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WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT

TOPAZ HOSPITAL

July 19, 1943

HOSPITAL REGULATIONS

me 7/19/43
Read
*See
how
you*

The director of the hospital is the chief medical officer on duty. He is responsible for the physical plant and for every act committed therein. In direct charge, representing and responsible to the WRA, he is the administrative officer, commonly called the chief medical officer. In addition to being in direct charge of the hospital, he is also sanitary inspector of the entire Project including the farming and all other activities in and adjoining the Project, also the inspector of the dairy where the milk is obtained for the Project and is responsible to the Project Director through Mr. Lorne Bell, Assistant Project Director, and any other duty pertaining to the health of the Project that he may be called upon to render by the Project Director or Assistant Project Director.

The associate administrative officer serves as the hospital administrator under the supervision of the chief medical officer, cooperating with the chief medical officer and is responsible for all administrative functions of a non-professional and non-technical nature in connection with the operation of the hospital. Such administrative functions concern procurement, finance, personnel, warehousing, property control, maintenance supervision, and similar administrative activities concerned with hospital administration.

The chief nurse of Topaz Hospital, better known at hospitals outside as director of nursing, but we will speak of her as the chief nurse. The chief nurse is responsible to the chief medical officer of the hospital for nursing service and all its details. This includes not only the actual care of the patient but also the government and discipline of all those on her staff. In order to properly fulfill these responsibilities, she alone must have the authority and assume the responsibility for making the selection of the nursing staff. As a matter of courtesy and cooperation, she will consult with the chief medical officer and possibly with the chiefs of services, with regard to selection of supervisors and head nurses, but the final decision as to employment and discharge must rest with her if she is to maintain that degree of authority which is so necessary for efficiency in her department. Having selected her staff, the chief nurse has the duty of seeing that the care given the patient is adequate. This, she usually does through her supervisors whom she must select and hold responsible. In order to be certain that good nursing care is given, she will make frequent visits to all departments of the hospital and must herself be well informed and competent in general nursing procedures as well as thoroughly familiar with the particular routine of her own hospital. She must be observant and comprehending so that she is able to visualize what is going on, not only in her presence but also in her absence. Assistant chief nurse, supervisors, head nurses, and general duty nurses are all responsible to the chief nurse. Nurses' aides are assigned to the various wards by the chief nurse, but the direct supervision of the nurses' aides falls upon the supervising nurses. The chief nurse is also the director and responsible for the

HOSPITAL REGULATIONS

July 19, 1943

classes that are conducted in first aid and other nursing problems. It is her duty to see that they are properly instructed by competent instructors.

The dietician in the Topaz Hospital has sole charge of all activities of the dietary department and is responsible only to the chief medical officer. Only with centralized authority of this kind can food service be satisfactory. It is particularly essential that the dietician have full charge of planning meals and control of the quality of food stuffs, for only under single control can numerous economies be made without stinting the patients. If the dietician is not performing her duty properly, none but the chief medical officer has the right to interfere. To give the chief nurse direct authority over the dietician is not in accordance with good administrative policy for it upsets the whole plan of sound organization. Finally the dietary department today employs so many activities that it warrants that it be under the supervision of a department head on a par with those with other hospital departments. The administrative duties of the dietician occupy about 85% of her time and ordinarily include first, planning menus for patients and personnel; second, collaboration in purchasing food supplies and kitchen equipment; third, supervising preparation of food; fourth, seeing that meals are accurately and promptly served; fifth, keeping accurate records; and sixth, training all employees of the dietary department. The scientific duties of the dietician are concerned with diet therapy or application of diet to disease, and embrace first, planning general diets; second, planning menus for patients on special diets; third, supervising preparation of special diets in response to food values and appeal to the appetite; fourth, inspecting special trays before they are sent to the floor to assure patient receiving proper amount of food; fifth, fixing and weighing of food returned on special trays to determine patient's reaction to food and to record the intake; sixth, supplying special diet lists to outpatients. The educational activities of the dietician include first, teaching student dieticians in accordance with standard form by the American Dietetic Association, second, instructing student nurses in general principles of dietetics and third, teaching patients to improve their dietary habits.

The Medical Social Service Department has been set up as a part of medical service in the hospital in order to contribute to the social aspects of the care of the patients. Miss Gottfried, supervisor, and Miss Fujita, Medical Social Worker, should have referred to them, all health cases presenting social problems. In their work, they will (1) give assistance to the patients in helping to meet social problems associated with illness; (2) will aid the medical staff in reporting social factors having a specific relation to the diagnosis and treatment; (3) will plan with physicians the patient's care in the light of complicating social and psychological factors; and (4) will cooperate with community agencies in rendering medical social reports and interpretation. They will also cooperate with other services available in the relocation center to meet the social, recreational, and educational needs of the patients.

Central Supply Room has been established in this hospital to such

HOSPITAL REGULATIONS

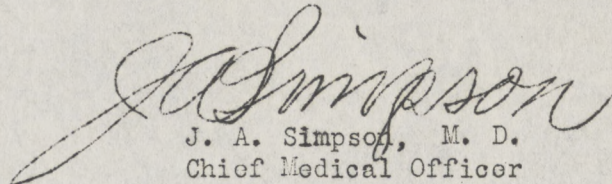
July 19, 1943

an extent as to include in it all supplies required for the floors, regardless of the frequency in which they are used. All requisitions for supplies must be made out by the supervising nurse and handed to the associate administrative officer. This should be done daily.

Ambulance drivers report directly to the associate administrative officer who has full charge of them in their conduct and will follow such instructions as the associate administrative officer directs.

The pharmacy in the Topaz Hospital will open its door at 8 a.m. and will continue to be open until 9 p.m. The pharmacists may work out their own hours to carry out the above instructions.

A monthly memorandum will be issued defining the positions of the various doctors on duty at this hospital together with the days they are on call. At present, chief of the surgical service, Dr. Goto; chief of the medical service, Dr. Kondo; chief of obstetrics, Dr. Teshima. Dr. Teshima and Dr. Yamauchi will assist the chiefs of medical and surgical services when requested by the chiefs of those services.


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

TOPAZ HOSPITAL

October 23, 1943

FUNCTIONS of the TOPAZ HOSPITAL MEDICAL SOCIAL SERVICE DEPARTMENT

In order to clarify the functions of the Medical Social Service Department, the following material has been prepared for the use of the various departments of the hospital. In general, medical social work in the Topaz Hospital as a part of the medical service will give assistance (1) to patients, in helping them to meet the social problems associated with illness; (2) to the medical staff, in reporting social factors having a specific relation to diagnosis and treatment, and in planning with physicians the patient's care in the light of complicating social and psychological factors; and (3) to community agencies in rendering medical-social reports and interpretations.

The following are specific functions which the department performs:

I. Medical Social Reports

- a. Reports are sent regularly to the Community Welfare Section regarding individuals who apply for public assistance grants. In order for them to receive grants, a medical statement regarding their employability is required. Additional reports are sent on cases having social problems. These are reports containing a medical social interpretation which gives the Community Welfare worker an understanding of health factors and their emotional significance.
- b. Reports are sent to the Placement Office including a medical recommendation on employability for persons who wish to establish their eligibility for unemployment compensation.
- c. Reports are sent to the timekeepers including a medical statement to establish eligibility for sick leave.
- d. Social histories are prepared for the use of the physicians. These supply family background, social development of the patient and any other social information which might throw light on the patient's adjustment to his illness.

II. Crippled Children

A cooperative relationship has been established between the medical social service department and the Utah Crippled Children's Service. Our work with them consists of case finding and referral of cases and also follow up of recommendations and treatment carried out by the Utah Crippled Children's Service. In working with crippled children, there is follow up of clinic cases including securing of appliances, assisting in family adjustments, working out special educational plans and direct work with the child in his social adjustment. This work is done in cooperation with the public health department.

III. Outside Medical Care

When specialized care has been recommended by the attending physician and approved by the chief medical officer, the medical social worker helps the patient in planning for outside medical care. She makes any necessary arrangements for the care of the family during the patient's absence and continues to work with the family regarding recommendations for further treatment.

IV. Referrals.

Cases should be referred to the medical social service department when the patient shows disturbance regarding his illness or when social problems appear to be playing an important part in the illness. Types of illness where there is usually a strong emotional factor and which should be referred include cancer, tuberculosis, heart conditions (particularly rheumatic heart), newly diagnosed ulcer case, hypertension in young people, venereal disease, and conditions where there are symptoms for which no physical basis can be found.

Crippled children and unmarried mothers should be referred for social planning.

Any case in which the medical social worker can assist the patient in carrying out medical recommendation should also be referred.

Page 3

Re: Functions of the Topaz Hospital
Medical Social Service Department

Whenever possible, the physician will be consulted before the medical social worker has contact with the patient in order to insure coordination in the medical care program. Ward interviews will be held at hours convenient to the medical and nursing staff.

/s/ J. A. Simpson

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

By: Leanore V. Gottfried
Medical Social Worker

LVG:JH

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

October 12, 1944

Health
ORIENTATION FOR NEW HOSPITAL EMPLOYEES

The orientation of a new employee starts with the Personnel Officer and proceeds to the division, section, and unit to which the person has been assigned. During this orientation period, the new employee should be left with the following impressions:

1. That the Project is glad to have the services of the new appointee and not that the Project is accommodating the new employee by giving him a job.
2. That the orientation period is a definite part of the responsibility of those giving the orientation information and not that this orientation period is time stolen from other essential duties.

The Hospital Section will use the following outline:

1. Activities of the ~~Hospital~~ *Health* Section.
 - a. Responsible for health in the Center.
 - (1) Water
 - (2) Milk
 - (3) Food
 - (4) Sewage disposal
 - (5) Mosquito control, rodents, etc.
 - b. Hospital programs
 - (1) Immunization
 - (2) Well-baby clinic
 - (3) Pre-natal clinic
 - (4) General clinic
 - (5) Chest clinic, by appointment
 - (6) Special diets
 - (7) Public health
 - c. Surgery
 - d. Medicine
 - e. Social service
 - f. Nursing
 - (1) Supervisory nurses
 - (2) Nurses' aides
 - g. Medical laboratory

Orientation for New Hospital Employees - page 2

In discussing the activities of the hospital, this may be done by a conference or by a tour of the hospital

2. The working relations among employees of the ^{Health} Hospital Section.
 - a. Under supervision of Chief Medical Officer.
 - b. Explain other lines of authority.
3. The relation of the new employee with the employees of this division and with the employees of other divisions.
 - a. Welfare
 - b. Internal Security (temporary)
 - c. Finance
 - (1) Budget
 - (2) Procurement
4. The new employee's job description.
 - a. Specific work to be performed. (To be given by the new employee's immediate supervisor.)
5. Arrange schedule of conferences. Conferences will be arranged by the staff or by the new employee as needed is felt.

WAR RELOCATION AUTHORITY
CENTRAL UTAH PROJECT
TOPAZ, UTAH

March 6, 1943

OFFICE LETTER:23

Subject: Medical Services for Appointed Personnel in the
Center Hospital

I. GENERAL STATEMENT:

Administrative Instruction No. 54 released on October 9, 1942 outlines the health service in relocation centers including the medical attention that can be rendered to appointed personnel in the center hospital. The following policy has been developed to acquaint all the personnel of this center on the procedure to be followed in requesting this service as well as the limits placed upon it by the regulations of the War Relocation Authority.

II. EXTENT OF SERVICE:

Facilities in the center hospital are available to appointed personnel only in cases where the illness is of an emergency nature since employees must use the services of physicians and hospitals in neighboring communities. This means that emergency treatment or surgery can be obtained only when moving the patients to the nearest private source of medical attention would be detrimental to their condition. This determination shall be made by the Chief Medical Officer.

III. PROCEDURE TO BE FOLLOWED IN OBTAINING MEDICAL ATTENTION:

In all instances where medical attention from the center hospital is desired, contact shall be made with the Chief Medical Officer. He may recommend an examination at the hospital or at the home of the patient whichever is desirable under the circumstances. At this point a determination will be made as to the condition of the patient and what facilities should be utilized consistent with the welfare of the individual. In no instance are we permitted to call upon the services of the resident physicians or the medical officer of the Military Police without the consent of the Chief Medical Officer.

IV. FEES FOR MEDICAL TREATMENT:

A standard table of fees for medical treatment rendered from the center hospital has been established and a charge will be made for all services authorized by the Chief Medical Officer. This includes consultations, examinations, home visits and surgical or hospital treatment regardless of what physician renders the actual service.

BLOCK MANAGERS' HEADQUARTERS
January 29, 1945

HOSPITAL INFORMATION

Clinic Schedule

General Clinic	Monday Morning	8:30 A.M.
General Clinic	Wednesday Morning	8:30 A.M.
Immunization (Shots)	Wednesday Afternoon	2:00 P.M.
Baby-Mother Clinic	Thursday Morning	9:00 A.M.
Prenatal-Mother Clinic	Friday Morning	8:30 A.M.
General Clinic	Saturday Morning	8:30 A.M.

Carrier Service

Hospital Carrier Service will provide transportation for all clinic patients at time stated above. Patients must wait for carrier by road rear of each block mess hall.

Emergency calls handled 24 hours by ambulance service.
Call on emergency phone "HOSPITAL"

Visiting hours

Evenings (except Sunday)	7:00 P.M. to 8:00 P.M.
Sunday Afternoon only	3:00 P.M. to 4:30 P.M.

February 24, 1943

SUGGESTED PLAN FOR ORGANIZATION OF HEALTH MEASURES

- I. Regular Staff Meetings once a week.
(Mr. Fujii in attendance)
- II. Schedule of rotation of doctors through 24-hour service.
Inpatient service, charts, etc.
- III. Public Health Plans
 - (1) School Exams
 - (2) Faculty Chest Exams
 - (3) Communicable Disease Program
 - (4) Sanitation Inspection, one doctor organize and direct sanitation corps.
- IV. Organization of Hospital Services
 - (1) Out-patient Department
 - (2) Obstetrics & Gynecology
 - (3) Surgery
 - (4) Chest
 - (5) Pediatrics, Communicable Diseases
 - (6) Ear, Nose & Throat
 - (7) Orthopedics
 - (8) Other

(Necessary to divide wards as well as services)

To work with supervising nurse in solving problems, household as well as others, of the service and, or, ward.
- V. Recreation of M.D.'s
- VI. Library, Clinical Conferences, discussion of necessary Rx. vs. available Rx. and schools of thought.
- VII. Physical Examinations of Residents for outside reference:
 - (1) Compensation
 - (2) Leave Clearance, etc.
 - (3) Life Insurance

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TO: MR. MASUJI FUJII, COUNCILMAN

FROM: MAS NAKAMOTO, HOSPITAL

DATE: October 26, 1943

SUBJECT: JUSTIFICATIONS FOR REQUESTING INCREASE IN ALLOCATION OF
HOSPITAL EMPLOYEES:

SUBMITTING FOLLOWING JUSTIFICATIONS:

- 1- Our hospital is rated as "250-Bed Station, Cantonment Type, Z-1" and according to this rating, using the Civilian Hospital Employment Standard of 1.75 person per bed, then our allotment should be 437.50 employees.
- 2- At the earlier part of the year maximum number employed was over 350 persons and gradually decreased due to Relocation and Tule Lake movements.
- 3- On June 12, 1943 this division submitted report to Mr. Lorne Bell requesting for increase in personnel to meet our minimum requirement of 330 from 294, census as of May 31st, 1943.

In view of the facts presented above, the Hospital Division is fully justified in requesting for increase in allocation of employees. The present quota, 220 stipulated by Washington, is hardly practical according to the Principal Medical Officer and other Department Heads in the hospital. The attached report will enable to realize our request in increase in allotment is not too much.

After many discussions and re-arrangements of personnels, we feel that requesting for 245, increase of 25, is justifiable. Reduction of personnel means that we must cease operating certain departments and causing inconveniences to the residents. Also, this may mean increase in outside hospitalization funds. As result, nothing is gained by this new quota, that is, from the hospital viewpoint.

In spite of this request for increase, the Hospital Division has rendered its co-operation more than 100% in meeting this request by the Washington Office, this is well proven by the datas presented in this report. With the foregoing facts presented to your body, may we have your assistance in obtaining this increase in allocation.

Thanking you for this opportunity and in behalf of the hospital personnel, we thank each member of your Council for the splendid co-operation shown in the past.

MAS NAKAMOTO, HOSPITAL

NOTE PLEASE: THIS REPORT IS NOT FOR PUBLICATION OR FOR
PUBLIC USE, PLEASE ADVISE BEFORE UNDERTAKING SUCH
ACTION:

Personnel Report

Division and Section: Hospital

Job Title	Number now employed		Degree of Essentiality	Minimum number with which could operate
	Male	Female		
Transportation (Ambulance)				
Foreman	1		1	1
Driver	11		1	11
Driver (Formula)	3		1	2
Barber Shop				
Barber	2		1	2
Dental				
Dentist	9	1	1	10
Dentist Tech.	1		1	1
Receptionist		1	1	1
Dental Nurse		6	1	6
Kitchen				
Formula (Superintendent)		1	1	1
Formula Ass't		4	1	1
Formula Stock Clerk	1		1	1
Main Kitchen				
Chief Cook		2	1	2
Ass't Cook		5	1	5
Kitchen Helper	23	16	1 & 2	40

Job Title	Number now employed		Degree of Essentiality	Minimum number with which could operate
	Male	Female		
Hospital Attendants and Porters				
Foreman	1		1	2
Assistants	35	23	1 & 2	60
House Mother (Nurses' quarter)				
Chaperon		1	1	1
Seamstress				
Supervisor		1	1	1
Assistants		3	1	3
Central Supply (Warehouse)				
Foreman			1	1
Warehouseman	4		1	4
Clerks	1	3	1	5
Nurses				
Registered Nurses		1	1	5
Nurses' Aides		45	1	60
(Part-time nurses' aides not included)				
Block Nurses		35	1	35
(Fluctuates according to number of blocks utilized)				
Orderlies	6		1	10
Clinic Aids		5	1	5
Surgery Aid		4	1	6
Physicians				
Physician	3	1	1	6 *
Surgeon	1			
Social Workers				
Social Worker		1	1	
Assistant		2	1	3
Public Health				
Supervisor		1	1	1
Assistant		3		4

Job Title	Number now employed		Degree of Essentiality	Minimum number with which could operate
	Male	Female		
	Pharmacists			
Pharmacists	2	5	1	7
	Laboratory			
Technician (Superv.)		1	1	1
Assistant		2		4
(Expanded program, such as milk & water tests, serological, etc.)				
	X-Ray			
Technician Superv.	1	0	1	1
Assistant	1	0		2
Clerk		1		1
	Optometry			
Optometrists	4		1	4
	Administration			
Property Liason Officer (Co-ordinator)	1		1	1
Secretaries		3	1	3
Record Librarian (Supervisor)		1	1	1
Assistant		4	1	4
Messenger	1	0	2	1
Clinic Section		1	1	1

Recapitulations:

Male Workers 112
Female Workers 182
294

Minimum Personnel Requirement 330
Shortage 36

Personnel Report

Division and Section Hospital, _____

Job Title	Number now employed		Degree of Essentiality	Minimum number with which could operate
	Male	Female		
Transportation (Ambulance)				
Foreman	1		1	1
Driver	11		1	11
Driver (Formula)	3		1	2
Barber Shop				
Barber	2		1	2
Dental				
Dentist	9	1	1	10
Dentist Tech.	1		1	1
Receptionist		1	1	1
Dental Nurse		6	1	6
Kitchen				
Formula (Superintendent)		1	1	1
Formula Ass't.		4	1	4
Formula Stock Clerk	1		1	1
Chief Cook		2	1	2
Ass't Cook		5	1	5
Kitchen Helper	23	16	1 & 2	40

Job Title	Number now employed		Degree of Essentiality	Minimum number with which could operate
	Male	Female		
Hospital Attendants and Porters				
Foreman	1		1	2
Assistants	35	23	1 & 2	60
House Mother (Nurses' quarter)				
Chaperon	1	1	1	1
Seamstress				
Supervisor		1	1	1
Assistants		3	1	3
Central Supply (Warehouse)				
Foreman			1	1
Warehousemen	4		1	4
Clerks	1	3	1	5
Nurses				
Registered Nurses		1	1	5
Nurses Aid		45	1	60
(Part-time nurses aid not included)				
Block Nurses		35	1	35
(Fluctuates according to number of blocks utilized)				
Orderlies	6		1	10
Clinic Aids		5	1	5
Surgery Aid		4	1	6
Physicians				
Physician		3		6
Surgeon		1		
Social Workers				
Social Worker		1	1	
Assistant		2	1	3
Public Health				
Supervisor		1	1	1
Assistant		3		4
Pharmacists				
Pharmacists	2	5	1	7

Job Title	Number now employed		Degree of Essentiality	Minimum number with which could operate
	Male	Female		
Laboratory				
Technician (Superv.)		1	1	1
Assistant		2		4
(Expanded program, such as milk & water tests, serological, etc)				
X-Ray				
Technician Superv.	1	0	1	1
Assistant	1	0		2
Clerk		1		1
Optometry				
Optometrist	4		1	4
Administration				
Property Liason Officer (Co-ordinator)	1		1	1
Secretaries		3	1	3
Record Librarian (Superv.)		1	1	1
Assistant		4	1	4
Messenger	1	0	2	1
Clinic Section		1	1	1
Recapitulations:				
Male Workers	108			
Female Workers	186			
Total	294			
Minimum Personnel Requirement			330	
Shortage			36	

HOSPITAL

Nov. 18

226, WORKERS AT PRESENT

TO BE TERMINATED — 10

" TRANSFERED 1
TO P. O.

" " 6
TO ROSCO BELL'S
OFFICE (HEALTH DPT.)

T. S. Sataue

40-720 Health Section

40-721 Administrative Overhead (Section)

40-721.1 Hospital Overhead

40-721.2 Non-Hospital Overhead

40-722 Dietary

40-722.1 Main Hospital Kitchen

40-722.2 Other Kitchens

40-722.3 Credit Account - For Departmental

Distribution

40-723 Household

40-723.1 Laundry (Credit Work done for other Divisions)

40-723.2 Housekeeping

40-723.3 Credit Account - For Departmental

Distribution

40-724 Property

40-724.1 Utility Operations (Heat, Light, Power,
and Water)

40-724.2 Maintenance of and Repairs to Buildings
and Grounds - (Hospital Only)

40-724.3 Storehouse

40-725 Motor Service - Ambulance

40-726 Hospital Services

40-726.1 Obstetrical (Including Delivery Room and
Nursery)

40-726.2 Pediatric

40-726.3 Medical - General

40-726.4 Medical - Chronic Infirm

40-726.5 Surgical

40-726.6 Isolation

- 40-726.7 Tuberculosis
- 40-726.8 Other Special Services
- 40-726.9 Undistributed Personal Services
 - 40-726.9-1 Physicians
 - 40-726.9-2 Nurses
 - 40-726.9-3 Other

40-727 Non-Hospital Services

- 40-727.1 Out-Patient Clinics
 - 40-727.1-1 Medical and Surgical
 - 40-727.1-2 Dental
 - 40-727.1-3 Eye
 - 40-727.1-4 Other
 - 40-727.1-5 Medical and Hospital
- 40-727.2 Visiting Services
 - 40-727.2-1 Public Health Nursing
 - 40-727.2-2 Physicians
 - 40-727.2-3 Medical Social Worker
 - 40-727.2-4 Sanitarian
 - 40-727.2-5 Other

40-728 Operational Services

- 40-728.1 X-Ray
- 40-728.2 Laboratories (Except Dental)
- 40-728.3 Surgery Unit
- 40-728.4 Pharmacy
- 40-728.5 Education
- 40-728.6 Records and Library
- 40-728.7 Credit Account - For Departmental

Distribution

JOB TITLES FOR WASHINGTON
APPROVAL

HEALTH

AMBULANCE DISPATCHER: (\$19)

1. To supervise all ambulance drivers.
2. To take messages and dispatch drivers.
3. To arrange the schedule of work.

An ambulance dispatcher is needed to handle the overall supervision of the ambulance drivers. He is essential in acting as a liaison between the Hospital Administrator and the ambulance drivers.

PUBLIC HEALTH SUPERVISOR: (\$19)

1. To supervise public health nurses' aides.
2. To care for the sick and instruct in home care.

A public health supervisor is essential for handling the whole area of public health in the community. As doctors and nurses are limited, it is necessary that one person supervise minor illnesses. She will see to it that the public health nurses' aides are doing their duty in regards to the block residents.

PUBLIC HEALTH NURSES' AIDE: (\$16)

1. To assist in dispensing medical care and treatment in the home.

Because there is a shortage of doctors and nurses, public health nurses' aides take care of minor illnesses which do not require hospital care. Every block has one person who is trained for this job and performs to the best of her ability. It is essential that there should be public health nurses' aides in order that the burden of the doctors and nurses may be lighten.

HOUSEMOTHER: (\$16)

1. To chaperon the nurses' aides and to supervise the nurses' aides' home.

The hospital has a ward set aside for a nurses' aides' room. Here, the nurses' aides sleep when on night duty. Since many of them are young girls, in order that their parents will not worry, a housemother is deemed essential to care for them and watch over them.

BARBER: (\$16)

1. Cut men patients' hair and shave them.

It is essential to have a barber in the hospital to cut and shave hair for those men unable to do so for themselves due to being bed-ridden.