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MEDICAL SOCIAL SERVICE
GILA RIVER RELOCATION CENTER

The Department of Medical Social Service was established in the Community Hospital, Gila River Relocation Center, Rivers, Arizona, in August, 1943. Medical Social Work constituted a part of the medical service and the Medical Social Worker functioned under the administrative direction of the Project Medical Officer and with supervision from the Medical Social Consultant in Washington.

Organization of Department in Community Hospital

The department consisted of the Medical Social Worker, and two evacuee positions were established for the Medical Social Assistants. These workers had had no previous experience and no training in social work but their knowledge of language and of the situation was of great value to the Medical Social Worker. They were interested in assisting to organize a smoothly functioning department and responded readily and intelligently to in-service training and supervision.

Functions: During the period of August, 1943, to January, 1944, the Medical Social Worker organized the department, brought to the attention of the Medical Officer, hospital personnel and other sections the social factors which impeded adequate medical care. The department provided social information to the attending physicians, which was necessary in furthering the care and cure of the patient and assisted the group of patients to understand the hospital administrative procedures.

Records: A separate record of each case referred to the Social Service Department was kept during this time. Many conferences were held with the Welfare Section in order to establish a clear cut procedure regarding responsibility of each section to the patient and to each agency. The result was a well-established working relationship with the Welfare Section, which continued until the closing of the Center.

Case Histories: Social histories were prepared for cases needing psychiatric care and for patients needing treatment in a State Hospital for the Insane. These histories followed standard outline for such cases, giving medical information, family background, personal history, present situation, financial status, and religious background. Cases were referred by the medical officers, attending physicians, nurses, other hospital staff, and Welfare workers.

Administrative Functions: It seemed wise at this time to add certain administrative procedures to the functions of Medical Social Service. Reports including medical recommendations on employability for persons who wished to establish eligibility for unemployment compensation were sent to the Office of Personnel Management and sick leave certificates were cleared through Medical Social Service. A card catalogue was set up for these procedures and the department was responsible for entering sick leave dates, which were estimated by the attending physician, on the patient's medical chart. This required almost full time of one of

the evacuee workers since conferences with the clerical workers of the Employment Section were necessary to clear vacation time, which necessitated changes in dates. Medical passes into Phoenix were cleared through Medical Social Service.

Medical Reports: Medical Reports were sent, upon inquiry, to the Welfare Section. A form was devised which proved satisfactory to both agencies in requesting and giving necessary information. Medical reports were sent to that section for all patients in need of assistance grants and for families who desired to change living quarters because of medical need.

Medical Social Service Staff: Mrs. Josephine Wilson, the first Medical Social Worker, resigned in January and Miss Helen K. Shipps, Medical Social Consultant, came to the Center. During her visit, the relationship with the State Crippled Childrens Division and the Arizona State Hospital was strengthened and procedures were worked out, which has since enabled the department to secure excellent service and understanding care. Dorothy Cram, Medical Social Worker from Minadoka Center, Idaho, was detailed to the department for the month of March, during which time a much needed eye service was established. This consisted of weekly clinics and all necessary surgery by a Phoenix ophthomologist. This service was discontinued, however, in August, 1944, chiefly because of changes in medical officers. There had been changes in evacuee Medical Social Assistants and in July, 1944, Mrs. Fukagai resigned, leaving no worker in the department.

The present worker came in September, 1944, and remained until the closing of the Center, November, 1945. A part time stenographer-clerical worker was assigned to the department but at no time has there been adequate help. Many of the families were relocating and the problem of evacuee assistance became more acute. In January, Miss Osaki was assigned as full time secretary and continued to give excellent service. With her relocation and at a time when the work was becoming extremely heavy, it was necessary to consider ways and means of giving case work service to more patients and to speed up plans for the relocation of the patients. In order to do this, it was finally decided to relieve the department of the administrative function of clearing sick leave and of the off-project arrangements for eye refractions. These functions were assumed by the Hospital Superintendent's Office in July.

During the year 1945, there has been constant change in medical supervision and in the administration of the hospital. This has been very difficult for Medical Social Service, as each change meant new routines, interpretations, new ideas of function of the department, and confusion. Throughout we have attempted to hold to the practive of medical social work and were fortunate in having evacuee physicians of high standard, who were interested in our department, worked with us and helped in every way. We have had no chief medical officer since February, 1945. The evacuee physician who carried the responsibility of the house patients re-

mained until the closing of the Center and worked closely with us on the relocation of our patients. During this period, we had part time stenographers and for short periods, high school students assisted us. Their work, however, was of superior quality and we were able to keep up with essentials. In July, we secured an evacuee secretary, who relocated in September and a secretary who remained until the closing of the Center replaced her. Helen Edwards, a high school teacher, was detailed to the department in August.

Procedures

Off Project Medical Care: Arrangements for medical care, which could not be given at the Center Hospital, were made through Medical Social Service upon the recommendation of the attending physician. This included deep therapy, refractions, consultations, and hospitalizations. Requests for dentures, hearing aids, glasses, and other appliances were referred to Medical Social Service after medical recommendations had been made and for which War Relocation Authority payment was requested.

Crippled children were taken to the clinic held at the Convalescent Hospital for Crippled Children in Phoenix. These children were all referred, upon relocation, to the Crippled Children's Division in the area to which they relocated. Two eye clinics were held during the summer and surgery was performed both times in this hospital. Major eye surgery, however, was arranged for in Phoenix hospitals. In July, the services of an evacuee optometrist were

secured for two months and about three hundred persons had refractions. This relieved the department of the major part of off-project eye care.

Wayside Inn: A convalescent home for aged men had been established in the Canal Camp. Medical Social histories were submitted to the Chief Medical Officer whenever an admission was requested by the physician in attendance. The patient was referred to the department for arrangements regarding his discharge. This service was never satisfactory to Medical Social Service, due partly to the absence of a Chief Medical Officer and to a lack of acceptance of the procedure by the public health nurse, particularly in regard to discharge of patients.

Special Clinic for Relocation of Patients: Two clinics were organized in February for patients who were relocating. The Relocation Section sent a daily list of relocatees to us. Each medical chart was checked and we asked those patients who needed medical follow-up or a check-up examination to report to clinic. A form for medical information was filled in by the examining physician and was forwarded to the Relocation and Welfare Sections. In July, a special clinic for the aged, chronic, and dependency cases was establsihed. Copies of medical information forms were sent to the Welfare Division. A case committee met regularly to discuss the recommendations and to determine procedures. All dependency medical case summaries of the Welfare Division were sent to Medical Social Service. Medical Social information, together with the

medical information sheets, were attached to the Welfare Summary, forwarded to the area office with a request for placement in hospitals for chronics, homes for aged, or institutional care.

Bed to Bed Cases: The transfer of these cases was the responsibility of Medical Social Service. Full medical social histories were taken on all bed cases and for all patients needing further hospitalization. These histories, together with a medical information sheet, signed by the attending physician, were sent to the Area Offices. Upon notification from the Area Offices as to which hospital the patient was to be admitted, X-rays were forwarded, travel arrangements made, and escorts provided for patients needing that service.

All other Patients Needing Medical Care: After leaving the Center, these patients were referred to the District Relocation Offices. Medical Reports were sent directly to clinics or to the patient's physician. All communicable disease reports were sent out through Medical Social Service upon the relocation of the patient. These, together with X-rays, were mailed to the Departments of Health of the city or county of the patient's residence. Arrangements for continuing pneumo thorax for certain patients were made before the patient left the Center, in order to secure continuity of service.

Statistics: With the acceleration of the relocation program, conferences with physicians, checking medical charts, and

sending medical reports became a major problem; 7897 medical reports were sent to the Relocation Division during the past twelve months, 1939 (does not include carbon copies of reports to Relocation) to the Welfare Section, 294 to War Relocation Authority Area Offices and other projects, and 754 to other agencies or individuals. We had 744 medical consultations with doctors, 200 with nurses, 337 with social workers, and 588 with relatives and friends. Our office interviews increased during the past few months and our home visits decreased.

Recreation in the Tuberculosis Wards: The Community Council furnished weekly moving pictures which were shown in the wards. A committe of four appointed staff members provided games, music and various forms of entertainment which was suitable for this type of patient. The Red Cross project chapter gave $50 to the committee, which was used for games, books, and an occasional party night. At Christmas time the Y.W.C.A. gave a years subscription to weekly and monthly magazines. A Los Angeles, Phoenix, and a Japanese newspaper for the older patients. This group provided an afternoon entertainment Christmas day. One of our patients, an artist, painted a Christmas mural for the girls ward. The nurses aid group provided decorations. The Christmas trees with decoration were provided by the Y.W.C.A. group.

Participation in Social Work Activities: The Medical Social Worker affiliated with, and attended some meetings, of the Phoenix chapter of the American Association of Social Workers. She

attended the meetings of the Arizona State Conference of Social Work and spoke on Medical Social Work to a class in Psychology of Phoenix Junior College. The Welfare Division included the Medical Social Worker in their staff meetings, which was of great value in working relationships. She was a member of the Project Relocation Council.

Evaluation: This department has considered the work with the evacuee patients as a privilege and a pleasure. We do not think we have given the service we would like to have given; interviews were necessarily shortened, home visits curtailed to a minimum, and counseling service was inadequate due to lack of sufficient staff. The hours were long and the evacuee assistants worked longer hours than were expected of them, yet we could not spend sufficient time with many of our patients to be of real service in our attempt to relieve their insecurity. We were able to secure verification of settlement for all of our hospitalized patients and transfers to the hospital of their residence. Residence was verified for all but two of our chronic and aged cases. The Welfare Division arranged with friends of one patient to give him a home and the District Relocation Officer assumed responsibility for placement of the other. We did not secure institutional care for three of our chronic patients but have been assured by the District Office that temporary placement is made and that effort will be made to secure a satisfactory adjustment for them. For

these patients we were unable to relieve their feeling of insecurity and worry over relocation plans. Three patients who were committed to the Arizona State Hospital had not been transferred to the State Hospital of their residence at the date of the closing of the Center. Three acutely ill patients were transferred to the Los Angeles County Hospital.

Some of our patients were helpful "volunteer workers" during the last weeks, running errands, assisting in arrangements for travel, in interpreting and obtaining information for verification of settlement. This was especially difficult to obtain from the older, itinerant, farmer patients. Collecting possessions, packing bags and making baggage tags for the patients who were unable to do this was done by the up-patients and nurses aids in the Tuberculosis Wards.

Plans were difficult for the families of our patients and many social, medical, and emotional problems were involved. They were self reliant but were anxious to discuss plans for guidance in planning for themselves in relation to the patients. They were forced to make decisions which would influence the course of their lives and making decisions was complicated by illness with its many ramifications. We were able to make some contribution at this point in clarification of thinking and help in making adjustment on individual basis. We made every effort to place our patient in the same community to which the family was relocating.

The patients fine spirit of patience, of helpfulness, of interest, and of consideration for each other was an inspiration to us. Their wish to help in every way enabled Medical Social Service to function more effectively than we could have done with our limited staff; we truly had volunteer help from our patients.

Gertrude M. Smith
Medical Social Worker