

J 15.14

67/14

c

358
~~duplicate~~

Feb
~~SW~~

COLORADO RIVER WAR
RELOCATION PROJECT
Poston, Arizona
July 4, 1942

MEMORANDUM TO: ALL RESIDENTS OF POSTON
SUBJECT: CLOSING OF SECTION CLINICS IN CAMP I
FROM: W. WADE HEAD - PROJECT DIRECTOR

As a result of the continuing organization of our medical service, it will be necessary to close the four clinics that were established in Camp No. 1 for rendering medical and dental service. These clinics were set up as a temporary measure until the general hospital had been sufficiently advanced in its construction to make its use possible. At this time an out-patient medical and dental service will be set up at the hospital. It will be necessary for all persons in need of medical or dental care who are not actually ill and who are up and about to go to the out-patient clinics in the general hospital. All requests for a home visit by the physician should be sent to the hospital. The ambulance service will operate from the hospital, instead of from the four clinics as has been the case up to now.

This change is made necessary for a number of reasons. We must centralize the service in order to permit the doctors to give maximum service to all. With the opening of Camps 2 and 3, a number of our doctors, dentists and nurses must be made available to these centers. This will reduce the number in Camp 1. Increased efficiency is absolutely necessary if all are to be adequately cared for.

This change will cause certain inconvenience to those needing medical or dental care, but it is hoped that the residents of Poston will appreciate the need for this change and cooperate fully with our doctors and nurses so that they may render the greatest possible service to our community. This change will become effective July 6, 1942.

Wade Head
W. Wade Head
Project Director

COLORADO RIVER WAR RELOCATION PROJECT

Poston, Arizona

August 6, 1942

MEMO TO: Dr. Leighton

FROM: T. H. Haas

Several people have called my attention to the fact that some of the notices of the Division of Health and Sanitation have been couched in language difficult for the average layman to understand. For example, in one notice, the term, pediatrician, was not defined. A person unfamiliar with the fact that a pediatrician is a doctor who is an expert on child diseases went to the pediatric clinic to have a foot ailment attended to. He thought a pediatrician was an expert on foot diseases and came back very angry when he found out that he was mistaken.

Several people have been compelled to look up the meanings of some of the medical terms in dictionaries or ask friends the meanings. The dictionaries are not very numerous in this camp, but I looked up the word, pediatrician, in the Winston Dictionary of my secretary and found that it was not listed.

You may desire to examine proposed health notices to determine whether it would be possible to frame them in simpler language.

T. H. Haas

(AHL)

pedial

TO: The Poston Community Council
FROM: The Public Health Committee

Everyone realizes the magnificent job the entire hospital staff is doing. The whole community is grateful for their untiring efforts in spite of conditions and lack of certain equipment. It is not our purpose to antagonize or discredit certain people or groups in the hospital--far from it. But rather, it is our purpose to make manifest certain things that should be corrected as a matter of policy in order that the entire hospital staff be assured of the continued sincere appreciation of the entire population of Poston.

This report has been prompted by certain conditions existing in the hospital. It has been brought to the attention of this committee, the lack of proper decorum on the part of certain employees of the hospital staff and of the guards especially during the night shift.

Such condition as obstreperousness, the indiscreet playing of radios, walking about the hospital with heavy boots causing undue noise and vibrations, inviting friends or causing a disturbance within the confines of the hospital and the otherwise interruption of duties and resultant lack of attention to the patients, the failure on the part of a few people working in the hospital and their friends to realize that the patients should have some measure of privacy and are not to be regarded as side-show freaks, inanimate things or animals on exhibit at a County Fair--all are entirely avoidable, unnecessary and certainly should not be the general rule of conduct of employees within the hospital.

That these conditions do exist at times is a certainty. That other minor violations of the ordinary rules of conduct also occur, but all of these conditions do not occur simultaneously. It is also recognized by this committee, the Medical staff and director, and the parents, relatives, and friends of patients that no single individual is entirely responsible for such conditions, but that they are a part of the cause of the effect. We recognize the fact that these people do not purposely and consciously mean to cause such conditions but rather that in most instances they have simply been thoughtless as to what effect their actions might cause.

Furthermore, there seems to be a general difficulty in trying to discipline people as to conduct, no matter how well meant. But in a hospital, it is imperative and

paramount that the employees observe a certain decorum that is universally adhered to in any such institution. This hospital should not be regarded as an exception in this respect, but because of its extremely vital relation to the community should have the rules and regulations more rigidly observed.

Certainly the people who are working as hospital staff members or for that matter in any other capacity, are old enough and intelligent enough to know and to realize, that in a hospital the comfort and care of the patient is the prime consideration. Since they have accepted employment in whatever capacity they are now serving, willfully and fully cognizant of the fact that it was to be in the hospital, they have assumed and it is their responsibility to abide by whatever rules and regulations the Medical staff and Director may see fit to invoke.

To react objectionably and thoughtlessly against any words of caution, well-meant admonishment or imposed rules and regulations is something that can not be tolerated in any hospital. Those few individuals who may react thusly, threaten to quit, and as a recourse seek other means of employment just for spite, are unconsciously but none the less guilty of affecting adversely the welfare of the entire community....which includes themselves as well as their relatives and friends....and not only this, but it is a reflection upon their character, background and family.

Since the health, welfare and success of this whole community and project depends upon the unselfish cooperation of all, is it too much to ask of any single individual, or of any group of individuals to so govern themselves at all times and in such a manner that they will be an asset and credit to this community and country? We, therefore, hope that those few individuals and friends of those involved, however innocently, will but stop and consider for a moment while either at work in, or visiting the hospital that they can undo in a short while all the splendid work that has thus far been accomplished over a relatively much greater period of time....and, that "the patient comes first."

COMMENTS: The Public Health Committee is fully aware of the handicaps and obstacles which confront the Medical staff and director for a successful pursuance and execution of policies. We realize that this situation of discipline within the hospital is a delicate one, especially when the Staff is faced with the ever

present problem of lack of trained personnel.... quantitatively speaking. That the Staff realizes to invoke stringent rules and regulations may precipitate a natural reaction against such measures on the part of the people who make up the personnel, and this thought is also shared by the members of the Public Health Committee.

In order, therefore, to avoid any possible interruption of routine or having individuals resign their positions by obtaining releases, we feel that the report part should be read or made known to the entire hospital staff....from the kitchen staff to the director, and to the personnel of all shifts....omitting the comments and recommendations as the Director and Chief of Staff see fit.

RECOMMENDATIONS:

- a. Temporary rules and regulations for the general conduct of the hospital be drawn up immediately by the Medical staff and director.
- b. That these rules and regulations be made known to the employees (the employees in this case being those of non-professional classification) either at their meetings or by the posting of such at all strategic and conspicuous places within the confines of the hospital.
- c. That as soon as these are drawn up, they be made available to Mr. Tomo Ito, the Supervisor of Block Managers for posting on Block bulletin boards.

Respectfully submitted

Public Health Committee

(signed)

Arthur Y. Nakano

George T. Adachi

Mrs. Lyle Kurisaki

Harvey Hanamura

114
K
COPY

WAR DEPARTMENT
Office of the Assistant Secretary
Washington, D. C.

S
May 6, 1943

Dear Mr. Sugiyama

Some time ago you wrote to me about the matter of employing Japanese Americans on the Engineer job in connection with the camouflage factory. You stated that production was hampered by the inability of the Engineers to get necessary truck drivers, etc. In my reply I stated that under the existing regulations it was not possible for the Engineers to employ Japanese-Americans on this project, but I did state that the regulations were in the process of being revised.

For your information the regulations have now been revised and under the revision positions and jobs with Army installations are open to Japanese American citizens who have been cleared as to their loyalty in all locations except the prohibited areas of the Western Defense Command. This revision came out on May 3.

I have written the Engineers Department pointing out this revision with the suggestion that they further exploit the possibility of employing Japanese Americans on the jobs you suggested.

It occurs to me that this further restoration of rights to Japanese Americans should be conclusive proof that they have friends who are working for their interest and it should inspire them to greater service and loyalty to the United States.

Sincerely,

s/ William P. Scobey

William P. Scobey
Colonel, General Staff Executive

Mr. Franklyn S. Sugiyama
Temporary Community Council Unit 1
City Hall
Phoenix, Arizona

82 ✓
 TB cases

April 5, 1943
 From: Pub. Health Records

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
Tak Azume Shizua	329-1-B	23	Min. <u>Active</u>
Fujii, Ruchi	15-9-D	40	Min. <u>Active</u>
Fujimoto, Yoshikio	54-2-A	17	Min. Arrested
Fujioka, Mary	215-14-C	25	Min. <u>Active</u>
Fukuhara, Sachiko	216-6-A	22	Min. Quiescent
Fukumoto, Matsujiro	318-7-C	59	Light Arrested
Furuta, Martha	12-10-B	23	Min. Arrested
Hamasaki, Lousise (H)	327-3-C	27	Min. <u>Active</u>
Hanaoka, Marion	53-4-A	29	Min. Appar. Arrested
Han f , Isao (H)	16-8-C	22	Min. Quiescent
Hane, Mikiso	16-8-C	20	Min. Sp. Pnx. Q. B
Hane, Mitsugi, (H)	16-8-C	25	Min. rt. <u>Active</u> B
Hara, Hiroshi	309-4-A	22	Min. Arrested
Hashimoto, Terio (H)	6-14	47	Mod. adv. <u>active</u>
Hatakida, Asaichi	316-10-D	60	Min. Appar. Arrested
Hatakida	316-2-A	54	Min. Arrested
Hayashi, Katsuno (H)	45-4-A	41	Min. <u>Active</u>
Hayashi, Thomas	3-10-A	34	Min. Quiescent
Hirose, Hatsuyo	308-1-B	18	Min. <u>Active</u>
Hirota, Tamai	327-10-D	24	Min. Ap. arrested
Hiura, Frank (H)	18-12-A	42	Min. <u>Active</u>
Hiura, Lloyd (H)	18-12-B	17	Min. <u>Active</u>
Hongo, Kamesabura	316-7-B	62	Min. prob. <u>active</u>
Ichiyama, Eiko	325-14-D	28	Mod. adv. ap. arrested
Ichiyama, Minnie	325-12-B	22	Min. ap. arrested
Igauye, Nobura	2-6-A	29	Min. arrested
Ikeda, Henry	18-4-B	16	Min. Arrested

TB cases, 2

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
Ikenaga, Kanematsu	4-8-A	70	Mod. Adv. <u>Active</u>
Ishikawa, Mamie	15-9-C	18	Min. arrested
Ito, Reiko	59-3-C	28	Min. arrested
Iwasaki, Tom	59-11-B	19	Min. arrested
Kajiko, Kiyoshi	31-10-B	19	Min. Arrested
Kameo, Shieko	18- 6-C	19	Min. ap. Arrested
Kamiya, Fujiye	317-10-A	28	Min. <u>Active</u>
Kamiye, Motojiro (H)	317-10-A	60	Mod. Adv. <u>Active</u>
Kamiya, Yoshitsura	45- 6-C	50	Min. Arrested
Kanda, Suyetaro	318- 7-C	72	Mod. Adv. appar. arrested
Kanemitsu, Manzuchi	18-6-B	64	Min. Appar. arrested
Kasuga, Mieko	11-12-B	25	Min. Appar. Arrested
Kato, Chutaro	308-11-B	59	Mod. Adv., appar. arrested
Kawai, Fuku	45-12-A	42	Min. arrested -- eff.
Kawai, Tokiyo	28-3- B	46	Min. arrest. eff.
Kimura, Iwataro	308- 7-B	48	Far. Adv. Active
Kinoshita, Tsunezo	19- 1-B	61	Mod. adv., ap. arrested
Kirihara, Chic	307-13-A	56	Min. ap. arrested
Kishizawa, Masaichi	318- 7-C	59	Min. active
Kodani, Fusako	213-13-A	32	Min. ap. arrested
Koroda, Hiroshi	53- 2-B	17	Far adv. <u>Active</u>
Karoda, Seijiro	53- 2-B	48	Far adv. <u>active</u>
Kosaka, Yaeko	12- 9-C	24	Min. quiescent
Kuroiwa, Sengo	37-13	58	Min. Ap. arrested
Kushi, Harold	Doc. Dorm.	29	Min. Quiescent
Helen Kushi, Helen	Doc. Dorm.	19	Min. <u>Active</u>
Kusuda, Yukie	43-3- C	19	Min. quiescent

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Diagnosis</u>
Maruta, Shokichi	18-13	40	Min. quiescent
Mariyama, Miyo	5- 8-C	14	Min quiescent (chest & kid)
Masumoto, Sally	5-14	20	Min. arrested
M ———, Dorothy	326-12-C	30	Min. ap. arrested
Matsumoto, Shota (H)	208-14-B	78	Far adv. <u>Active</u>
Matsushima, Dixie	54- 9-B	27	Min. arrested
Matsuura, Ken (Mrs)	45-12-C	32	Mod. adv. <u>Active</u>
Matsushita, Matsuyo	308-10-B	22	Min. arrested
Mayeda, Masaye	309-14-D	49	Min. ap. arrested
Miyata, John	60- 6-B	20	Min. quiescent
Miyata, Mitsui	60- 6-B	61	Min. arrested
Miyata, Tadao	307- 2-D	32	Min. arrested
Mochizuki, Shige (H)	44- 9-C	32	Min. <u>active</u> eff.
Morioka, Keiji	46- 9-B	64	Min. ap. arrested
Morioka, Tamayo	27-10-A	2 $\frac{1}{2}$	Min. ap. arrested
Morioka, Tsanehiko (H)	27-10-A	35	Mod. adv. <u>active</u>
Morioka, Tsuneko	46- 9-B	23	Min. <u>Active</u>
Morishita, Iwao	46- 7-A	18	Min. arrested
Motoki, Ichiji	209-13-M	48	Min. Arrested
Murakami, Yukito	44- 5-C	25	Min. <u>Active</u>
Murata, Ume	43- 2-C	52	Mod. adv. <u>Active</u>
Nagano, Buhei	308- 7-B	52	Min. arrested
Nagata, Nobuko	44- 5-C	18	Min. <u>Active</u>
Nakadegawa, Clifford	35- 5-C	25	Min. quiescent
Nakai, Shigezo	213- 7-B	17	Min. quiescent
Nakamoto, Yoshimatsu	323- 7-B	52	Min. arrested
Nakamura, Evelyn	26-13-A	33	Min. arrest. eff.
Nakamura, Hiroshi	213- 5-C	27	Min. quiescent

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Age</u>	<u>Diagnosis</u>
Nakamura, Isamu	213- 5-C	25		Min. quiesc. eff.
Nakamura, Kay	213- 5-C	22		Min. appar. arrest.
Nakamura, Senichi (H)	229- 7-A	73		Far adv. <u>Active</u>
Nishi, Joan	215-14-G	22		Min. <u>active</u>
Nishida, Sasano	227- 8-D	46		Minimal
Nitta, Fred	219- 8-C	39		Min. ap. arrested
Oba, Zinzo (H)	22- 5-C	28		Mod. adv. <u>active</u>
Obata, Dorothy	16- 8-B	15		Min. quies.
Obata, William	16- 8-A	20		Min. <u>Active</u>
Ohashi, Sati	316- 4-A	22		Min. <u>Active</u>
Okamoto, Alice	26-10-D	1 $\frac{1}{2}$		Primary, chest
Oki, Irene	46- 9-D	27		Min. ap. arrested
Onishi, Ryokei	32-14-C	52		Far adv. quies.
Osaki, Kiuseo	28-10-D	21		Min. arrested
Sakaki, Marion	2- 7-C	16		Min. Arrested
Shimamoto, Toreichi	14- 7-C	65		Mod. adv. <u>Active</u>
Shimizu, Marie	229-14-B	20		Min. ap arrested
Shiozaki, Toyajiro	14-10-C	61		Far. adv. <u>Active</u>
Shiozawa, Kose	317-10-C	30		Min. Ap. arrested
Suyimoto, Tamokei	6-14	67		Min. Quies.
Sumida, Masato (H)	46-10-D	39		Mod. <u>Active</u>
Suzuki, George	323-13-G	24		Min. ap. arres.
Taira, Titsui	22-14	41		Min. eff. quies.
Takahashi, Chizuko	35- 6-A	24		Min. ap. arres.
Takahashi, Suzo (H)	35- 6-A	59		Far adv. <u>Active</u>
Takakura, Isogoro	35- 2-B	59		Min. ap. arrested
Takaoka, Wasaichiro	325-7-D	68		Min. <u>Active</u>

TB, 5

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
Takatsugi, Terumi	317-14-F	45	Min. arrest.
Takeda, Umeko	13-10-D	48	Min. appar. arrest.
Takenaka, Takiye	316-10-C	52	Min. arrest.
Tamaki, Koshiro (H)	54-14-D	67	Mod. adv., <u>Active</u>
Tanaka, Bill	46- 1-B	22	Min. appar. arrested
Tanaka, Minomu	46-1- B	76	Min. apar. arrested
Tanase, Yasaburo	306 -10-B	60	Min. arrested
Tanizaki, Hamano	328- 7-C	56	Min. arrested
Tanizaki, Takuchi	328- 7-C	56	Min. Arrested
Taoka, Margaret (H)	16- 7-D	18	Mod. adv. <u>Active</u>
Tashima, Ayako	46- 5-A	40	Min. appar. Arrested
Torimaru, Take	22-4- A	48	Min. quies.
Tsuji, Misu	30- 7-A	48	Min. arrested
Tsuji, Ruth	30- 7-A	26	Min. arrested
Tsuji, Saizo	30- 7-A	59	Far Adv. <u>Active</u>
Tsunoda, Noboru	308- 2-C	29	Min. appar. arrested
Uyeno, Kiku (H)	27-12-D	47	Mod. adv. quies.
Uyesaka, Machi	15- 1-B	53	Min. quies.
Uyesaka, Mary	15- 1-B	25	Min. arrested
Uyesaka, Sanjiro	15- 1-B	62	Far Adv. <u>Active</u>
Wada, Mary	15- 7-B	19	Min. appar. arrested
Yamaguchi, Paul	16- 9-C	16	Min. arrested
Yamakoshi, Frank (H)	308- 3-A	28	Mod. adv. <u>active</u>
Yamakoshi, Helen	308 - 3-A	23	Min. appar. arrest.
Yamamoto, Kiyoe	27- 4-C	50	Min. appar. arrested
Yamamoto, Matsutaro (H)	221- 7-A	56	Far adv. <u>Active</u>
Yamano, Ben	215- 7-A	19	Min. quiesc.

TB, 6

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>DIAGNOSIS</u>
Yamaseki, Robert	317- 8-B	32	Min. <u>Active</u>
Yamasaki, Yoshitashi	32- 5-C	74	Min. appar. arrested
Yeoman, Alice	216-14-C	43	Min. belat. <u>active</u>
Yokoyama, Kunichi	2- 1-C	55	Min. app. arrested
Yokoyama, Matsui (H)	2-1 -C	44	Mod. adv. <u>Active</u>
Yokoyama, Ryoze	2-14-B	52	Min. arrested
Yoshida, Fusaye	5- 4-D	22	Min. Ap. arrested
Yoshimizu, Chita (H)	2-11-D	46	Mod. adv. <u>Active</u>
Yoshimura, Kamaichi	39- 2-A	67	Min. arrested
Oshita, Johnny (H)	215- 9-A	28	(x-ray, not read)
Kamiya, Phillip (H)	317-10-A	28	Min. <u>active</u>
Teraji, Zengore (H)	307- 9-B	55	Mod. adv. <u>Active</u>

TUBERCULOSIS

	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Total
Total Chest Taken	24	44	136	193	208	199	287	315	342	1728
No. of Positive	13	27	36	36	12	12	23	22	10	191
No. Hospitalized	8	12	7	6	4	3	3	6	4	53
No. Discharged deaths inclusive	0	2	2	3	3	1	3	2	3	20

MINIMAL			MODERATE			FAR-ADVANCED	
Active	Arrested	Quiescent	Active	Arrested	Quiescent	Active	Quiescent
23	67	20	14	4	1	11	1

TOTAL ACTIVE CASES IN POSTON	48	
" " " " Hospital	35	1 Minimal Quiescent
" " " " Home	13	

Total Numbers of Deaths, Poston 10

Ages	Number	Active cases
1½ yr.	1	none
2½	1	none
5	1	none
14 - 20 exclusive	21	5
20 - 30	45	12
30 - 40	13	4
40 - 50	22	9
50 - above	43	12

81
C O P Y

circa Aug 28 1942
mu
5

Poston City Council:

This is a request by the undersigned persons for the fundamental equipment and medicines necessary for any hospital, large or small. This request is an aftermath of the untimely death of a young mother who we think would still be with us if the Poston General Hospital had the following equipment and medicines.

Equipment:

1. Blood Bank
2. Pulmotor
3. More Blood Pressure Apparatus
4. Steam for Sterilizing
5. Auxiliary lighting system in the hospital for emergencies. (Electricity generated by gas engine or storage batteries.)
6. Incubator for premature babies.
7. More flashlights and batteries.
8. Wasserman test equipment.
9. More sheets, bedding and beds.
10. More than one well for emergency water.
11. More fundamental equipment for Dental Clinic.
12. One car for Doctors from each camp that is comfortable for the Patients.
13. Better food for Doctors, patients and expectant mothers.
14. An Out-Patient building with X-Ray, Laboratory and Dental Clinic.

Medicines:

1. Intravenous Sedation
2. Blood Plasma

We know that the Doctors, nurses, interns, etc. here in Poston are capable and willing to do everything within their power and skill to see that people of Poston who number approximately 18,000 are kept healthy and strong. But without equipment and medicines, why not have witch-doctors?

The death mentioned above was that of Mrs. Mizue Umeda, 46-14-D, on Wednesday, August 26, 1942.

We, the undersigned, are not blaming anyone for this death or other previous deaths in Poston, but we are only trying to prevent other deaths from lack of equipment and medicine.

Respectfully yours,

(signed)

Richard Umeda

Robert Kinoshita

Bill Tanaka

Jack Y. Nakazawa

Hiroshi Nakashima

Geo. Nagano

Joe Kanda

Hiroshi Amano

Kazuo Sumida

Mrs. Grace N. Nishioka

Aijiro Takahashi

Frank T. Tanaka

Grace Morioka

Ken Y. Kano

Charles Tambara

82
B
P

Su
Poston
March 24, 1943

A HEALTH MENACE -- FLIES -- MOSQUITOES

Flies -- Important Procedures

1. Because flies breed in filth, darkness and dampness; flies may carry disease. They alight on a sick person and then on food--apple, milkglass, bread, candy, etc.-- their feet carrying the disease as well as excreta and regurgitation.
2. Keeping garbage cans covered.
3. Proper garbage collection.
4. All containers being thoroughly washed before discarding.
5. Scalding daily of garbage cans.
6. Screens being kept tightly closed and in repair.
7. Swatting flies.
8. Spraying all kitchens and mess halls.
9. Proper disposal of dish and waste water.
10. Destroy by fire or burying deeply, all refuse which cannot be carted away daily.
11. Throw fruit skins, and all discarded food into cans replacing cover carefully.
12. Clean cans, milk cartons before placing in refuse cans.

What teachers can do

- Discuss flies--call for reports from children on their efforts toward fly elimination.
- Discuss the prevention of their breeding--write stories personalizing fly life.
- Discuss how flies effect our health.
- Discuss what each of us can do to prevent fly breeding.
- Discuss what each of us can do to prevent having flies in mess halls and in our home barracks. --Encourage picture drawing to illustrate fly menace.

March 24, 1943 continued

Mosquitoes

As mosquitoes only breed in stagnant water--to prevent breeding it is essential to prevent any accumulation of still water. Recognizing that wherever irrigation is utilized, water will accumulate unless properly drained, it is therefore necessary in order to prevent accumulation of water, that definite action be taken by each individual who uses water for irrigation of gardens or other purposes.

What Teachers Can Do

Each teachers is in a position to influence the thinking of block members through emphasizing the mosquito menace in the classroom.

Students of even kindergarten age can talk about ways of preventing mosquito breeding at home.

Classes may contribute to cutting run ways--fan-wise--for water, to prevent still water accumulating near or on school grounds.

Examples:

Pools with a sufficient number of fish are safe but unless the overflow is drained off, so that it may be absorbed by the surrounding earth, they may become stagnant and breed mosquitoes.

Waste water from hose connection, floor flushing, air coolers may accumulate under or near buildings. This can be remedied by diverting the water into several small channels to be absorbed by the earth.

As it is obviously impossible for a corps of men to be continuously employed to dig such channels it is the responsibility of all residents, young and old, to prevent mosquito breeding by preventing accumulation of water anywhere near their home or school barracks.

Public Health Dept.

SCHOOL

EXCLUSION PROCEDURE FOR
CONTROL OF
COMMUNICABLE DISEASE

DISEASE	EXCLUSION PERIOD OF PATIENT	EXCLUSION PERIOD OF CONTACTS
Chickenpox	Until scabs have disappeared --two weeks.	All children in apartment until quarantine is removed or read- mission slip is secured.
Measles	15 days	Children in the apartment, who have not had the disease, 15 days or until quarantine sign is removed. Readmission slip required.
Mumps	Until recovery and the swell- ing has completely disappeared --two weeks.	All children in apartment until quarantine is removed or read- mission slip secured.
Scarlet Fever	21 days or until quarantine sign is removed.	When patient is in hospital, 7 days for all other persons in apartment. Readmission slip required.
Whooping Cough	Until recovery. Readmission slip required.	Children who have not had disease are excluded from school for 10 days. Read- mission slip required.
Impetigo	The one affected until re- covery. Readmission slip required.	None
Ringworm	The one affected until re- covery. Readmission slip required.	None
Scabies	The one affected until re- covery. Readmission slip required.	None

Readmission slip can be secured at the hospital Monday, Tuesday, Wednesday,
Thursday, and Friday, 8:30 to 9:00 a.m. Use front main entrance. (1381)

Presented by Richard / Iwata, a medical student at meeting of the medical staff.

SUNSTROKECause

Exposure to heat--particularly sun's rays

Symptoms

Headache
Red face
Skin hot and dry, no sweating
Pulse strong and rapid
Temperature, very high
Unconscious, usually

Treatment

Lying with head elevated
Cool body with bath or cold applications
No stimulants

HEAT EXHAUSTIONCause

Exposure to heat--either sun's rays or indoor

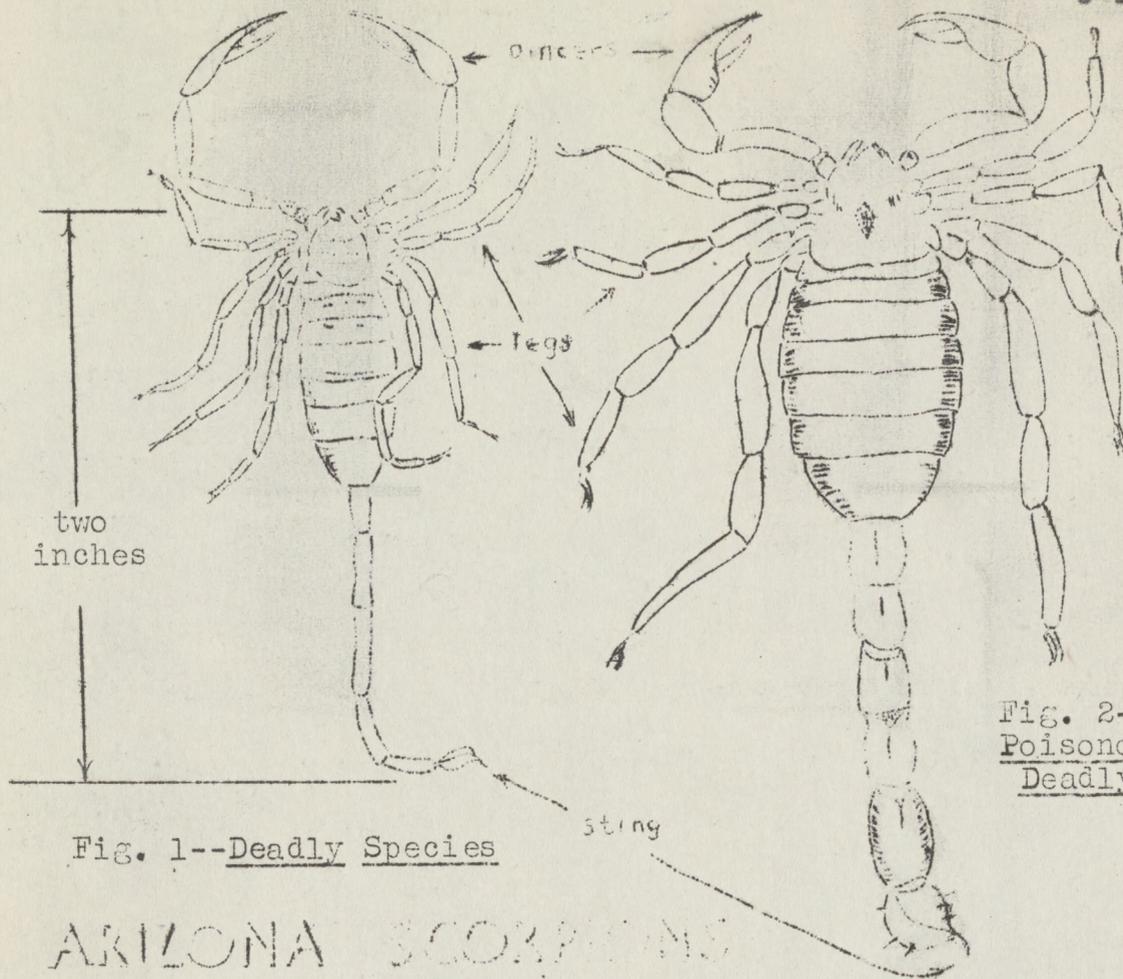
Symptoms

Pale face
Skin moist and cool, sweating profuse
Pulse weak
Temperature, low
Often faint, but seldom remains unconscious for more than a very few minutes.

Treatment

Lying with head level or low
Often requires external heat
Stimulants always indicated
Give salt.

(AHL)

Fig. 1--Deadly SpeciesFig. 2--Poisonous but not
Deadly Type.

ARIZONA SCORPIONS AND THEIR POISON

MORE THAN 20 species of scorpions occur in Arizona. Of these, two are known deadly. Unless prompt treatment is rendered, the sting of the two deadly species is very often fatal to children under three years of age, and may be fatal to older persons. Deadly species are found only in the southern or so-called desert half of the state. More deaths have occurred in Arizona from scorpion sting than from the bites and stings of all other poisonous creatures combined.

HOW TO RECOGNIZE THE DEADLY SPECIES

Both of the two deadly species of scorpions are about two inches long, are yellowish, honey, or straw colored, and have a slender, fragile, "stream-lined" appearance. In general, the other scorpions whose stings are painful but not deadly, are plucky or sturdy in appearance (compare "tails", legs, and pincers in above drawings), and range in color from dark brown to nearly white with dark grey or greenish-grey markings. A person stung by one of the deadly species shows no swelling at the point of sting. However, the part becomes numb, pain is felt in other portions of the body, followed by nervousness, convulsions, nausea, and shortness of breath. In small children, death frequently results. Effects of the non-deadly varieties are much the same as following the sting of a honeybee. Swelling takes place in the locality of the sting, and the immediate area becomes discolored and pain may travel a short distance from the site of the sting.

FLY AND MOSQUITO EXPERIMENTS

Caution: Keep Out of Reach of Young Children

FLY EXPERIMENTS

- I. To show contamination carried by fly's feet:

Secure a clean petri dish with a fresh gelatine mixture. Keep covered. Open and allow a fly to walk across it. Cover immediately and place in a sunny place. Watch the fly tracks.

- II. To show contamination caused by excreta from the fly's body:

Catch a fly and imprison her under a glass placed on a clean white piece of paper. Give her food and water and slip a match under the glass to provide air. Watch the fly with a magnifying glass and see how she contaminates the clean paper.

- III. To show early stage of fly development:

Search for fly larvae and bring in for inspection. Put in a warm place and see if flies will hatch.

- IV. To exterminate flies in the house:

Make fly swatters and traps.

MOSQUITO EXPERIMENTS

To learn how mosquitoes breed and grow:

Get a pailful of pond water with mosquito wigglers in it.

Put this in a clean glass jar and fit a glass lamp chimney or another jar with bottom out, on top, fastening it with a strip of adhesive.

Put a piece of cheese cloth over the top of the chimney, allowing a six inch cord to hang down into the chimney from the center of the cheese cloth.

Fasten the cheese cloth with a rubber band.

Keep the jar in a warm place day and night.

Watch the change in the wigglers with a reading glass. Watch them hatch.

Notice the mosquitoes as they sit on the cord.

Feed them with a little ripe banana or dates placed on the cheese cloth and sprinkled with water.

Study the mosquito, size, shape, wings, legs, manner of resting and compare those found in Poston with pictures of the malaria mosquito.

SODA WATER CONTAMINATED

SOFT DRINK SALES MAY BE STOPPED UNTIL FURTHER INVESTIGATION; LABOR, EMPLOYMENT PLANS APPROVE

Reports of contamination of soda water sold in the Canteen were partially verified Monday morning at the temporary community council meeting in the personnel mess hall when Masao Yamamoto, supervisor of Public Health and Sanitation of Poston 2, presented evidence of soda pops thusly affected. The matter was referred to the Council's Public Health committee to work with Yamamoto and was empowered to stop the sale of drinks until further investigation.

Yamamoto also appealed to the Council to take actions in installing a chlorination system immediately. He pointed out that while the drinking water is now pure and uncontaminated, such an installation will safeguard the public in case of emergencies.

Saburo Kido, general chairman of the Poston County Fair, reported on the progress of the Fair plans, stressing that the primary purpose of the Exhibition was to point out that agriculture is to be the main industry and backbone of this community.

Other brief committee reports were presented by Harry Iwashige, chairman of the housing; Kenji Uyeno, recreation halls, and Dave Iwahara food.

The matter of feed-

ing grade-age children in Kitchen 210 was discussed at length. Council Chairman Maeno requested the food and mess hall and the labor or committees to confer with the block managers, Administrator James D. Crawford and Unit 2 Stewart Burdick in an effort to arrive at a satisfactory end.

Sid Shiratsuki, chairman of the labor and employment committee, gave the hi-lites of all the meetings sponsored by his committee during the past week. He announced the following list of persons who were elected representatives to the Fair Practice procedure Committee from their respective labor divisions: Dr. Harry Kite professionals; Masao Wada, industrial and

supply; T. Nakagawa, mess. Other delegates from the clerical and sales, service and managerial, and agriculture and horticultural divisions will be chosen this week.

The Council approved and accepted Shiratsuki's presentation of his committee's recommendation that all local workers who reside in the center and are employed in "outside industrial enterprises" be paid a maximum of \$19 and turn the difference to the Work Corps "evacuee trust fund" for later disbursement to all workers of the community.

Chairman J. Maeno's resolution that all committees of unit 2 centralize their work through the Council was approved.

PRESS BULLETIN

VOL. V, NO. 6 - October 13, 1942

SEWAGE BREAKAGE CONTAMINATING
SWIMMING, FISHING HOLE
OF POSTON UNIT TWO

Poston I Sewage System Broken
Residents Urged to Stay Away
From Contaminated River Area

All Poston Two residents are earnestly urged to stay away from all swimming and fishing areas in this vicinity due to a breakage in the sewage system of Poston I yesterday morning.

The announcement was issued by the Sanitation Dept. of Poston I yesterday. The break in the sewage line was reported to have occurred about $\frac{1}{2}$ mile south of Unit I, and the refuse spreading into the swimming and fishing areas.

Official Daily PRESS BULLETIN
POSTON TWO
August 13, 1942

9-19-42

POSTON PRESS BULLETIN:

"Public Health Dept. makes plea for more sanitation by Public"---

"In order to protect public health and prevent mosquitos from becoming too great a menace bulletins have been distributed to warn the residents here that any form of bathing, washing, or laundering is prohibited within the barracks.

Only in the cases where babies or invalid persons are not able to go to bathe at the showers, is the above allowed. The refuse water must be disposed at the latrine.

Bucket or similar containers should be placed under all faucets so that the water will not get under the building. Washing at the outside faucet is definitely prohibited.

Whether the mosquitoes could survive or not will be dependent entirely upon the cooperation of the people, the department declared." (JNF)