in the near future.

A plan is under construction whereby any one with children wishing to work may place such children under proper care and supervision during their hours of employment. We hope that when this materializes, perhaps the Japanese evacuee registered nurse would consider coming to work with us.

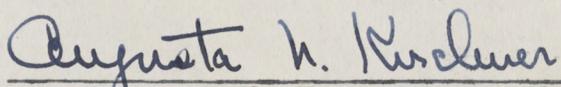
As I was not here when Miss Katherine Yamaguchi arrived, I have no information as to why she did not stay at the nurses residence. I do know that there was much disorganization in the nurses home when I arrived July 8. Very few rooms were furnished and those that were had borrowed furnitures in them. I understand that Miss Yamaguchi desired to live in Block 2 and I am confident that the best of relationships must have existed which are verified from the reports of several other members of the nursing staff who were here at that time. They state that she spent a great deal of her off duty hours with them, sharing their limited mean of recreation.

I am personally acquainted with Miss Yamaguchi and know that she is a very fine person. I would be more than pleased to have her stay with us at the nurses home should she ever return to Topaz.

6. Conclusion

Under the present set up, is it not more desirable and would it not facilitate more readily adjustments and improvements if the person making a complaint bring such directly and immediately to me personally thereby eliminating this unnecessary delay and misunderstanding?

As the community council is especially interested in the general welfare of the people and services given by community organizations, is it not interested in aiding community organizations give good service. Also, is it not interested in working with these organizations in a friendly and constructive way, making every efforts to help establish an understanding and a cooperative spirit between the organization and community members.


Augusta N. Kirchner, R.N.
Chief Nurse

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
Topaz, Utah

October 28, 1944

TO Mr. Raymond P. Sanford
Assistant Project Director

FROM Richard O. Marstella
Hospital Administrator

The attached report of a comparison between the number of patients and employees in the Health Section as of September 1943 and 1944 respectively, shows several interesting facts.

While both In and Out patients show an appreciable decrease in 1944 both Major and Minor Surgery cases are about doubled.

Because the month of September was chosen for comparison, it must be remembered that the first part of October, the number of Nurse Aides was reduced to a low of eighteen, the Dental Staff was reduced, Pharmacy lost two full-time and two part-time employees due to leaves and the Ambulance Service had to be discontinued. Also the two optometrists have left camp, one to relocate and the other for army induction.

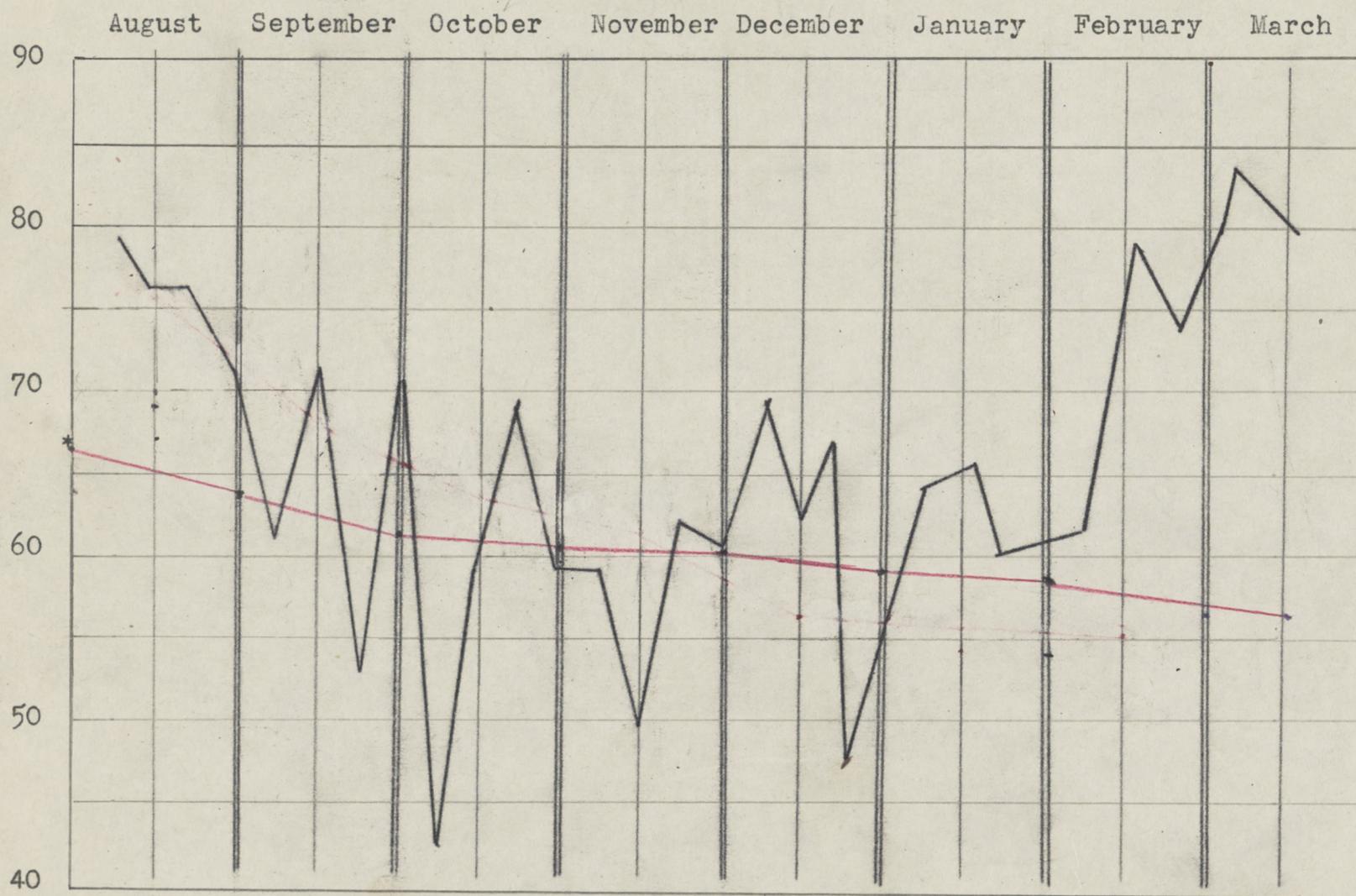
Richard O. Marstella
Hospital Administrator

RCM:nt

COMPARATIVE REPORT OF 1943 - 1944

	SEPTEMBER 1943	SEPTEMBER 1944
In Patients	89	69
Out Patients	1999	1666
Major Surgery	8	17
Minor Surgery	16	33
Obstetrical	16	13
Isolation	16	19
Doctors Adm.	1	1
Doctors	5	3
Nurses R.N. Adm.	8 1/2	6
Nurses R.N.	0	1
Nurses Aides	76 Reg. 6 part-time	46 Reg. 11 part-time
Laboratory	6	6
X-Ray	5	2
Dentist	11 Dr. 7 Aides	9 Dr. 8 Aides
Pharmacy	7	4 Reg. 2 part-time
Janitors	47	29
Optometrists	1	2
Warehouse Supr.	1	0
Ambulance Drivers	16	13 Reg. 4 part-time
Kitchen	70	70 Reg. 4 part-time
Public Health	31 (Blk. Nurses)	1
Other	14 - 1	19 - 2

GRAPH SHOWING AVERAGE ATTENDANCE AT OUT-PATIENT DEPARTMENT EACH WEEK



* Red line shows the drop in project census by thousands.

J

TOPAZ HOSPITAL

1944

No. of Patients admitted.	1176
No. of Patients discharged.	1190
Total hospital bed days	29678
Daily average hospital beds occupied.	81.0
Daily average No. admitted.	3.2
Daily average No. discharged.	3.2
Total births	154
Total stillbirths.	4
Total deaths	53
Average hospital days per patient.	25
Total patients hospitalized.	1258

UNITED STATES DEPARTMENT OF THE INTERIOR
 WAR RELOCATION AUTHORITY
 Central Utah Project
 Topaz, Utah

HOSPITAL RECORDS FOR THE PAST SIX MONTHS
 March 20, 1945

	1944				1945	
	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Jan.</u>	<u>Feb.</u>
Admissions	108	85	114	102	129	131
Operations	50	31	54	34	55	75
Out-Patient Dept.	1666	1508	1497	1570	1869	1852
Dental Dept.	1308	1535	1411	1381	1209	1276
Laboratory	1757	1066	1100	1028	1483	2084
Pharmacy	1596	1533	1377	1492	1773	1957
Immunizations	120	100	141	88	100	80
X-rays	437	390	479	656	658	584
Births	13	11	11	17	10	5
Deaths	5	3	2	4	4	9

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

March 23, 1945

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director
Community Management Division

FROM: Dr. Douglas R. Collier
Chief Medical Officer

SUBJECT: Summary of Hospital Services for Six Months
Beginning September

In order to acquaint you with the services of the hospital, we wish to review the work done during the past six months. On a separate sheet, you will find the actual figures in several categories. I would like to discuss them briefly as follows:

1. OUTPATIENT DEPARTMENT. We have treated in the Outpatient Department on a medical and surgical basis better than 10,000 patients not including Dental Department and Optometry, the total figure of which is just under 19,000. This group of patients received approximately 9,5000 prescriptions. X-rays, laboratory examinations, diathermy treatments, and basal metabolism tests bring the total to 22,126. I would like to mention separately 452 diathermy treatments and 124 basal metabolism tests.

2. SURGERY. During that period, 299 operations were performed at the hospital. This includes both major and minor, but it does not include three operations which were done outside. I wish to stress that only three or 1 per cent of the total number of surgical operations were done off project. Had we been completely equipped, two of those operations would have been performed here. This project is fortunate in having a very competent surgical staff, and on the whole a rather complete surgical equipment.

3. DENTISTRY. The Dental Department has sent out a considerable number of dentures at Government expense.

The exact figure is 93. The facility for dental work is considerably in excess of that ordinarily furnished to a population of this size.

4. LABORATORY. The number of laboratory examinations was 8,518. While a large variety of tests are being done in our own laboratory, we are able, through the Army at Fort Douglas and Bushnell General Hospital, to supplement this number to considerable extent and are able to furnish our patients with practically every type of examination required, in even a very exacting medical service. The type of examinations sent out include:

a. & b. Prenatal and Premarital Serological tests, which are required by the state to be done in Salt Lake.

c. Pregnancy test, which involve the use of laboratory animals. We send these cases out since we have neither the animals and the cages and other equipment needed for their care.

d. Certain examinations in blood chemistry of which we have only limited call and therefore do not feel justified in maintaining standard solutions of an expensive nature.

e. Pathology. We are not equipped to cut sections in our laboratory. Further, it is to our advantage to send all our specimens to the Army, since, in addition to employing a specialist at Fort Douglas, all questionable slides are referred to Letterman General Hospital on the Coast and later to Army Headquarters in the east. This gives us a check on results by two or more competent pathologists. This service exceeds that ordinarily available to neighboring cities of considerable size, and it is possibly the best in the entire United States.

The laboratory, in addition to regular clinical tests, makes a careful examination of both water and milk samples once a week. This insures the camp of a satisfactory supply of milk, and it is constantly on the alert for any possible contamination of our water supply. I might add that sewerage disposal plant furnish samples for testing weekly--this work being done by Mr. Featherstone. Without a doubt, the laboratory services and special examinations and treatments available to our Outpatient Department is of a high order and supply to the residents

service on a more substantial scale than is seen in medical practice in most clinics and office services.

5. IMMUNIZATIONS. For the past six months, we have immunized 629 children for smallpox, diphtheria, and typhoid fever. The value of this immunization is shown in the fact that not a single case of these diseases have been found in the camp.

There has been 45 cases of communicable diseases in the camp, which are on the most part scarlet fever, measles, chickenpox, and mumps. This is an average of less than 2 cases reported per week. There had been 27 deaths and 67 births--a ratio of $2\frac{1}{2}$ births to 1 death.

6. DIETARY. The hospital kitchen has furnished 45,000 diets for hospital patients and 39,000 meals in the hospital dining room. In addition, it has supervised and distributed 7,400 formulas, making a total of 91,000 meals or formulas. This does not include the Special Diet Kitchen, which is maintained and supervised by the Hospital Dietician in Block 2. The total number of meals served there is 855.

7. OUTSIDE HOSPITALIZATION. During the past six months, 80 patients have been referred to Salt Lake. This is less than one-half per cent of the patients treated in the hospital. These cases include the following categories:

a. Children who have been referred to the Crippled Children's Service. This service is maintained jointly by the state and the Federal Government, and cases treated here are without any additional expense to the project other than transportation. I might add that several of them have been cases requiring prolonged hospital and surgical treatment. In all, 14 such cases have been sent outside. Of the remaining 66 stated above, only 3 received surgical operations; the rest were referred for confirmation of X-ray diagnosis or for bronchoscopic examinations (equipment for this test has never been furnished) or a variety of other reasons.

b. A number of children were taken to the Utah State Training School at American Fork for other examinations, such as psychological tests and a few cases on account of eyes. The bulk of these patients were taken

to Salt Lake in groups, housed overnight in a hotel, and returned to the camp the following day after their examinations had been completed. This represents a considerable savings over previous methods wherein patients were sent directly to the hospital and returned later on.

8. OCCUPATIONAL THERAPY. This is a new service which has been arranged by the Medical Social Worker and the Educational Section. We have been able to supply vocational therapy to a number of chronically ill patients, beginning with Contagious Disease Ward. It has brought considerable comfort to these chronic cases and has assisted in building up a higher morale necessary for recovery in such instances.

9. CO-OPERATION WITH OTHER AGENCIES. This hospital has been very fortunate in contacts made with Dr. Hibbard, Director of the State Sanitorium for Tuberculosis, in Ogden. At regular intervals, we have been sending X-ray plates and a resumé of the clinical condition of the patients in our Tuberculosis Ward. In one instance Dr. Goto accompanied the plates and spent an afternoon discussing problems and proposed treatments with Dr. Hibbard. Dr. Hibbard also reviewed all of our electrocardiogram tracings and comments on diagnosis made here. These reports come back to us carefully typed on separate sheets and for the most part have confirmed the readings made here. In this way we are able to give our tuberculosis cases the benefit of regular consultation with a specialist in the field of tuberculosis. His wide experience with EKG readings, similarly, is of definite value to those patients needing exact careful diagnosis and treatment needed for heart diseases.

To summarize, let me state that, although we are a small staff with only five doctors including Dr. Kusayanagi, there is available to this camp the services of specialists in the following lines:

Tuberculosis	Dr. Hibbard
Heart Conditions	" "
X-ray Diagnosis	Dr. Coray

Orthopedic.....	Dr. Huether
Crippled Children's Service.....	Dr. Thurman
Psychiatric.....	Dr. Young
Urology.....	Dr. Goeltz
Eye Work.....	Dr. Merrill
Chest Surgery.....	Dr. Rumel
Optometry.....	Dr. Tsuboi
Allergy.....	Dr. M. Anderson
Pathology.....	U. S. Army
Other Laboratory Proceedings.....	U. S. Army
Mentally Disturbed Patients.....	Dr. Heninger
Mental Defects.....	Dr. Ramsey
Neurology.....	Dr. Harrow
Internal Medicine.....	Dr. Clinger
Plastic Surgery.....	Dr. Robbins
Orthodontia.....	Dr. Chase

It should be noted that several of these specialties are available to our camp without cost.

CONCLUSION. In a separate memorandum, the increase on demands in the hospital has been shown together with a decrease in population. The hospital is fortunate that it has been able to maintain and extend the range of services offered to the camp in spite of the losses due to relocation. It is inevitable that, as the population decreases, we will lose key personnel and will be obliged to curtail some of the services. However, I wish to point out that in spite of these previous

losses noticeable particularly in the nursing staff we are still doing a large volume of high-grade professional work.

D. R. Collier, M. D.
Chief Medical Officer

Attachment - 1

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

March 23, 1945

HOSPITAL STATISTICS
SEPTEMBER - FEBRUARY INC.

Hospital Admissions	658	
Operations	299	
Outpatient Department		10,062
Dental		8,120
Optometry		782
Total		<u>18,964</u>

Prescriptions		9,528
X-rays		3,504
Laboratory Examinations		8,518
Diathermy Treatments		452
Basal Metabolism Tests		124
Immunizations		629
Total		<u>22,755</u>

Deaths	27	
Births	67	

Dietary Department		
Served Patients	45,382	
Hospital Dining Room	39,012	
Formulas	7,420	
Block 2	855	
Total		<u>92,669</u>

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

April 20, 1945

MEMORANDUM TO: Mr. R.P. Sanford
Assist. Proj. Director

FROM: R.O. Marstella
Hosp. Administrator

SUBJECT: Labor Situation.

In response to your request for a report of the labor situation in the hospital.

Since the evacuee personnel allotted by the Washington Office for the 4th Quarter is only sufficient to operate the hospital proper efficiently it may be necessary to close the Diet Kitchen and the Rest Home.

The Diet Kitchen in Block #2 is serving 83 patients meals, 3 times per day with a total of 24 workers. This cannot be compared to a block kitchen where it is assumed all residents receive the same menu. In the Diet Kitchen each patient receive a specially prepared tray, and in my opinion the number of meals served is not out of line with the number of workers.

The Convalescent or Rest Home now has 23 residents which require janitorial, supervision, maintenance, and meals supplied by the hospital staff.

These two services were originally started at the insistence of the Administration and Resident pressure, and it was assumed the Administration would allow the additional help to operate them.

The regular hospital kitchen with the resident staff of 30 are serving on an average of 550 meals per day, which includes one meal served to workers going on an off duty at midnight, and in addition preparing nourishment for patients 3 times per day. Patients meals are prepared in accordance with doctor's orders, the same as are the diet kitchen meals.

Due to relocation there are a number of trained personnel leaving our employment every day, and it is becoming more and more difficult to secure replacements that can be properly trained due to age and language difficulty. It is impossible to release a trained person and put on one untrained person with the minimum

-2-

of Registered Nurses and other Caucasian personnel now available to the hospital, and the situation is becoming more critical every day.

R.O. Marstella
Hosp. Administrator

ROM:fy

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

April 20, 1945

MEMORANDUM TO: Mr. R.P. Sanford
Assist. Proj. Director

FROM: R.O. Marstella
Hosp. Administrator

SUBJECT: Labor Situation.

In response to your request for a report of the labor situation in the hospital.

Since the evacuee personnel allotted by the Washington Office for the 4th Quarter is only sufficient to operate the hospital proper efficiently it may be necessary to close the Diet Kitchen and the Rest Home.

The Diet Kitchen in Block #2 is serving 83 patients meals, 3 times per day with a total of 24 workers. This cannot be compared to a block kitchen where it is assumed all residents receive the same menu. In the Diet Kitchen each patient receive a specially prepared tray, and in my opinion the number of meals served is not out of line with the number of workers.

The Convalescent or Rest Home now has 23 residents which require janitorial, supervision, maintenance, and meals supplied by the hospital staff.

These two services were originally started at the insistence of the Administration and Resident pressure, and it was assumed the Administration would allow the additional help to operate them.

The regular hospital kitchen with the resident staff of 30 are serving on an average of 550 meals per day, which includes one meal served to workers going on an off duty at midnight, and in addition preparing nourishment for patients 3 times per day. Patients meals are prepared in accordance with doctor's orders, the same as are the diet kitchen meals.

Due to relocation there are a number of trained personnel leaving our employment every day, and it is becoming more and more difficult to secure replacements that can be properly trained due to age and language difficulty. It is impossible to release a trained person and put on one untrained person with the minimum

-2-

of Registered Nurses and other Caucasian personnel now available to the hospital, and the situation is becoming more critical every day.

R.O. Marstella
Hosp. Administrator

ROM:fy

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

February 2, 1945

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director

FROM: Dr. D. R. Collier
Chief Medical Officer

SUBJECT: Preliminary Plans for Closing Health
Section

Planning for the closing weeks of the hospital is difficult because of several factors which we cannot assess definitely at the moment. These factors include:

1. Population of the center of the closing month is at the moment unknown.
2. Just what members of the present evacuee staff will be available is unknown.
3. The number of chronic and ill patients who will still be in the center is unknown.
4. The actual closing dates are as yet unknown.

When the center at Jerome was closed, it was possible to close the hospital wards approximately three weeks in advance of the total closure. We were able to do this since Rohwer Center was only thirty miles away, and we were able to send to Rohwer our pregnant mothers in their last month of pregnancies and certain other chronic cases a month before the closing date. We were also able to send the tubercular cases and some of the chronics to other centers on early trains.

It would seem at the moment as if we should plan on either sufficient appointed personnel to maintain one ward up into the final closing day, or close the hospital two weeks prior to the actual closure and send any serious illnesses which arise during that final

period to some other hospital, such as Dr. Bird's hospital in Delta or to Salt Lake City. There are practical difficulties to be overcome in either case. If the hospital is maintained up to the closing day, the following staff will be required:

1. One or two appointed staff physicians.
2. Chief Nurse.
3. Four graduate nurses (Minimum).
4. Dietician and two kitchen helpers.
5. Laboratorian (Also X-ray).
6. Sanitarian and boiler crew.
7. Business Administrator with one clerk typist.
8. Maintenance man (Janitor, chauffeur, and ambulance driver).

If evacuee help were available for these above positions, they should be employed. If none are available, then, they should be obtained from the outside.

A contract should be let for laundry to be done off the center.

Assuming that we can hold our present appointed staff, additional help needed in the above list will be the following:

1. Clerk typist.
2. Two kitchen assistants.
3. Four Boiler House crew plus ashes removal.
4. Maintenance man.

In regard to the Boiler House, the need for steam would vary, depending on the time of year. If C-day is in the summertime, the principal need for steam would be to furnish hot water for one ward. An alternate proposal would be to hook up temporarily an oil heater,

such as is used in personnel quarters, to cover one ward. Since we have one electric autoplate, necessary sterilization could be done by this means. If it is necessary to run the Boiler House, it would require four men plus assistants in the morning for removal of ashes. Such an assistant might well be supplied from some other crew working on the center.

Attention should be called at this time to the advisability of relocating all pregnant mothers before their last month of pregnancy. In many cases, it would be preferable for those women to relocate at an earlier date than that, but I think one month prior to their delivery should be the deadline, in case their expected confinement should occur a month before the closing of camp. Similarly, I feel that we should insist on the relocation of all chronic cases living in the hospital at least two weeks before the final closing date. With a skeleton crew as outlined above, we would be in a position to care for acute emergencies, appendectomies, and similar cases that could not be moved. Any illnesses which would appear to require more than two or three days treatment should be sent to Salt Lake City or Delta, whichever seemed more practical at the moment.

Regarding clinic services, I would suggest that the Dental Clinic take no more appointments beginning thirty days before C-day and that the dental services be suspended completely fourteen days before C-day. The other special clinics, such as Pre-natal, Post-partum, Well-baby, and Injection, should, I believe, be suspended fourteen days before C-day. An hour of clinic would be continued for emergency cases which arise in the center of a minor nature. The Chief Medical Officer or some other appointed doctor would attend this clinic.

The nursing staff and any other appointed personnel would be expected to assist in the final closing of the wards as fast as they can be emptied and equipment checked into the Warehouse. If it were possible to carry out the above plans, a single ward would be kept open. Food for this ward would be sent from a designated block mess hall and prepared in the Diet Kitchen by the Dietician. This would make it possible to close the Hospital Kitchen and check in the equipment. Since the laundry would also be closed, that equipment could be checked in.

It must be remembered that the relocation of the present members of the evacuee staff may completely deplete some given department of the hospital at a time considerably advanced of C-day. Unless some plan is made to hold over a select group until the final closing, the hospital may find itself seriously handicapped in some one department while overstaffed in another. It is to be expected that residents in the center will want to terminate their services from one to two weeks before they actually leave. For this reason, I think it may be very difficult to operate the hospital in the days approaching C-day unless the skeleton crew suggested above is provided with appointed personnel.

One of the biggest problems in closing the Medical Section will be the tallying in of equipment and the boxing and crating of hospital supplies. If we may assume that the boxing and crating is the function of the Warehouse, then, since the Warehouse has never been under the hospital control, this arduous duty will not be the responsibility of the Health Section. I think it is right to assume, and since we have never assumed the responsibility of the Warehouse, that it will not be our responsibility in the closing days.

D. R. Collier, M. D.
Chief Medical Officer

DRC:vi

cc: ✓ Mr. Hoffman
Mr. Lafabregue
Mr. Marstella
Miss Kirchner
Miss Dickinson

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

February 2, 1945

CLOSING SCHEDULE

C-DAY MINUS 30 DAYS.

By this date, all tubercular cases should be relocated.

All expectant mothers whose confinement is anticipated within 30 days or before the closing of the camp shall be relocated.

No more dental appointments after this date. All work in hand to be finished in the next 14 days. Only emergency surgery from this date.

C-DAY MINUS 14 DAYS.

All chronic cases removed from the hospital and relocated.

All special clinics terminated. This includes Pre-partum, Post-partum, Injection, Well-baby, and Immunization.

Closing of laundry, closing of Hospital Messhall, and special Diet Kitchen-Block 2.

Remaining Open: One ward for emergency cases. Hospital Clinic daily for one hour. Laboratory and X-ray.

C-DAY

By this time, all hospital property would be checked in to the Warehouse. This includes Kitchen, Dental Department, Surgery.

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

March 9, 1945

MEMORANDUM TO: Mr. L. T. Hoffman
Project Director

FROM: Dr. D. R. Collier
Chief Medical Officer

SUBJECT: Public Health Services

The Public Health program, which has been in operation at Topaz for the past nine months, is as follows:

1. Immunization. Once a week Immunization Clinic is held, and mothers of children in camp are notified of their appointments and requested to bring their babies for inoculation of the following: (a) Small Pox, (b) Typhoid, (c) Pertussis (Whooping Cough), and (d) Diphtheria. Some months ago Clinic averaged 40. At the present time about the only patients coming in are those babies who have been born on the project and have reached the age at which we begin inoculation. This accounts for the drop in number. This Clinic is under the direction of Dr. DeHaan, although the injections may on occasion be given by a graduate nurse.

2. Tuberculosis Contacts. Patients in the center who are arrested cases of tuberculosis, or those who have been in close contact with tubercular cases, receive notices regularly for an appointment made for them to return for checkup. The interval between checkups is determined by the doctor in charge of the case. At present Dr. DeHaan has taken over this branch of the work.

3. Venereal Clinic. All cases of venereal diseases of which we have knowledge are treated regularly on Tuesday mornings in the Venereal Clinic under the direction of Dr. Kusayanagi. For treatment we use injections of bismuth as well as a variety of arsenicals. Dr. Kusayanagi is able and is doing a good piece of work in this Clinic. Gonorrhoea is seen rarely in any of the camps, and so far

All in Hosp. services

in Hosp. service

as I know we have had but one case here. That case was treated with penicillin and made a rapid recovery.

4. Contagious Diseases. Cases of contagious diseases which comes to the clinic are diagnosed and sent either to the Contagious Disease Ward in the hospital or instructed to stay at home and remain under quarantine. Occasionally, phone calls come in from parents who suspect a contagious disease or inform us of a rash. The present arrangement is that my car, #31, will be used to transport the patient into the clinic in the afternoon at a time when there is very few other patients on hand. If it is diagnosed as a contagious disease, the patient is sent home and a graduate nurse, the one assigned to Public Health work, makes a call at the house to make sure that the quarantine regulations are understood and are being observed. At the same time a notice is sent to the superintendent of schools if the child is of school age or if there are children of school age in the same family. The Public Health Nurse tacks up quarantine sign and later removes the sign at the end of quarantine. The Public Health Nurse keeps track of the case during this interval.

in hosp -

*but only for check on rays -
8- mto*

5. Public Health Department. The Public Health Service maintains an office in the Administration Building with a secretary. At the present time the secretary is assisting with refractions, makes appointments, and files the records. She also assists Dr. DeHaan in the Public Health Service, sends out appointments, and notifies the superintendent of schools.

6. Diabetic Clinic. A diabetic clinic is now being conducted by Dr. DeHaan. Patients receive appointments in advance and are told to bring specimen of urine to the clinic the day prior to the appointment. With this information at hand, Dr. DeHaan is able to prescribe for the patient more carefully.

in hosp -

7. Post Partum. Public Health Service sends out notices to mothers a month after delivery and three months after that date. Patients are seen in the clinic by Dr. Sugiyama. They bring their babies with them for a checkup.

8. Well-Baby Clinic. Following the checkups with

the mother at Post Partum Clinic, these infants are given further appointments at six months, a year, and eighteen months in order that feeding may be supervised and general condition checked. This Clinic is held Tuesday mornings and seen by Dr. Sugiyama or some other member of the staff. *at the hosp -*

In addition to the above specific points in the Public Health program, the hospital is open twenty-four hours every day for emergencies which may arise as well as three general clinics and other special clinics during the week.

This program is essentially the same as it has been carried out for some time in the past. There has been less opportunity for the Public Health Nurse to make home calls, but since the ambulance service is always available, patients are encouraged to come into the hospital.

hide away cases

DR Collier M.D.
D. R. Collier, M. D.
Chief Medical Officer

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

March 19, 1945

MEMORANDUM TO: Mr. Raymond P. Sanford
Assistant Project Director
Community Management Division

FROM: Dr. D. R. Collier
Chief Medical Officer

SUBJECT: Increase in Hospital Services

Attached you will find a chart showing hospital records for the past six months. The second sheet is a graph of the weekly Out-Patient Department total. This does not include either Dentistry or Optometry. You will note that in the main the number of patients treated in the hospital and other services decreased during September, October, and November. The months of January and February showed a very marked increase. The records are incomplete for March, but it would appear that they will exceed those of February. I would like to point out the following points:

1. Admissions. Admissions for January and February are the highest in the last six months. They would doubtless have been higher were it not for the fact that we have limited number of beds and have been obliged to schedule certain operations according to the vacancies.
2. Operations. The number of operations for February was the highest in several months. The largest single category was tonsilectomies, of which we were doing around forty a month.
3. Out-Patient Department. Out-Patient Department has been high for January and February--even higher for March.
4. Dental Department. Patients treated in the Dental Department is decreasing due to the fact that we have

lost one dentist and another is resigning. We must expect further reductions in this service due to resignations. It is to be regretted since there are a large number of people needing dental care, particularly full dentures that will not be taken care of in this camp according to the present outlook.

5. Laboratory. Laboratory work has shown a definite increase in spite of a lessened personnel.
6. Pharmacy. The number of prescriptions given out in Pharmacy has increased by nearly 600, or roughly 40 per cent, in the past three months. This is important since it has a very definite bearing on the amount of drugs which we must obtain from the Army Medical Depot.
7. Immunizations. Immunizations have dropped since December. This is due very largely to the fact that the large majority of children in the project have been fully immunized against smallpox, typhoid, and diphtheria. The ones coming to the hospital now are largely children born on the project and who are just reaching the age where such immunizations can be given. The number will continue to decrease since there has been a drop in the number of births in the hospital.
8. X-rays. There is a decrease in the number of X-rays during February over December and January. This is largely due to the fact that we ran short of X-ray films in February and were obliged to curtail the services given for that reason.
9. Births. The number of births in the hospital has decreased in February and so far in March. The number of anticipated deliveries has also decreased doubtless due to the relocation of the young people in the camp.
10. Deaths. There was an increase of deaths in February. These deaths were largely due to old age or to cancer. It is to be expected that a higher death rate will persist until the closing of camp dependent on the total population.
11. Summary. Following the lifting of the Exclusion Order,

the number of patients coming to the hospital has definitely increased, together with an increase in services rendered in operations, laboratory examinations, X-ray services, and prescriptions filled. Many of the patients who have come to clinic have seemed to be overduly concerned about trivial matters of health; some no doubt overanxious to eliminate physical handicaps, avail themselves of medical services, and minor operations before going out on terminal leaves. The number of mentally disturbed patients coming to our attention has increased in number and in severity of disturbances. Four individuals have been sent to the State Hospital recently, and there are several more who will probably follow them.

Conclusion. Any reduction in the amount of supplies needed by the hospital must be carefully determined in view of an increasing call on the hospital for its services. Just how soon the hospital load will begin to drop is uncertain at the moment.

DR Collier M.D.

D. R. Collier, M. D.
Chief Medical Officer

Attachmts. - 2

W. CRANE

UNITED STATES DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

March 15, 1945

MEMORANDUM TO: The Appointed Staff

FROM: Dr. D. R. Collier
Chief Medical Officer

Any person who would like to see the optometrist for themselves or for their children should contact the Chief Medical Officer immediately. There will be time for a few appointments Saturday afternoon on March 17, 1945. The cost of such appointments will be a personal charge paid directly to Dr. Tsuboi.

Dr. Collier M.D.
D. R. Collier, M. D.
Chief Medical Officer

ME:AP-100

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

July 18, 1945

TO: Topaz Times
FROM: Hospital Social Service
SUBJECT: Medical Care After Relocation

Many people who are returning to their old homes on the West Coast will find that the family physician of pre-evacuation days has relocated elsewhere himself or is in the army. Many others who are relocating to new cities will be at loss to know where to turn for medical care. In either case it will be advisable to first consult a W.R.A. representative who is acquainted with the community and who is in a position to know of physicians of good repute rather than to wait until an emergency arises and to call the first name one sees in the telephone book who may or may not be the best qualified type of physician. Even before illness strikes, it is a good idea to look into the matter and have the names of two or three physicians in one's address book just in case need comes.

In case of sudden and very serious illness or accident, telephone the police immediately carefully describing the situation and giving the address very distinctly. An ambulance will be dispatched at once to take the injured person to the nearest hospital, meanwhile an officer will be ordered to the scene of accident and will remain on duty there until the patient is softly in the ambulance and en route to the hospital. Remember that people get sick or hurt every day and that most communities are equipt to meet such emergencies. Naturally community services are curtailed to a certain extent during the war but serious need can be met.

The situation in rural districts is not so simple; generally there is only one doctor in the neighborhood and he is badly overworked. If a new-comer is not able to consult the W.R.A. advisor because of distance, it is always appropriate to write to the County Medical Society to which only reputable physicians can belong asking for advice in selecting a family physician who resides near your new home.

A new-comer in a community is often at loss in selecting a physician, especially in war-time when there are fewer physicians available for civilian service and when hospitals are over crowded. The W.R.A. should be called upon for advice and assistance. Care for all bed patients who will need to be placed in hospitals outside is carefully arranged before the patient leaves the Center

and counseling service will be available thru Area Offices for people who need medical care but who are not sick enough to need hospital care. Many people will find adequate service in Out Patient Clinics at a small fee, those who are financially able will prefer to go to a private physician and pay accordingly.

When a person who is under medical care at Topaz relocates, the Health Service sends a brief summary of his case to Relocation who in turn sends the information with the physician's recommendations on to the Area Office. The purpose of this is to help residents in new localities to seek advice from the Relocation advisors as to clinic and hospital care when indicated. This has already proved to be useful in many instances. For example, a baby who relocated to Chicago was under the care of Children's Hospital in less than a week after the family arrived in Chicago. Chronic invalids who will need continued medical care and who are not sick enough to be in hospitals can continue treatment without interruption if they use the services available at the area office.

Many residents have become interested in plans for pre-payment medical and hospital care. There are many approved plans of non-commercial type whereby a family can pay a few dollars a month and have protection when illness comes. We suggest that people relocating contact the W.R.A. office in the city in which they have resettled for further information. There are many plans, the best known of which is the Blue Cross Plan. Information about medical pre-payment plans can be obtained from the Social Service office at the Topaz Hospital. We urge that people carefully investigate before taking out any kind of "health insurance". We advise that commercial agencies whose purpose is to make money be passed over for non-profit plans sponsored by industry, community hospitals or groups of physicians. The time may come when every American will have medical care under Social Security but for the present, families must make their own plans.

(Mrs.) Mary Lue Cochran
Medical Social Worker

WAR RELOCATION AUTHORITY
OFFICE MEMORANDUM
TOPAZ, UTAH

January 17, 1944

TO: Chairman of the Council and Councilmen

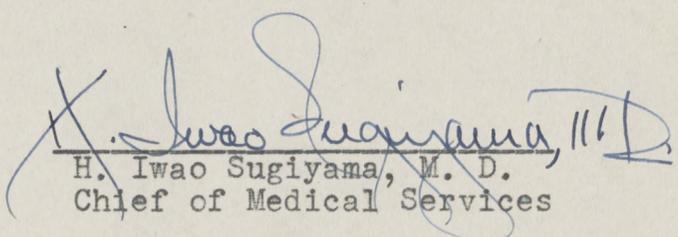
SUBJECT: Blood typing for volunteer donors

The hospital staff just received a memo to the effect that this hospital or any other center hospital will not be able to receive any blood plasma, since this item is to be sent abroad for Army use.

To date when there is an emergency for blood or plasma, we have been using plasma to tide the patient over until we were able to get more donors. Hereafter, this hospital will be needing a voluntary list of blood donors for the 4 types in case of an emergency. If the Council will be good enough to transmit this message to the colonists here in this project, we should be able to get a list of approximately 300 donors to be on the voluntary lists.

When an emergency arises, it takes one to two hours to find a donor; approximately three hours to type the person, test the blood for Syphilis, and cross match the blood to determine if the donor has the proper blood for the patient. If we have the list of donors, this time can be cut down to less than half the time.

The cooperation of the Councilmen will be appreciated, for this is for their own benefit, and the colonists.


H. Iwao Sugiyama, M. D.
Chief of Medical Services

HIS:mo

particularly the P. A. Unit. Also 18" rulers and a good supply of carbon paper are needed.

Hospital:

- a. Water bath for the laboratory is needed badly, also short-wave radio diathermy.