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QUARTERLY REPORT

HEALTH SECTION

April 1st - June 30, 1943

Not seen by Dr. Thompson

*He has now signed
the original 11/23*

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Professional personnel The outstanding factor in our quarterly report is the increasing scarcity of professional personnel. Gila River states that "the relocation program has interfered, and will continue to interfere, with the smooth functioning of the institution". From Rohwer comes the following; "The greatest difficulty the health program has encountered is in obtaining an adequate medical staff. Several of the doctors have relocated and one has accepted a commission in the army". The Minidoka report contains the following statement: "The hospital service was hampered by a lack of nurse aides and the medical dispensary, located approximately in the center of the community, was closed due to lack of personnel to operate it. More appointed personnel was added to the staff to compensate for the shortage of evacuee employees. Continuous efforts were made to interest older women in hospital work". An excerpt from the Central Utah report is as follows; "There are now four resident doctors and a chief medical officer with seven Caucasian registered nurses. April, May and June were busy months at the Topaz hospital during which time 7,058 out-patients were treated, 460 patients hospitalized, 60 major operations and 94 minor operations performed". Rohwer reports but an increase of out-patients from 6,073 the last quarter to 8,952 during the present quarter.

Fifteen evacuee physicians relocated during the quarter and several others made definite plans for relocation. Twenty evacuee registered nurses were lost and twenty-four student nurses. As of June 30 the total number of evacuee registered nurses had been reduced from an original seventy-two to only twenty, most of whom had plans for relocation in the early future. The number of student nurses had been reduced from an original seventy-nine to twenty-four, and forty-one. The number of evacuee dentists and pharmacists available has been considerably reduced but since the original number was more than adequate this has not yet become ~~the~~^a problem except one of distribution. However, all qualified X-ray and laboratory technicians and dietitians have either left or have relocation plans.

At the end of June there were for the first time qualified chief medical officers at all centers. Prior to this we had at some centers temporary arrangements with acting chief medical officers. For the first time, also, there were qualified chief nurses at all the centers except one. A new Chief Nurse appointed at Heart Mountain had previously several years' experience as chief nurse at a hospital in Osaka, speaks Japanese fluently, and has been teaching in Japanese a class of older women who are preparing to work as nurse aides. During the quarter twelve appointive nurses were added to the various hospital

staffs, but this was in partial replacement of eighteen resignations. Provisions have been made in the new budget for appointive personnel in all of the technical fields, including sanitarians. To meet this whole situation, recommendations have been made to the Director involving: (1) United States Public Health Service participation, (2) employment on an adequate wage scale of essential personnel, (3) request to the United States Army Medical Corps for the assignment of medical personnel.

Public health. The general health conditions have been good. Manzanar and Rohwer have reported mild epidemics of chicken pox. The two Arkansas Projects have paid particular attention to efforts at malarial control. In spite of all efforts, malarial mosquitoes have been found on both projects but no cases of malaria developed among the evacuees during the quarter.

Public health activities have varied in the centers. Jerome reports an examination of food handlers. Gila River undertook a health survey of all children in the center. Granada reports the opening of a mental clinic meeting once per week, the staff including the chief medical officer and two evacuee physicians. The public health department at Tule Lake made 6,238 calls. During May and June visits were made to the various centers by Dr. Henry Klein, Senior Dental Officer for Child Hygiene Studies at the National Institute of Health of the U.S. Public Health Service. The health section is cooperating with Dr. Klein in making a study of the effect on teeth of the flouride content of water. The variability in fluoride content in the water of the several centers, as well as the variability in climatic conditions and other factors which have affected a relatively large number of people at one time, offers an excellent opportunity to study the relationship of fluoride to dental disease. Dental examinations were made on a number of people at each center and Dr. Klein was able to give valuable assistance to the dentists in dealing with problems which they had experienced.

Sanitation in this period has progressed to the point where many of the original difficulties encountered when the centers were first opened have been eliminated. All centers now have a group of regular sanitation inspectors, and the position of Center Sanitarian was set up and approved. A group of sanitation inspection forms were distributed for use of inspectors at the centers to make semi-weekly reports and for weekly reports to the Washington office. The weekly reports were just beginning to arrive by the end of the month of June and are proving invaluable for control of center sanitation problems.

During this period the water supplies of all centers were made to conform with the United States Public Health Service drinking water safety standards. The Jerome and Rohwer water supplies which were the last to meet these standards both proved satisfactory in the first week of April. With the onset of warm weather milk, sewage disposal,

rubbish and garbage disposal, and food handling problems are expected to take a greater significance. The sanitation work of the past winter and spring had been pressed to eliminate most of the outstanding difficulties before the summer began. In April arrangements were made to have the U.S. Public Health Service make surveys and samplings for plague at the Tule Lake, Manzanar, Minidoka, Central Utah, and Heart Mountain Centers, as infected rodents had previously been found in these areas. By the end of the quarter surveys had been completed for the Tule Lake, Minidoka, and Central Utah Centers, and only Central Utah had conditions that warranted sampling of the rodent population. Plans have been completed to make the Utah sampling during the early part of July.

Malaria control. In the month of May actual organized malaria control work was initiated within the boundaries of both the Jerome and Rohwer Centers. This program was organized to supplement, within the Center, the malaria control program being undertaken in the neighborhood by the Arkansas State Health Department and the United States Public Health Service. Previously negotiations with the U.S. Public Health Service had resulted in interpretation of the Congressional Act, that provided funds for malaria control outside the boundaries (extra-cantonment areas) of military reservations, to include the War Relocation Authority Centers. This interpretation, however, was made with the understanding that the area within the boundaries of the Centers must have similar control. Due to financial appropriation limits of the above Act the U. S. Public Health Service is restricted to control measures outside the boundaries of military reservations, so the War Relocation Authority is responsible in upholding comparable control conditions within the Centers. By the end of the month of June the U.S. Public Health Service funds made available through the Arkansas State Health Department had been used to complete extensive drainage projects just outside both Jerome and Rohwer, and checking mosquitoes and larvae had been done weekly since April 12, 1943. Within the two Centers the operations have consisted chiefly of weekly larviciding, drainage, screen upkeep, checking mosquitoes and larvae, spraying in buildings and education of the evacuees on control measures. In June the special position of Supervisor of Malaria Control and Sanitation was set up to meet the conditions at Jerome And Rohwer, and one June 28th an entomologist was employed to fill the combined position for both Centers.

Crippled Children. All of the centers have had good cooperative relationships with the Crippled Childrens' Service in the various state departments of health. Manzanar was particularly active along that line, having seven orthopedic operations performed at the center hospital by an orthopedist sent under the auspices of the State Crippled Childrens' Service. They also report the opening in May of a special class for handicapped children in cooperation with the center department of education. A well trained teacher was furnished by the education

department and classes are held in a large room in the pediatric ward. Nine children, chiefly spastics and deaf children, are brought to the school each day from their homes. Lunches are served to these children with supervision in eating habits being given by the teacher. Rest periods are observed in the morning and in the afternoon. The children who have received orthopedic surgery are taken into the class room every day for their schooling. Two tuberculous children are given bed-side teaching. A remarkable change in the attitude of the children toward their illness has been noted since the class was instituted. The medical social worker has cooperated closely with the special teacher, making home calls on the parents of children who have exhibited any special problems.

State cooperation. Reports from Arkansas state that "after long effort the Arkansas State Board of Health Bureau of Vital Statistics has decided to record the births of the evacuee population. This will be retroactive in effect and all births which have occurred here will be duly registered". This is the only instance in which births have not been properly recorded in the State in which a project was located. Jerome also reports that the hospital has been accepted by the American Medical Association Registry of Hospitals as eligible for registration.

Arrangements have been made with the States of Washington and California (and negotiations are underway with the State of Oregon) for acceptance into the institutions of these States by transfer from State institutions of other States of mental patients whose legal residence is in these States. Arrangements were also made under which mental patients discharged from West Coast institutions would be released to a WRA center on limited parole for one year. During this period the project medical officer may return the patient direct to the institution without the necessity of re-commitment. An administrative instruction covering these two new developments was prepared during the quarter. With the exception of Wyoming, all the states in which the projects are located, have been accepting mental patients committed by the customary procedures in the various states. Three cases are now pending in Wyoming.

Pharmacists from one of the West Coast states had been refused renewal of licenses upon payment of the usual annual fee to the State Board of Pharmacy. After effort on the part of the project staff and correspondence between the health section and the State Board of Pharmacy renewal of licenses was again granted.

Medical Social Workers. Three more medical social workers were appointed during the quarter at Granada, Minidoka, and Tule and Topaz, one person being appointed to give half-time service at each of the last two named. Since these two centers already had qualified evacuee medical social workers, it was thought that half-time service might be satisfactory. However, the evacuee stationed at Tule relocated during the quarter and the one at Topaz has tentative plans for relocation.

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Assistance to student nurses. The Nursing Consultant was invited to write for the magazine "Hospitals," an article on evacuee student nurses and in connection with this consulted superintendents of nurses' training schools already accepting evacuees. The reports gave high evaluation of the evacuee students, including favorable reports on patient-student relationships. The article is appearing in the July issue of "Hospitals" and should be effective in opening other training schools to evacuee students.

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Chief Medical Officer

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HEALTH SECTION

Semi-annual Report

July 1 - Dec. 31, 1944

The first half of the fiscal year of 1944 was characterized by no unusual occurrences affecting the health of the residents in the centers. This six-month period coincided with the general high incidence of infantile paralysis throughout the country, and much concern was felt, that this affliction might occur in epidemic proportions. Fortunately, the epidemic did not materialize, for the reports from the centers failed to show even a single case of infantile paralysis. Nothing untoward occurred to mar the generally good health record which has prevailed in the centers up to the present. The centers problems revolved themselves essentially about administrative matters, and in particular, with respect to procurement of professional personnel.

Approximately 5800 patients were admitted to the center hospitals for care and 750 were referred to outside hospitals and physicians. The records indicate that about 125,000 visits were made by residents to the center clinics, exclusive of dentistry and optometry, while 81,000 visits were made for dental care.

Mild epidemics of chicken pox occurred at two centers, and there was also a fair incidence of measles and German measles. One diphtheria case and 15 scarlet fever cases were reported. In general, the centers showed the usual low incidence of communicable disease.

During the last half of 1944, 990 babies were born, a gain of 98 over the preceding six months' period. 281 deaths were recorded, 13 fewer than in the last period. A study of the causes of death reveals that statistics for the evacuees followed the general trend in the rest of the country. Heart disease in various forms and cancer accounted for more than a third of the deaths with most of all deaths occurring in the older age groups.

One of the most interesting projects of this period was setting up the health service at the Fort Ontario Emergency Refugee Shelter at Oswego, New York. Two wards were opened in one building of the station hospital which also contains the surgical and delivery suite and an out-patient department in the adjoining building. Because of the small population at the Shelter, a low occupancy of hospital beds can be expected; hence staffing by appointed personnel has been kept to the barest minimum. Among the refugees are five physicians who serve the community, but no nurses. Since the opening of the hospital, its census has averaged between 12 and 14 patients. In general, the policy is to hospitalize at the Shelter

only those patients who do not require major surgery or complicated treatment. Physicians and institutions in Oswego and Syracuse are used for those patients who need more extensive facilities than are provided at the Shelter.

PERSONNEL

The personnel situation in the Health Section has grown increasingly acute. To replace six evacuee physicians only one appointed doctor was available. Two principal medical officers were appointed, one filling the vacancy left when the previous incumbent was promoted to the position of Chief Medical Officer in the Washington office. The second vacancy was filled by promotion and transfer from within the agency. The most critical shortage among the physicians is for doctors who are well prepared in the fields of surgery and obstetrics. To meet urgent needs in these fields detail of personnel between centers has been necessary.

Shortage of nurses continues to be a pressing personnel problem. The results of recruitment efforts have been disappointing.

During this period five centers had a change in chief nurse. To meet these needs, one new appointment was made and the other vacancies were filled either by promotion or transfer. These frequent though unavoidable changes among the administrators of center nursing services are most regrettable, as experience has shown that in almost every instance of change, it takes several months for the newcomer to win the trust and cooperation of her staff.

Among the rest of the nursing staff there were 14 new appointments of whom four were nurses who had been employed by the War Relocation Authority previously. There were 16 terminations, which included 6 transferred to other Federal agencies.

Shortage of professional nursing personnel was greatly aggravated by continual and increasing depletion of the corps of trained nurses' aides due to relocation. In several centers, this shortage has been so severe that covering essential departments of the hospital for the 24-hour period has been virtually impossible. One center solved the problem of caring for tuberculous patients by putting members of the patients' families on the hospital payroll and training them in essential nursing technics. However, this center's solution failed completely in another center where the problem was identical.

SANITATION AND SANITARY ENGINEERING

The results of work by the center sanitarians became generally noticeable for the first time during this period. In partic-

ular, great improvement was made by these men on the milk supplies at all centers through more rigid temperature control, more frequent examination of samples, and closer inspection of the sources of supply. Through cooperation with the Agriculture and Engineering Section many changes in the interest of sanitation were made on agriculture projects, since the expanding program had created a number of problems during the preceding year. The control of insects and rodents in the barracks and mess halls became a very prominent activity, but much progress on elimination had been made by the end of the year. Heavy rainfall during part of the mosquito breeding season made malaria control much more difficult than during the previous season. In one instance, airplane larviciding aid was necessary and was obtained through the U. S. Public Health Service. However, the program was very successful as not a single case of malaria was reported among the evacuees. Excellent relations with local and state health departments continued to exist, and steadier and more consistent control was maintained over the field of sanitation and sanitary engineering on all the centers.

MEDICAL SOCIAL SERVICE

Several new appointments were made to medical social positions in the centers and for the first time there was an appointed medical social worker on each hospital staff. Poston added the position of assistant medical social worker in November and an appointment was made immediately.

An important addition to the work of this department during the last two months of the period was participation in the dependency study which was primarily the responsibility of the Welfare Section. Hospital records have revealed the names of many individuals who, because of some type of chronic illness or physical infirmity, will need special counseling and assistance in planning resettlement. As an illustration, the following excerpt from the December report of the Minidoka medical social worker shows the recommendations made with the assistance of the public health nurse:

Convalescent home or institutional care	44
Tuberculosis sanitarium	12
Pneumothorax	5
Special school and vocational training	39
(This includes physically handicapped and mentally retarded)	
Continue under the supervision of the Crippled Children's Service	25

The dependency study consumed a very large portion of the medical social workers' time. However, they continued to render invaluable service to physicians and patients and their families in connection with arrangements for outside medical care, including

institutionalization of mental patients, and sick leave and compensation arrangements at the centers.

Plans are being made for cooperation with the Welfare Section and Relocation Division in the matter of advance medical planning since this has assumed great importance with the revocation of the West Coast Exclusion Order. A definite policy will be announced in the near future.

FIELD CONSULTATION

Problems in the field have required a tremendous amount of travel by members of the Washington staff during this period. The Chief Medical Officer was away five months, the two nursing consultants a total of six months, the sanitary engineer four and a half months, and the medical social consultant three months.

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Health conditions at the centers have continued good. During the year, as a whole, there was a marked decrease in the activity of the maternity service as compared with that of the previous year, accounted for largely by the departure of a great many young married people. Most of the deaths were in the older age groups; total births, 1745 and deaths 541.

Continued depletion of the medical personnel with no possibility of recruiting new staff made it necessary to curtail sharply the kinds and quantity of hospital service offered to the residents at the centers. Henceforth, only emergency and absolutely essential service is to be given, and when this cannot be provided at the centers, outside resources will be used.

When the exclusion order was lifted, there were 700 patients in the West Coast hospitals, including approximately 250 tuberculous patients hospitalized there previous to evacuation, 108 mental patients transferred to institutions in their states of legal settlement following commitments from relocation centers, and the remainder chiefly mental patients hospitalized over a long period and for whom WRA had only custodial responsibility. Arrangements were made as of June 30, 1945, for discontinuance of financial responsibility for hospitalization for 343 patients at approximately \$900 per day.

A January survey revealed that there were 190 tuberculous patients in the various center hospitals who would need long-time sanatorium care, and a gradual transfer of these patients to West Coast sanatoria was begun in the spring. To initiate this movement, members of the Health staff visited 15 sanatoria in the previously evacuated area. At the same time individual interviews were held with over 200 tuberculous patients who had been hospitalized over a long period and reports of these interviews sent to the appropriate centers in order to further relocation by correlating patient and family planning.

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Semi-annual Report of the Health Section
January 1, 1945 to June 30, 1945

The beginning of this period coincided with the lifting of the exclusion ban. Almost immediately the Health Section began to formulate plans for the relocation of patients under care at the various relocation center hospitals and rest homes. These plans involved two large groups of individuals in particular: the tuberculosis cases and the chronically ill, disabled, aged and otherwise helpless individuals. Discussions were initiated with health and public welfare authorities in the states of California, Washington and Oregon, and, after some initial false steps, a definite procedure, somewhat modified for the individual states, was developed and the projects advised on the mechanics of medical referrals and the placement of patients. This was set out in a letter to Project Directors on May 17, 1945, and it is the procedure which is being followed at the present time. The experience with the relocation of tuberculosis cases has been generally satisfactory once residence has been verified with the exception of Imperial and Tulare counties in California. The problem of the chronically ill and aged has not yet been solved.

The San Francisco office of the Health Section which had been in operation since the beginning of the evacuation program was discontinued on or about May 15 and its functions transferred to the Area Offices in Los Angeles, San Francisco and Seattle. All record materials were divided and sent to the appropriate areas and the handling of the medical referrals was placed under the jurisdiction

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of the office of the Relocation Adjustment Advisor. The disestablishment of the San Francisco Health Office was a part of the general reorganization of the West Coast administrative functions. It seemed rational that the relocation of patients should be recognized as part of the entire relocation program. Health Section personnel who in three years of activities had developed good working relationships with health facilities and personnel throughout the West Coast states have made and will continue to make their experience and knowledge available to the Area Offices through consultation on request. The Chief Medical Officer and the Medical Social Consultant in particular spent considerable time on the West Coast giving technical and professional advice to Area Supervisors.

Since January 1, 1945, the evacuee staff, both professional and subsidiary workers, has diminished considerably in number. With few exceptions physicians and dentists have either relocated or announced their plans for doing so during the coming summer months. Such skilled workers as pharmacists, laboratory technicians, etc., have just about vanished from the War Relocation Authority scene. Nurses aides have relocated as rapidly as they have been trained and new recruits have been increasingly difficult to obtain. A couple of the centers have had some help from teachers who were detailed as nurses aides to the Health Section, but the teachers have in most instances indicated their plans to terminate before the opening of the new school year.

Shortage of appointed nursing personnel which has always been a problem within the agency grew increasingly acute during this period. Four nurses enlisted in the Army Nurse Corps and twenty resigned for other reasons such as marriage, ill health, and new job opportunities. During this same period of time, there were a number of major changes in the status of appointed physicians, involving reassignment to meet pressing needs brought on by the loss of evacuee physicians.

The lifting of the exclusion ban which inevitably forecast a curtailment of WRA center operations in terms of services and time made it practically impossible to recruit nurses and physicians and other professional help. Thus, only four nurse appointments were made, one from a Civil Service certificate, two through personal acquaintance with other staff nurses, and one because her husband was employed at the center. Largely because of the depletion of professional staff in all departments of center hospitals it became necessary to prescribe limitations of services and functions of the Health Section. This policy was announced in Administrative Instruction 267 which was issued on June 5, 1945. In general such services were to be confined to meeting emergencies and to procedures vitally essential to the saving of lives. In particular, there was to be cessation of elective surgery. Dental service was curtailed. There was some difficulty in convincing the evacuee medical staff as well as the population at large that only people acutely ill were to be admitted to center hospitals. Contractual arrangements with local physicians,

surgeons and other specialists were sharply curtailed as a result of this change in policy.

The ensuing reduction in center populations made possible the consolidation of hospital wards consistent with the availability of professional help. In some instances, convalescent or rest homes which had been operated apart from the general hospitals have had to be abandoned because of the scarcity of evacuee help and the inmates moved into hospital wards which had become vacant through consolidation of services.

During this period considerable time was spent in adapting sanitation to the post-exclusion program. This included elimination of measures involving further construction and preparation for control during the final stages of center operation. Emphasis was also placed on early preparation of a final report, as loss of sanitarians is anticipated before final closure.

Sanitation control measures were initiated at the Fort Ontario Emergency Refugee Shelter, and the close of the fiscal year saw a definite program being developed. Mess hall sanitation, rodent control and insect elimination constituted a large part of the work. Education of the refugee residents in modern sanitation still remains one of the main problems at the Shelter.

In April the third malaria control season was begun at the Rohwer center in Arkansas. In this work the U. S. Public Health Service continued to give close cooperation. Use of the new insecticide, DDT, is expected to materially aid the program. During this

period DDT also became available to the other centers and has already shown its merits in insect elimination.

A review of the medical items in the various centers disclosed excessive surpluses. From these inventories, a master surplus item list was compiled and a distribution of approximately 20% of surplus items was effected between the centers.

The Washington Health staff spent a great amount of time in the field during this period. The Chief Medical Officer and Medical Social Consultant devoted most of their field time to the West Coast and the peculiar problems there, while a Nursing Consultant visited all the centers once and some of them twice to give help with pressing nursing problems. The Sanitary Engineer gave much needed assistance at Rohwer and the Emergency Refugee Shelter. Several members of the staff, in addition, visited the Refugee Shelter at Oswego, to assist with problems attendant upon the change in medical administration.

Special
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HEALTH SECTION REPORT
July - Nov. 1945

Just before the beginning of this period an administrative notice was issued which called for sharp curtailment of medical services at all the centers. A month or more elapsed before evacuee and appointed personnel in the hospitals fully accepted that services had to be cut down. After that the steady stream of relocation by doctors, nurse's aides, laboratory, pharmacy and x-ray personnel brought home to everybody including the residents themselves that only absolutely essential care could be given at the project hospitals. Indeed, very often patients in urgent need of surgery had to be sent to outside hospitals because some of the centers no longer had physicians trained in surgery. All sorts of compromises and adjustments had to be made at the different hospitals to insure at least a minimum of services to evacuees still in residence.

For the first time positions as nurses aides and clerical workers had to be filled by Civil Service appointments. But, there very few of these types of workers available for appointment so that it was never possible to replace evacuees with appointed personnel which made it doubly hard to maintain certain minimum services.

Hospital personnel at every center made a number of trips to the West Coast escorting patients who were transferred to coastal institutions. In most cases acceptances of patients for transfer went along smoothly. The two bottlenecks were lack of bed space and difficulty in establishing proof of legal residence.

Except for the loss of four sanitarians and 2 medical social workers, appointed personnel at the center hospitals have remained pretty much

to bring their work to its final conclusion. Most of these people have been on the staff for two years or more, some since the very early days of the Authority, and they have been determined to see the health program through.

JESutherland:fbm
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