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PUBLIC HEALTH NURSING SERVICES  
W.R.A. , GILA RIVER PROJECT  
RIVERS, ARIZONA

Date - May 31, 1943

To - Dr. Jack C. Sleath, Chief Medical Officer

From - Pearl E. Wilson, R.N. Acting Public Health Nurse ( Resigned)

The following statements have been compiled in response to a request from the Chief Medical Officer. Some of these statements are the writer's personal opinions based on observation of the work being done and the community's apparent needs for this kind of service .

ORGANIZATION & ADMINISTRATION

Public Health Nursing in Rivers is one phase of the general health service which includes two community hospitals where out-clinic services are provided for residents.

The Chief Medical Director is the executive officer. The Chief Nurse is director of the public health nurses work.

The public health nurse's position is like that of a charge nurse in the hospital.

Practical nurses, nurses' aides, and one orderly who works in the Butte School Clinic compose the public health nursing staff.

Two school clinics are maintained : one at Butte and one at Canal.

PERSONNEL

Four registered nurses have been on duty as public health nurses since the Gila River Project was opened in 1942.

Mrs. Elizabeth Nance, who became Acting Chief Nurse

Mrs. Elsa S. Hoffman , who went on leave March 31, 1943 and later resigned.

Mrs. De Somers who is on duty in Butte Hospital

Miss. Pearl E. Wilson who assisted with the public health work in March and early April while working also in Butte Hospital.

Four public health nurse aides and one orderly have been on the staff since March when data for this report began to accumulate.

Mrs. Fujiyo Tagishiro , is visiting nurse and school clinic aide in Butte. Her training and experience in the field of nursing includes --

1 - Six months training in a Y.W.C.A. nursing class in Hawaii . A certified course that prepared students for home nursing.

2 - Three months advanced course in obstetrics



- 3- Home Study Course, Chicago School of Nursing
- 4 - Two and one half years work as hospital and visiting nurse on a plantation in Hawaii.
- 5 - One and one-half years work in a doctor's office in Hawaii. This included some home nursing.
- 6 - Japanese Hospital, Los Angeles , one year.
- 7 - Visiting nursing, school clinic aide, and work in well baby clinics ( weekly ) , Butte , Rivers, Arizona.

Miss. Tanaka , efficient aide in Canal public health nurse program , left Rivers in April to take nurse training .

Miss. Sachi Shinomoto , visiting nurse and school clinic aide in charge of Canal clinic, has had the following training and experience :

- 1 - High school graduate.
- 2 - Red Cross Home Nursing Course, in high school. A credit course but not certified.
- 3- "Practical Nursing" course. Another high school credit course.
- 4- Nurse Aide Course , under Mrs. Hurley , at Canal, 1942.
- 5- Experience as assistant to school nurse, Sanines, Cali., over a year.
- 6 - Nurse Aide Canal Clinics , and hospital, one month.
- 7 - Visiting nurse aide and school clinic aide, Canal, about four months.

Miss. Masako Yoshimi , school clinic aide, assistant to Miss. Shinomoto , has had the following training and experience :

- 1- High school education.
- 2- Part of Red Cross First Aid Course.
- 3 - Nurse aide training , class taught by Miss. Watnabe, Assembly Center , Canal.
- 4- Nurse Aide training, Canal Hospital and Clinic , under Mrs. McCreary.
- 5 - Experience in Canal hospital, clinic, school clinic, and in home visiting with Miss. Shinomoto.

Eugene Hotta - Orderly in Butte school clinic, mornings. Working in Butte hospital ward afternoons & Saturdays.  
 1- First Aid Course , High School, Santa Barbara, Cali.  
 Not certified.  
 2 - Orderly training class, Butte hospital, Sept. 1942.

" Block Nurses " , thirty-three in number, were added to the staff of the public health nursing service in April. This group's training and activities will be discussed later.

A dietitian and a staff of assistants (unlisted for this report ) have charge of the " Formula Kitchen " and the " Snack Kitchens " where formula for bottle-fed babies and lunches for pre-school age children are prepared and distributed.



## WORK OF THE STAFF

In March weighing , measuring, vision testing, and health inspections of school children occupied a considerable amount of the public health nurse's time . This was done in school clinics.

Inspections were completed in early April and reports turned over to school principals. This program will be discussed later.

An epidemic of chicken pox created demands for many home " check up " visits. This epidemic is dying out now, May 31st.

Placarding was not being done in March. Verbal reports said that placards put up early in this epidemic were taken down by families because they did not like being tagged in this way.

A new plan for placarding , which will be discussed later, has not yet been well-developed.

A few scattered cases of measles , possibly some mumps, some cases of trachoma in Canal called for check ups in homes and school clinics. There were no cases of serious illness however.

THE COMMUNITY'S PROGRAM FOR CONTROL OF COMMUNICABLE DISEASE SEEMS NOT WELL ORGANIZED. AUTHORITY FOR MAINTAINING SUCH A PROGRAM SEEMS TO BE DIVIDED BETWEEN THE CHIEF SANITARIAN AND THE PUBLIC HEALTH NURSING SERVICE WITH NO ONE BEING QUITE SURE OF WHAT SHOULD BE DONE.

Definite orders were not given the public health nurse during April. Because the problem was not critical at this time it was not pushed to a satisfactory solution.

### April Report of Butte Visiting Nurse and School Clinic

Mrs. Shinomote and Eugene Hotta on duty.

#### Visiting Nursing :

Early in April , Miss. Wilson accompanied Mrs. Tagishiro on many home visits. The cases visited were , for the most part, check ups on chicken pox.

The following conclusions were reached :

1 - Because many of the mothers speak little if any English , it is as a rule more satisfactory of Japanese-speaking nurses or aides make these calls. The English-speaking nurse too often //2// merely stands by while the Japanese-speaking nurse gives instructions, and gets information. ( No bedside nursing care was given on any of the calls that were made.)

2 - The Japanese nurse aides need more instruction in the techniques for control of communicable disease. For example : Handwashing , ~~after~~ at the close of the visit , was not practiced though this " safety habit " is always a good teaching opportunity.

When mentioned , there seemed to be a feeling on the part of the aide that she had been well-trained for her work . On one occasion she poured alco hol over her hands saying she had touched the patient that time.

Class instruction , with other aides , would solve the problem involved here.



# Statistical Reports

BUTTE : Work of Mrs. Tagishiro & 'Gene Hotto .

Prenatal Home Visits ----- 11  
 Infant & Pre-school child home visits -- 40  
 Home calls for school and clinic ----- 17  
 Communicable diseases , home visits ----112  
     Venereal diseases -- 2  
     Measles ----- 5  
     Chicken Pox ----- 105  
 " Maternal Home Conferences " ( i.e.- talks with  
 mothers in homes , held at time of above visits ) --- 150

School children in school clinic - 151  
     (Height-weight & inspections  
       in school clinic ----- 99)  
 Referred to hospital from school clinic - 7.

Well babies seen in hospital clinic ----- 147  
     ( Clinics held weekly )  
 Nursing care home visits ---- ----- 6  
     ( The work was taking blood pressures.  
     ( One of these patients is on the staff  
     ( of " block nurses" . She comes to hospital  
     ( twice a week to classes. )

An itemized statement of work done in Butte school  
 clinic has not been completed. It is very like the enclosed  
 statement of work in Canal school clinic.

CANAL : On May 27th Miss. Shinomoto , at Canal , said  
 she had no " open cases " in visiting nurse work.  
 In discussing Miss. Shinomoto's tentative resignation  
 ( She is going to be married soon . ) Mrs. Cleo McCreary, charge  
 nurse in Canal Hospital and clinic , said :

" We can get along very well without a visiting nurse.  
 " With our ambulance 'pick up ' service we can bring  
 most cases to the clinic. If much nursing care is needed ,  
 we can bring them to the hospital.  
 " When a home visit is needed, I can send a hospital  
 nurse aide or go myself."

Mrs. McCreary's common-sense view should have careful  
 attention.

Considering the shortage of nurses, including public  
 health nurses, all over the country , it seems an act of disloyalty  
 to Caucasian Americans who have less hospital, clinic, and medical  
 services than Rivers has , to keep a full-time public health nurse  
 in Rivers if this work can be done by Japanese nurses & aides,  
 with supervision by the hospital nurses.



Mrs. McCreary made this additional statement :

" The Japanese like to have the Caucasian nurses visit them in their homes. There was , noticably , a friendlier attitude toward the hospital and clinic when Mrs. Hoffman was doing much home visiting. "

In time of national emergency when " luxury nursing " is condemned as un-patriotic ( luxury nursing being the services that is wanted but not needed by the patient ) is it desirable to spend public funds and nurses time-energies in work that can be done by amateur social workers ? ( The answer , obviously, is 'No'. )

The ' job ' of visiting nursing by Caucasian nurses in Butte and Canal can be built up until one or two registered nurses are kept resonably busy.

The work of visiting nursing in Butte and Canal can be very well done by resident Japanese nurses and nurse aides.

( These are the writer's conclusions. )

The following pages contain statistical records of the work done in the Canal school clinic.



# CANAL SCHOOL CLINIC

Cases Treated - Treatments - Medical Supplies in Stock

Nose Bleed -----	10	Trachoma ----	1
Slivers Removed -	22	(Sent to Doctor)	
Infected Abrasions -	15	Vision -----	8
Cuts ( 1 infected ) -	37	Eyes -dust infections--	5 <sup>b</sup>
Dressings- post-operative -	18	Toothache-----	2
( ruptured appendix )		( Sent to D.D.S. )	
Blisters -----	8	Dec.Decid.Tooth -----	1
Sore fingers -----	2	Abscessed tooth -----	1
Chapped Hands -----	5	Athletes Feet -----	7
Warts -----	3	Hives -----	1
Burns -----	2	Skin Eruption or rash--	18
Sunburn -----	1	Eczema -----	4
Insect Bites -----	3	Callous -----	8
Abrasions Skin -----	46 <sup>b</sup>	Enlarged Sub. Gland ---	1
( Infected - 2 )		Cold Sore -----	1
Torn Finger Nails -----	1	Sore Throat -----	2
Puncture Skin by Pen -----	6	Nose Cold -----	4
Sprained Fingers-----	44	Stomach Trouble -----	1
Sprained Ankles -----	4	( Sent home )	
Sprained Toes -----	1	Heat exhaustion -----	3
Strained Ligaments -----	9	Ill,Temp. above 98.6 --	8
Strained muscles -----	29	( Sent home )	
Pain right side -----	1	Consultation -----	4
( Sent to M.D. )		Chicken Pox release/ --	1
Dressings- post-operative -	18		
( ruptured appendix )			
Rest -----	9		

## Diagnoses

## Treatments

Skin Eruption ( rash) ----	1. Calamine Lotion
Athlete Feet	2. Alulotion
Eczema	3- Heat Rash Lotion
Cuts -----	4. Whitfield's Ointment
Sprain & -Strain-----	Clean with alcohol; dress with merthiolate
Burn -----	Clean with ether; dress with analgesic balm
Infected abrasion -----	Amertan
Callous -----	Sulfathiazole Ointment
Insect Bite -----	Merthiolate ; Iodine ; or Am.Merc.Ointment
Nose Bleed -----	Ammoniated Mercury Ointment
Heat Exhaustin -----	Ice Pack; Sol Iron,Chloride & Glycerin
Stomach Trouble;Diarrhoea-	First Aid Treatment
Nose Cold -----	Pink Mixture . Diarrhoea Mixt .
Sore Throat -----	Neo.Synehp. $\frac{1}{2}$ - $\frac{1}{4}$ %
Toothache -----	Paint e Merthiolate
Eyes -----	Oil of Cloves
	Boric Acid Sol; ZnSol4 gtts; Yellow Oint.

THIS STATEMENT WAS COMPILED BY CANAL SCHOOL CLINIC NURSE *aide.*



Canal School Clinic: List of Drugs In Stock 5/22 - 43

Dr. of Green Soap

Lysol

Alcohol 70%

Hand Lotion

Zinc Sulfate 0.5%

Sodium Bicarbonate

Boric Acid Powdered

Ether

Cold Cream

Analgesic Balm

Collodion

Naka I Hyperm

Aspirin Tablets

Camphorated Oil

Benzene

Compound of Tr. of Benzoin

Johnson's Baby Oil

Johnson's Baby Powder

Oint. Ammoniated Mercury  
(10%)

Oint. Whitefield's 1/2 strength

Oint. Boric Acid

Oint. Sulfathiazole

Petrolatum

Tr. Whitefield

Sharrhea Mixture

Calamine Lotion

Heat Rash Lotion

Sol. Iron Chloride Glycerin

Alulotion

Amertan

Oil of Cloves

Nose Drops

Iodine

Arom. Spirits of Ammonia

Methiodate

Compiled  
by Nurse  
Aides.



## Examples of Home Visits

Prenatal cases are visited but in view of the fact that ~~th~~ there are Pre-natal Clinics ( with ambulance pick-up services when needed ) there is seldom need of home visiting in this line of work. One story , reported via gossip , says that one mother refused at first to come to the Prenatal Clinic because she did not know the doctors. A visit by the public health nurse broke down her prejudices and she became a clinic patient. This story , which reports an exceptional case, is used to illustrate the need of public health nursing in Rivers.

Mothers and new babies are visited after leaving the hospital, but because the Well Baby Clinics have ambulance pick-up services , and the mothers enjoy their visits with doctors and nurses at the hospital clinics , there is seldom actual need for these visits.

There has been no bedside nursing done by the Butte Visiting nurse since March.

The Canal visiting nurse was giving hypodermic injections to two home patients. This has been discontinued.

One school child , a post-operative case , has surgical dressing changed regularly at the school clinic.

Two venereal disease cases, reported when examinations were made for military services , were checked up by requests of the Chief Medical Officer. One case, it was found without home visits, is being treated regularly at the Canal clinic.

Four home visits ( made because one after another of three wrong addresses were given the nurse ) were made in checking up on the other case, who came at once to Butte clinic. MORE CARE IN GETTING ADDRESSES , and a written message to the latter case , would have eliminated the need of these four home visits.

A crippled child who needed shoes and new crutches was visited. The social service worker , in the Administration Building, who reported the case , could have done all the work that was essential in this case. Clinic services , too, could have cared for the need.

A call came for the public health nurse to visit a psychopathic case in Canal. The patient , at home, was happily helping cook the family supper. Physicians had visited her and had scheduled a consultation through which the case was disposed of by being sent out to a hospital. This case could be listed, only, as a " friendly visit". There was no work for the public health nurse to do.

A man whose cough was bothering the neighbors was reported to the public health nurse with a request for a home visit. While the nurse, with the block manager's wife, was hunting for the man he was at the clinic and being admitted to the tuberculosis wards in Butte hospital.

### A Conviction

A tightening up of inter-departmental relationships with closer cooperation on the part of many Caucasian workers would eliminate much of the need of public health nurse calls.



## SCHOOL HEALTH ACTIVITIES

In March , while Miss. Wilson was still on duty in the tuberculosis wards in Butte hospital , invations began coming in/for " talks " in school class rooms.

Four talks were made to Home Economic students.

One talk was made to a physical education class. ( Other talks to these groups were tentatively scheduled by not given, due to lack of time. )

Work with Mrs. Karns in Butte grade school resulted in two interesting activities :

- 1 - A health play , featuring " Safety Health Habits " was rwritten around the data presented by the nurse. The play was effectively given at grade school assembly.
- 2 - A sign for placarding homes where there was communicable disease was designed. " The kind of sign we would like to put on our homes when we want to help other persons to keep from getting our diseases " , was the explanation given this . A pup il made a sample card. ( The card is now in the Butte School Clinic. )

At two faculy meetings , Miss. Wilson gave- demonstrations and talks /on

- 1- Health Inspections - by teachers.
- 2 - Safety Health Habits - to be used in connection with health inspections.

As a result of these two talks many teachers are now making regular inspections to find health defects, faulty heath habits, and symptoms of illness.

Mrs. Mix, first grade teacher, recently demonstrated , before the public health nurse, the program she is carrying on. In her inspections she found two cases of enlarged diseased tonsils. She talked with parents and the children were taken to the clinic and later the tonsils were removed in Butte hospital. ( This is an example of the work teachers do , willingly, when they are helped with the development of techniques for school health work. )

Mrs. Marshall, grade teacher in Canal, has done outstanding work - good work - with the Safety Health Habits and Health Inspection project.

School principals speak of other teachers doing equally good work. There was not time to make a complete survey of this.

## NEEDS in the SCHOOL HEALTH PROGRAM

Three things are needed in the school health work :

- 1 - A bulletin with STANDING ORDERS , compiled by physicians, for use in school clinics, class rooms, ( and in homes . )  
Lecture-demonstrations teaching the techniques for carrying out these orders should be given by physicians and nurses. ( This could be added to the programs now being given in the hospital to hospital nurse a\_ides.



2 - First Aid Kits, preferably improvised, ( like those made by 4-H and Farm Demonstration Club members ) for use by teachers and pupils.

( Most of the work now being done by aides and school clinic orderly could be done by pupils themselves if (1) instruction were given them , and ( 2) a simple kit of essential supplies were kept at hand.

3 - Better rules ( definite orders ) for the home care of , pupils who are excluded from school because of communicable disease. ( An attached bulletin, " Home Care of Measles" , illustrates this idea. )

#### Lecture-Demonstrations to Teachers

" Our teachers will ' eat that up ' : they will gladly carry out the plan " , a grade school principal said when it was suggested to him that a bulletin on STANDING ORDERS be given to teachers to use as text-book material in school health work, and that physicians and nurses give lecture- demonstrations to teach the teachers the techniques for carrying out these ORDERS.

The list of cases treated in the Canal school clinic provides a cue for the writing of such a bulletin.

( To teach (1) Communicable Disease Control, and (2) Home Care of Injuries and Sicknesses , to every woman, girl, school child, and to many men , should be one of the major objectives in the Rivers public health education program.

( This could be done by expanding the nurse aides courses now being given so (1) school teachers , (2) more "block nurses", and (3) anyone else who could be interested , would come to the hospitals for instruction.

Correspondence concerning the school health work is attached.



WAR RELOCATION AUTHORITY  
INTEROFFICE MEMORANDUM  
GILA RIVER PROJECT  
RIVERS, ARIZONA

Ed.

March 29, 1943

MEMORANDUM TO: Miss Pearl Wilson  
Butte Community Hospital

SUBJECT: Health Education Activities

Since I have been acting as Superintendent of Schools, I would much rather that you talked over this matter of your activities in the field of Public Health with Mr. W. C. Sawyer, who is the Superintendent of the Schools. He informs me that he will be in any afternoon and that you may see him then.

*G. P. Young*  
G. P. Young  
Acting Superintendent  
of Education

Re. -

Public Health Nursing

Public Health Education Activities.

Dr. Shief.

3/30/43  
*[Signature]*



*Mr. Sawyer - Re. Teacher for Block Nurses.*

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WAR RELOCATION AUTHORITY  
INTEROFFICE MEMORANDUM  
GILA RIVER PROJECT  
RIVERS, ARIZONA

May 18, 1943

*Butte Hospital*

MEMORANDUM TO: Miss Pearl E. Wilson

SUBJECT: Japanese Speaking Teacher for  
Adult Education Program

Upon my belated return to my desk, I find your memo of April 27 requesting assistance in securing a Japanese speaking assistant. Will you please advise me if this need still exists, or if you have been able to meet the need in other ways. I am anxious to render any aid possible to this very worthwhile program.

*W. C. Sawyer*

W. C. Sawyer  
Superintendent of Education



SUBJECT : Need of a Japanese speaking teacher for an adult education program.

TO : Mr. W.C./Sawyer

FROM : Miss. Pearl E. Wilson

April 27, 1943.

Dr. Sleath, I believe, has introduced this subject in a formal Head to Head inter-departmental communication.

Because it is difficult to find you in your office during the hours I can go to Administration Bldg., I am explaining details here.

A group of thirty-three adults called "Block Nurses" is forming for health work in Butte. Other groups may be formed; first in Canal, then subsidiary groups that will not be composed of employees. The educational program for these persons should be what I have heard called a "vaudeville course" i.e. Many instructors and demonstrators - from different groups in the centers - are needed to make the course what it should be. One teacher is needed to guide and coach individuals, and to weld together the separate parts of the educational program.

At present there are three men in the group that is forming. Some members of the group speak very little English.

It is planned, at present, to have 'class meetings' twice a week, at nine A.M.

Red Cross First Aid and Red Cross Home Nursing and Home Hygiene text books will be used. Much other material will be collected for use by the class members. Bulletins, for example, compiled by specialists in different departments.

The 'Block Nurse' plan was formed somewhere in the W.R.A. We were discussing the enrollment of volunteer 'block' health counselors', who would be educated through group instruction, when our attention was called to the official plan for so-called Block Nurses. Only one of the thirty-three now enrolled is a nurse. She is an elderly woman. Not a teacher.

The need for a teacher is great. At present I am responsible for carrying on this project. I like the job, but it is over-whelming in scope because so much teaching is needed. I am short of time for this work. And I do not speak Japanese. I would work, faithfully, with a teacher if the Department of Adult Education would put a teacher on the job. It can well be a full-time 'job'.

The opportunity to do worthwhile work is great. The potentialities are unlimited. (I would set up this objective: To every woman and girl and many men in this center, instruction will be given in First Aid, Home Nursing, Home and Personal Hygiene. The program would, of course, carry over into the school health work.

This briefs the plan and explains the request for help from your department.



GYM CLASS - CANAL HIGH SCHOOL ( 1943)

Miss. Mary Hughes, Teacher

Miss. Pearl E. Wilson, Public Health Nurse. ( Who asked for the questions)  
Questions & Topics for Group Discussions  
- or for personal conferences

N.B. IT WAS PLANNED TO HAVE DR. ICHIOKA GIVE TALKS TO THIS GROUP.

N.B. -

These were written by the girls when they were asked to state ,  
frankly, the subjects they would like to discuss and the questions  
they wanted answered.

TOPICS-for Discussion or Studies :

Pregnancy - 6 girls named this subject.

Specific questions :

What causes it ?

How does it start ? How do you become pregnant?

What happens ? ( Two asked this .)

" Discuss the fundamentals", one girl wrote.

How can you prevent it ? Two asked.

" How do they stop having babies ? " One girl wrote. ( This can be  
answered in two ways. (a) Menopause. (b) Birth Control. )

" What are some of the things we should know before we get married ? "

Twins and Triplets. ( The questions seems to refer to why and how.)  
( There were no comments. Merely these words. )

Premature Babies.

Feminine Hygiene .

What causes irregularity of menstrual periods?

What causes cramps ( a) before and (b) during menses ? ( Two girls asked.)

Should P.E. be taken during monthly periods ? ~~//////////~~  
( Physical Ed. )

What causes T.B. ?

What are the causes, symptoms, cures , and preventives of Valley Fever ?  
( Two girls asked these questions. )

Personal Hygiene : Air ---

As example of topic to discuss in personal hygiene.

Diet. " Taking pounds off legs and arms ", one girl wrote.

" Should you take the wrong impression of a person who can talk freely  
about one's body, which is not very good in front of both sexes ? "

( This question, obviously, came out of thinking about the suggestion  
that we should develop right vocabularies and talk frankly --  
without vulgarity and without embarrassment -- about feminine  
hygiene , sexual problems , and personal health and hygiene. )

It should have been explained that this kind of talk  
should be tempered by modesty and controlled by the laws of  
good taste and right social conduct. )



### Individual Child Health Records.

A plan for having each child in school keep (1) a HEALTH EDUCATION NOTE-BOOK, and (2) A PERSONAL HEALTH HISTORY was briefly discussed with school principals and with a few teachers.

A child going to the clinic should take with him his HEALTH HISTORY and NOTE-BOOK.

Into this book, which should go with him from grade to grade, the physicians, dentists, nurses, and teachers, should write -

REPORTS of HEALTH EXAMINATIONS

ORDERS, RECOMMENDATIONS, REQUESTS for HEALTH WORK TO BE DONE

Notes on topics the child is studying should be kept.

This project could be developed.

( If wanted, Miss. Wilson will still provide " sample copies" for use by the teachers in developing the plan.

The time of one clerk in the clinics, when children come for treatments or examinations, might well be used for development of this plan. // Very little of the doctors time would be needed.

### Dental Health Education NEEDED

" What is the outstanding problem in school health work? ", Mrs. Hoffman was asked in March when Miss. Wilson first visited Butte school clinic where health inspections were being made.

" Dental defects ", Mrs. Hoffman replied.

( This is in keeping with the reports of surveys made during fifteen years of school health work. It is not a unique situation to find Rivers school children needing more dental service and more dental health education. )

Discussions with Mrs. Hoffman and with two of Rivers dentists revealed the fact that their major interest was in getting more dental equipment so dental work could be done in school clinics.

The actual need of a dental unit in the school clinic is doubted.

With the long hours of daylight during summer months; with ambulance service making frequent trips that could provide rides, often, to or from the hospital clinics; with walking distances not great; with these conditions in Rivers, it seems that dentists could work in ' shifts ' in the hospital clinics and care for more children early mornings and evenings -- if work during the day must be done mostly for adults.

That dental health education programs are needed is obvious.

Material, compiled with the cooperation of a former National Director of Dental Health Education, in the A.D.A., was offered by Miss. Wilson for this program. ( If wanted, it will still be available. )

Teachers, given material, can develop the program. The cooperation and supervision of the dentists should be available.



## Public health nursing in the hospital clinics.

Attendance and work at the well-baby clinics has been <sup>a heavy</sup> part of the public health nurses weekly program. ( As many as fifty-five babies have attended one clinic. )

This work is very like the home visiting. It can be carried, to advantage , by Japanese- speaking nurses and aides. Or it can be developed to a greater extent and be carried by Caucasian nurses.

## " BLOCK NURSES "

In conferences with Mrs. Hoffman and Mrs. Tagishiro, in March, Miss. Wilson expressed her ideas about the need of " block health counselors " , who would be taught and who would help to teach health habits and disease prevention to their neighbors. A tentative plan for supervision by " district health counselors", who might be trained nurses or well-trained nurse aides, was discussed.

In the mean time , physicians and block managers were discussing the development , in Rivers, of the W.R.A.'s plan for so-called " block nurses".

The two lines of discussion fused.

A conference in which the Chief Medical Officer, the Central Block Manager, and the part-time public health nurse discussed the plan resulted in the calling of a meeting in the ~~Central~~ Block Manager's assembly room.

This meeting , to the public health nurse, was a surprise party. She had been asked to attend and to bring a Japanese-speaking physician. She expected to attend a meeting of the block managers and to enter into discussions of the plan to have " block nurses" in Rivers. She found herself at a meeting of THIRTY-THREE NEWLY APPOINTED " BLOCK NURSES". The nurses , eager to get to work on their new jobs, wanted to know what they were to do, how they were to do it, where they were to have work-rooms, and what supplies they would need and could get.

Like Minerva, goddess of home defense warfare , the block nurse program sprang full-grown from the head of its " father". The Central Block Manager, it seems, fathered the plan.

Perhaps, like Minerva, this group will eventually make history in the field of home defense -- defense against preventable diseases and preventable accidents.

At present ( May 31st ) the group is something of a "white elephant" in the Health Department.

Dr. Fruita, Chief Sanitarian, and able teacher , has helped to avoid a major catastrophe in the "block nurse" programs.

His lectures to them on the causes and means of preventing communicable diseases -- supplemented by demonstrations of nursing " safety health habits , by Miss. Wilson -- have kept the group interested in their potential program.



Dr. Iki gave the class one interesting talk on treatment of simple illnesses and accidents.

Miss. Inouya gave one lecture-demonstration on bedside nursing.

Miss. Wilson discussed a simple plan for keeping and making reports of the work done.

The following supplies have been given out :

Red Cross Home Nursing Text-books

Clinical thermometers, with boxes of cotton and small bottles of alcohol for sterilizing them.

Blank notebooks for keeping records.

EXAMPLES OF THE RECORDS ARE ATTACHED. THESE ARE ALL THAT HAVE , to date , BEEN TURNED IN.

It was suggested, early in this program, that a Japanese-speaking teacher be obtained from the Adult Education Division, Department of Education. Correspondence about this had been attached here. Supt. Sawyer, recently, said he would seek such a teacher and cooperate in the program in every way possible.

Only ten ( so far ) of these women have stated that they readily understand and speak English.

During the latter part of March , during April and May , Miss. Wilson was on and off the public health nursing program.

Mrs. Hoffman was on leave, then resigned.

The result has been a Stop-Go program for the block nurse project and for other phases of the public health nursing program.

If the block nurse plan carries through to something approximating success, Dr. Fruita deserves the major part of the credit for such success.

A request came , recently, from this group for an explanation of their relationships and position in the Health Department.

The following outline was used to explain relationships and position :

The UNITED STATES GOVERNMENT

The W.R.A. RIVERS,

ADMINISTRATIVE DEPT.

HEALTH DEPARTMENT

Pay Checks Come from Here.

I Chief Medical Director - the "C.O."

II- Chief Nurse- Director of all  
Nursing Programs

III- Public Health Nurse - like Charge  
Nurses in Hospital Wards.

IV ----- PUBLIC HEALTH AIDES

Visiting Nurses

School Clinic Aides

- and Orderly

"Block Nurses"

" Think of your self as ' public health nurse aides' ", these women were told. " And rember that public health nursing includes teaching health. You are health teachers, " was added.



## Reports of Block Nurses

This simple form for keeping records of their work was taught block nurses and pads of notepaper was given them:

<u>Dates</u> ---	<u>Names</u> -----	<u>Work Done &amp; Other Statements</u>
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It was intended that reports be made every Monday at group meetings. A few of the block nurses have turned in reports. These are attached here.

### Queries About Work, and Verbal Reports

The following questions and reports are typical of the verbal requests and reports :

What shall I do for a constipated baby ?

Where can I get Calomine Lotion for skin rash ?

I dressed a burn in the mess hall.

I had a patient with stomach ache and diarrhoea.

Where do I go to get a Milk Permit for a patient ?

How can I get an Ice Permit ?

I have a patient with eye trouble. I took her to the clinic.

I had a man patient with chest pains and stomach trouble.

He went to the clinic.

One of our ladies is having a new baby today. May I go with her to the hospital and watch the delivery ?

I have an old lady patient who does not want to go to the hospital. I think I can persuade her to go.

What shall I do for a patient with " pink eye " ?

I have a kidney case.

We have a case of chicken-pox. I had a card made and put it up. The family was willing.

Five cases of chicken pox were reported by block nurses.

Four or five persons in my block had bad diarrhoea. They are better now.

A patient had a bad stomach ache. We called the ambulance.

Two old men came to the hospital. They were not bad sick.

I dressed a cut finger.

I helped a father care for his children, including a six week old baby , while his wife was in the hospital having an operation.



### Present Status of "Block Nurses"

The program, obviously, should be revised.

The public health nursing program is not big enough to justify the employment of THIRTY-SIX public health nurse aides.

In addition to which there are a head dietitian and more than ten assistants working on a branch of the public health service in Formula Kitchen and Snack Kitchen.

The tentative plan for establishing First Aid Stations will, if developed, aid in working out the problem of block nurses.

Some of them can be assigned to work in First Aid Stations.

They might take over some or all the work of the dietitian aides in Snack Kitchens, and help with Formula Kitchen work.

Block Nurses have been asking for first aid kits and for ice to use in case of scorpion bites.

First Aid Kits are not ( we are told ) in all Mess Halls.

It was suggested that a gallon can of cracked ice ben kept in a box of saw-dust at some convenient center in evry block ( or in First Aid Stations.)

As the block nurse program now stands it is chiefly an educational program.

To some persons it was, primarily, intended to make it a service program that would cut down the number of clinic cases at the hospital and help to reduce the number of ambulance calls.

What it becomes, in the future, depends upon the leadership, of course.

That the program, on the whole, is potentially valuable in the whole public health program is obvious.

At present, the whole public health program is top-heavy with aides.

Block nurses are meeting every Monday and Thursday morning, at none o'clock, in the hospital library.

### LOCATION of FIRST AID STATIONS

Considerable attention was given, during the past latter part of May, to a request from the Chief Medical Officer to consider the location of First Aid Stations.

In the Department of Housing, an informant said these stations might be located by using a plan, for districting the center, that the Department of Community Services was developing.

After numerous calls for information about this it was found that Community Service has not arranged for meeting places for the five districts in Butte. These districts are natural divisions readily seen by looking at a map of Butte.

It seems that a better plan for locating First Aid Stations



would be to use the divisions used in locating "Snack Kitchens".  
The attached map of Butte showw these S,ack Kitchen districts.  
Nothing was learned, nor planned, about housing for  
First Aid S<sub>+</sub>tations.



### Tightening Up the Services

From the point of view of efficiency and economy it seems that a tightening up of public health services could be done - to advantage.

If (1) First Aid Stations now located in Mess Halls ;  
(2) Snack Kitchen Services, now located in ten Mess Halls,  
(3) Block Nurses' Work Rooms, tentatively located in Block Managers' offices, and  
(4) First Aid Stations discussed but not located ,  
could be united into one district public health service, and workers now on the pay rolls be culled and re-organized, under direct supervision of the Chief Nurse and cooperating officials, a need could be met in an effective way.

Hours on duty , for a staff of aides in this kind of program , could approximate those of the hospital aides and orderlies.

Educational programs for the districts could be carried on through the public health centers.

Such an idea seems logical , and within the realm of possibilities.

### BULLETINS

An attempt has been made to write bulletins for use in the public health education program.

Those written are " first drafts".

Some of them - that have potential value - are here attached.

### SUMMING UP

Four registered Caucasian nurses have worked on the public health program.

Much work has been done.

Much of the work that has been done by these registered nurses could have been satisfactorily done by the school teachers and by aides if health educational programs had been given them in the beginning. ( Weighing and measuring, vision testing, routine health inspections, home visiting - most of it - , well bay clinic work — all of this can be done by women who are not registered nurses.

That some supervision of the public health nursing program by registered nurses is needed no one would deny.

That a full-time public health nurse is needed in Rivers, in view of the shortage of nurses all over the country, I doubt.(And to illustrate my doubt I have asked to be relieved from duty here.)

In this report an attempt has been made to hand on the information gathered during something less than <sup>two</sup> ~~three~~ months's work - much of this having been part-time work as public health nurse in rivers.

Bearl E. Wilson, D. V.



The following statements  
are copies of notes that were gathered.



## Formula Kitchens

Not much time was given to consideration or surveys of the Formula Kitchens. One conference was held with the head dietitian, but her interest in this conference concerned iced drinking water for grade school children. Her own child, or children, attending school and their classmates were not drinking enough water, she thought, because the water was not iced. ( Her plea that the public health nurse help to get iced water in schools was not followed up. She was told that the matter was something the school executives would, rightly, handle without interference by the public health nurse .)

Discussions of the Formula Kitchen work , and the "Snack Kitchens", services , with Mrs. Tagishiro, Butte's visiting nurse, one visit to the kitchen and one report seen brings into mind this question :

Shouldn't there be regular reports of the number of babies served through the Formula Kitchen, and the amount of supplies used in this project ?

Should there not be similar reports made on the work of the Snack Kitchens ?

At the present time there seems to be no check on this program.



## Programs That Are , Obviously , Needed

- 1 - Well organized programs for training public health aides. Duplicating, for the most part, training courses for hospital and clinic nursing aides and orderlies.
- 2 - First Aid Kits ( ice for scorpion bites, snake bite kits, and a regular First Aid Kit ) at every outdoor moving picture show or other large group meeting.  
( Someone on the job to give First Aid Treatments.)
- 3- More First Aid Classes.  
( Especially one for the " block nurses". )
- 4 - Standing Orders, compiled by the physicians, for use by public health nursing staff , block nurses, school personnel, and in homes.

Lecture-demonstrations to teach techniques for carrying out these orders.

- 5 - More attention given to preventive programs.  
Work , through the government agencies, and other specialists , to eliminate ants ( and ant bites), snake and scorpion hiding places, house flies, etc.



### A Less-scattered Historian Service

Much public health nurse time is put in hunting records. e.g.--  
Seven calls were made to find a venereal disease case because  
a wrong address had been given and the office that had  
the right address was not found until tracked down through  
trials and errors.

One History Room in each hospital, Canal and Butte,  
would put all patients' records in one department under  
only two chief clerks or 'historians'.

When the visiting nurses, or public health nurse, is given  
a call the case history -- or so much of it as will be useful  
to the public health workers -- should be put out  
with the call.

This would save much lost motion.

When public health nurses file their reports, instead of  
filing them in a distant office (at school clinic, for  
example) they should be filed with the patient's  
personal and family histories at the central record room.



## Miscellaneous Reports

### INTER-DEPARTMENTAL SERVICES :

A request came from Dr. Fruita , Chief Sanitarian and Bacteriologist , for a high school boy to help with the laboratory animals. The request was reported to Mrs. Montgomery, biology teacher , who had in her class two boys who had asked if she could help them get work where they would get laboratory experience. The boys are now working for Dr. Fruita.

### PLACARDING COM. Diseases. problem of

The need of attention to the placarding or quarantining communicable disease cases has been much discussed. No cards in stock

A discussion with Mrs. Karns class in Butte school led to designing " the kind of placard we would like to put up at out homes when we have communicable diseases " . One of the boys printed a model card. / This card was shown to the Chief Medical Officer and the Chief Sanitarian. With the dying out of the chicken pox epidemic , the need of this kind of card became less acute. Nothing has been done to have the cards produced for use though one block nurse had one made and put / that says : " We have CHICKEN POX here. We do not want you to take it. Please stay out. "

it up at a home in her block.

### REQUESTS :

The head of the department of " Community Services " asked if an authentic list of psychopathic cases in homes could be compiled and given him .

He explained that complains come to his department, from the Japanese , about psychopathic cases. Without information that only the Health Department can give him , he is not well prepared to reply to these complaints.

The matter was referred to the Chief Medical Officer.

From " Housing " came a request for help in a plan that would put old persons , and chronically disabled persons who frequently visit the Butte Clinic , nearer the clinic.

The heads of this department say they are asked for help in solving this problem of transportation.

Doctors, it was said, refuse to have these chronic patients living near their homes. They say that they will be annoyed by calls , by these patients, at their homes.

No report was made of this request. It was in the ' Open File'.

### PROGRAMS PENDING :

Mrs. Montgomery has asked for a series of lectures by Dr. Fruita followed by demonstrations of techniques used by nurses and taught in communicable disease control .

The program , as planned , would start after June first.

A grade school teacher in Butte asked for talks to his class. His major interest , he said , was the poor posture of his pupils.

There seem to be too many more important health education problems confronting us to give this serious attention.



A request , in March , was handed the public health nurse by the Chief Nurse. It asked that a list of expectant mothers be given Mr. Hugo Wolter , social worker. The list was for AMERICAN FRIENDS SERVICE COMMITTEE. The committee was offering infant layettes to mothers who needed them. The list was compiled, sent to Mr. Wolters, and the visiting nurse was asked to send new names each month. The list is now on file in the Butte School Clinic.