

Health + Sanit

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J6.15E

The following passages are the excerpts from a letter written by a Tule Lake resident to a Poston resident.

Jan 7  
(approx)  
(or Mar '1)

(She reported another Poston segregant, K, who is sharing an apartment three other young bachelor Kibei from other centers, has been in bed with flu. Two other boys have also been sick.)

". . . One of the sick boys from Granada said, "Boku samishiku te samishiku te tamanana. Granada ni Kaeri tai' (I am lonesome. I am so lonesome that I don't know what to do with myself. I want to return to Granada - a free translation.) Then he sat up in bed and said, "Shaku dakara tagami o kaku' (I am exasperated. So I will write a letter (to Granada) The house seems so dead where there are all boys sick in bed . . ."

"Did K tell you about the fence they built around our ward? We have to move again so I don't feel like cleaning the house. All kinds of rumors but they're saying that this is going to be a separate place for those interned and their families. Nobody knows yet who's going to come in here or when and where we have to move. We're just hoping they'll put us in the new barracks. The fence is between the ward K lives and ours. Just imagine 4 fences, 3 big ones and a low yellow fence.

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During the recent months some of the patients in Ward 5 (tuberculosis) of the hospital have been treating the Negro nurses shamefully

Jan 8

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JANUARY 8 -- (2)

and rudely. They called the Negroes, "niggers," and demanded them to do many things in an insolent manner which decent patients would not ask of the nurses. The more sensible patients have been frowning on the irresponsible. About two weeks ago, the situation became unbearable to the onlookers. One patient exposed his penis to Miss Smith, a Negro nurse, and demanded her to sleep with him. She became mad and admonished him severely not to report the insult.

Others in the Ward were indignant, too, because the Negro nurses have been working hard unselfishly to make the patients comfortable. They were afraid the nurses would quit the hospital unless the irresponsible were kept controlled. They consulted S. Sakamoto, of the Sanitation Department, on the matter. Sakamoto thought it would be better at first to admonish the offending patients by some Japanese. He went to see Nagai. After a conference, they agreed to send Y. Kawasaki of the Hospital Committee, who is a convincing, smooth talker and adept in smoothing over troubles of this sort.

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Dick Nishimoto, the chief of the Sanitation Department, said that the W.R.A. is trying to clamp on the Poston hospital unjustly to even an old score. Dr. Thompson, the W.R.A. medical chief, has a grudge against the Indian Service, which had not minded his instructions and had run the hospital in the way "they damned pleased." (Both "Dr." Suzuki and Nomura, separately, concurred this belief.)

Suzuki

"Dr." Kushiya complained that his block residents are asking the Council to do something about water. They claim it contains too much chlorine and on account the over chlorinization their skins are infected and become itchy. He informed the councilmen that he had contacted the Sanitation Department two or three times, but he could not get any result. Nomura promised he would take the matter with ~~the~~ Pressman. He knew that the project is using an automatic chroline control, while it had four men watching the gauge for the supply of  $\frac{1}{4}$  chlorine twenty-four hours a day *previously*.

Jan 19

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About three days ago a girl about twenty-four years old, unmarried, died of peritonitis in the hospital. A hospital worker believed that she had attempted abortion with some drug, as she had come to the hospital in an agonized condition.

Feb 9

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FEBRUARY 9 -- (7)

Nagai requested the Council to enact an ordinance prohibiting raising chicken and rabbits within the blocks.

Sumida believed that there were regulations prohibiting such a practice.

Nomura promised that he would consult with the Sanitation Department on it.

Health +  
Sanitation

Feb 15

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A regular weekly meeting of the Block Managers was held this afternoon in the conference room of the Unit Administration Building.

Health & Sanitation

Dick Nishimoto of the Sanitation Department appeared to explain that water would not be drinkable from 6 A. M. Wednesday morning, February 16, to 12:00 noon Thursday, February 17. During the period the water mains would be flushed and disinfected with chlorine gas to improve the potability and quality of water within Unit I. The residents were warned <sup>A</sup> to draw a 24 hour supply of water for drinking purpose. They were warned against taking showers and baths.

Feb 16

Health & Sanit

Kawasaki of the Hospital Committee asked the Councilmen to find some cooks in the hospital kitchen, since five men of the kitchen crew were relocating. There were several prospects suggested by several Councilmen. "Dr." Suzuki, however, objected to Kawasaki that he should not assist the hospital in the light of the attitude expressed by Dr. Pressman and Chief Nurse Vickers. According to Suzuki, Mayor Takashima was involved in heated quarrels yesterday with Pressman and Vickers regarding the kitchen and hospital workers. Mayor Takashima contended that the Caucasians of the hospital forced the evacuees <sup>to</sup> work too hard in comparison with other employees on the project; and as the result the workers could not last long in the hospital even if they had succeeded in recruiting them. Pressman and Vickers contended that the evacuees lacked the cooperative spirit; this was their hospital and they ought to work hard for their friends confined here. "If no one wanted to cooperate with the hospital, we

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will run it ourselves," Pressman was quoted by Suzuki.

"They believe the Japanese would not let their fellow Japanese in the hospital down," Suzuki went on. "That is the reason Pressman and Vickers are acting distatorial. They think they can demand anything and get by with it. They think the Japanese will do anything they demand. Mr. Kawasaki, I appreciate what you have been doing and what you are doing for the hospital patients. But as you know Pressman and Vickers think you are a meddling, old fool. They don't appreciate your efforts. They think ~~the~~ hospital workers could be gotten if they say 'pooh' to the community. So why don't you let them try to get <sup>the</sup> workers. You are spoiling them."

The argument of Suzuki gained a considerable support from other Councilmen. Tanaka of 42, the Business Manager of the General Hospital who ~~was~~ absent on leave on account of illness, had repeatedly in the previous meetings related that Pressman and Vickers would not listen to the suggestions from evacuees with the attitude, "Who's running this hospi<sup>p</sup>tal?" The Councilmen believed this was the best opportunity to make Pressman and Vickers realize that they must have a complete support of the community to run the hospital successfully. They thought they should be inconvenienced by not assisting in finding the replacement in the hospital kitchen. The Councilmen believed that they might succeed in getting rid of Pressman, against whom an ouster action had been asked in many quarters several times.

Suzuki read a letter from Dr. Sasaki, who <sup>had been here</sup> ~~was~~ on a visit ~~here~~ from Rohwer. He stated in his letter that all the doctors except one at Rohwer were Caucasians, and they were treating

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Japanese patients as guinea pigs. They were operating these patients unnecessarily as experiments to satisfy their curiosity. The letter emphasized the fortunate circumstance of the Japanese in Poston for having so many Japanese doctors. By reading of this letter Suzuki inferred that the Caucasian doctors here did not care much about the welfare of the Japanese patients here.

The Councilmen pledged that they would support any fight by the Japanese against Pressman and Vickers. They believed it would be better if they could succeed in ousting Pressman from the hospital.

The meeting adjourned at 4:45 P. M.

See also Attitudes February 17.

MARCH 5 -- (1)

*Mrs. N*  
*Suitcase*

Mrs. N was suffering from cataract; she <sup>had</sup> lost the sight of one of her eyes and was losing that of the other. She <sup>had been</sup> ~~was~~ examined and treated by a doctor here last summer without any beneficial result. She <sup>had</sup> ~~had~~ heard that there was a good doctor who specialized in cataract in Gila.

N came to me and asked me if I could help her to get a short term leave permit to Gila. That was in the early part of December, just a few days prior to the deadline for the curtailment of the civilian travels. The WRA <sup>had</sup> ~~had~~ decreed that it would not issue leave permits to anyone after the deadline.

N took Mrs. N to the Relocation Office in the same afternoon and applied for the permit, giving a pretext that her relative in Gila was seriously ill. She asked the man in charge to get the Gila approval by teletype. Of course, she had written to her Gila relative of her plan of going there on the pretext.

I immediately wired to my friend, who works under Tuttle in the Social Welfare Department in the Gila Project. I requested her to use her influence to grant Mrs. N's visit, when her application is referred to her department.

She <sup>received</sup> ~~was granted~~ by the afternoon of the next day her short term leave permit to visit Gila to see her sick relative.

She left Poston immediately. She had been advised by N and me what to do when she reached Gila.

In Gila she immediately went to see the eye specialist, Dr. X. But she was told that there were too many patient waiting on the list and the hospital could not take care of her case.

According to our instruction, she made a second visit to the doctor. This time she took a little present, a box of candies, which contained twenty-five dollars. This was about Christmas

MARCH 5 -- (2)

of the last year.

(Dr. X had applied for repatriation and had been scheduled to go to Tule Lake in October. But for the lack of ~~the~~ evacuee doctors, the Community Council of Gila had requested and had been granted to retain the doctor in Gila until the time of transfer of the segregants who could not travel for some good reasons in October.)

Mrs. N was somewhat discouraged in her first two visits to the doctor, but she held a slight hope that her present might do the trick. She made her third visit to the doctor in the first part of January. Doctor X this time received her kindly and told her that he would operate on her as soon as there was a space in the hospital.

As the result of this third interview she applied for an extension of her leave permit, which was to expire within thirty days after her departure from Poston. She applied for it through my friend in the Leave Office at Pila with the aid of the woman in the Social Welfare Department. On this side I knew that her application was coming. I consulted Lou Butler of the Family Welfare and Roy Yoshida of the Leave Office so that they would expedite the procedure. She was without difficulty granted to stay another thirty days in Gila, which was the limit for a short term leave permit.

About January 20 Mrs. N was admitted in the Gila Hospital and ~~treated~~ <sup>prepared</sup> for operation. While she was getting ready in the hospital, Dr. X was barred by the hospital staff to operate on new patients. He was told to clean up his cases by the end of January, as he would be leaving for Tule Lake soon. Again the Community Council acted to keep the doctor in Gila, but its

MARCH 5 -- (3)

request this time was denied by the Administration.

(The doctor, however, told a different story to N, when he visited Gila in February. The hospital staff held ~~the~~ meeting in the latter part of January and decided to transfer his trained nurse, whom he had for every eye operation. Dr. X objected to this on the ground that he could not operate any patient without this nurse. But the rest of the staff told him that he would be leaving soon for Tule Lake and he should take it easy until his departure. If he must operate any emergency patient, the other doctors would be willing to assist him, they told him. A quarrel followed among the doctors, Dr. X insisting that he should treat ~~any~~ patients until the time of his departure. The others insisted that he should clean up his cases immediately. According to stories from the residents, whom N saw, Doctor X was very popular among the residents, and the other doctors resented his popularity. The latter ~~was~~ <sup>were</sup> also aware that the former ~~was~~ taking gratuities in the dark.

The hospital staff influenced the Administration, which ordered Doctor X to cease his practice, denying the petition of the Council.)

Meanwhile, it was necessary for Mrs. N to renew her permit, which would expire in the first part of February. She applied for ~~another~~ <sup>the second</sup> extension from her bed in the hospital. The application came to Poston for approval, but the Leave Office here stated that it had no authority to grant it, the National Director was the only one who had the authority to grant it. The Gila Leave Office wrote to Washington for her.

In the beginning of February Mrs. N was told by Dr. X that he could not operate on her. If she wanted to be operated by

MARCH 5 -- (4)

him, she must follow him to Tule Lake. She was willing to follow him to Tule Lake. She consulted on the matter with the woman in the Social Welfare Department, who was alarmed about what she had proposed to do and advised her against it. The social worker could not convince <sup>her</sup> enough to make her realize the seriousness of transferring to the Tule Lake Center. She wrote me immediately asking me <sup>to</sup> disuade her from her intention of going to the segregation center.

In the meantime, the chief of the Social Welfare Department became suspicious that she had come to Gila ostensibly for the eye operation. There was a previous case from Poston, where a patient came on a false pretense to get a cataract operation. Although the department had recommended to Washington to grant her an extension, it ~~was for~~ <sup>wanted to</sup> sending her back to Poston.

On February 5 I received the letter from Gila informing me of Mrs. N's intention. I saw N immediately and decided to send him to Gila. N applied for a short term leave that afternoon, but for two days Gila refused to answer <sup>to</sup> the application. I wired to the friend of mine in the Social Welfare Department to grant N the leave permit. Roy Yoshida on the next morning telephoned Tuttle and argued that N should be sent to Gila. The permit was granted reluctantly by Tuttle.

N went to Gila too late. When he reached there, Mrs. N had already been discharged from the hospital. He saw Dr. X without any successful result.

After a week N brought Mrs. N back to Poston. After all this trouble Mrs. N is still suffering from cataract.

MARCH 21 -- (3)

Block Mgrs Meeting

Dr. Pressman replied to the communication from the Block Managers asking the Hospital to prohibit tuberculosis patients from sending their washings to the blocks through their family members. In the reply Dr. Pressman stated that the practice had always been prohibited from the beginning, but he had instructed the patients concerned on the matter again. The letter requested that the Managers <sup>to</sup> report any violation to the Hospital.

April 4  
Block Managers Meeting

Heard in Sanitation

The Block Manager of 11 complained that there were too many stray cats and dogs which were causing nuisances. He proposed that something ought to be done for eliminating them. Nishimoto explained that the Sanitation Department had requested the Office of Internal Security to pick up those cats and dogs, but the Police Department was short of officers and could not handle it. He thought the Managers should help the department in rounding them up. The Managers said it was difficult for them to catch them. Nishimoto said it would be just as difficult for the policemen to catch them, if not more difficult. Sakai said he would refer the matter to the Sanitation Department.

The Block Managers passed unanimously a resolution thanking the cooperation of the Council in settling the difficulty over the block staff.

Sumida thanked the Managers on behalf of George Fujii for assisting him. Fujii went to Phoenix on April 3 for arraignment on the federal indictment.

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April 11  
Block  
Manager  
Meeting

Heard  
→  
Saw

Y. Kawasaki, the Councilman from Block 13 and a member of the Hospital Commission, asked the Managers to find some men who were willing to work in the laundry of the hospital. Shigemi of Block 17 expressed his refusal to assist the hospital matter in any way. He reported that his brother had been taken to the hospital, and one of the Japanese doctors had examined him about three days ago. The doctor had ordered Shigemi's brother to be admitted in a Ward, but the office refused because a permission had not been gotten from Dr. Boardman, the medical chief. Later Boardman refused to admit him without examining him. Shigemi indignantly said that he would not cooperate with Kawasaki or anybody until the hospital was "cleaned up".

Jo of 32 reported that he knew a patient who was in the hospital for ten days without any examination by doctor. He died in the hospital recently. He charged that this was a case of fragrant neglect.

Other Managers said that there were too much dissatisfaction against the hospital. And, they believed, the dissatisfaction

APRIL 11 (2)

was the cause of the difficulty in getting evacuee workers for the hospital. Another Manager reported that there were rumors that the Caucasian staff of the hospital "slaved drove" the evacuee workers and the working condition was such that no one could hope to work there for a long time.

Kawasaki admitted that there was a friction between the Caucasian staff and the evacuee doctors and nurses, let alone dissatisfaction of residents. He reported that Dr. Boardman was officious and overbearing; he wanted to run everything in his own way. He refused to listen to the opinions of evacuee workers. He was setting up unnecessary regulations. For instance, no patient was admitted in the hospital unless approved by Dr. Boardman. Another instance was the case of Dr. Murase. Dr. Murase is an old invalid. He cannot work a full day everyday. He had worked only for ~~x~~ half a day even while he was in Los Angeles. Dr. Murase had realized the shortage of doctors here and was willing to help for the sake of Japanese people here. He had been working only in the morning, although getting his nineteen dollars every month. Recently Dr. Boardman ordered Dr. Murase to work full eight hours every day, and the latter balked and quit from the hospital from the next day.

Another Manager complained that Japanese patients were compelled to wait for a long time for their turns, while a Caucasian patient was waited on immediately not only by one doctor, but by three or four doctors. It was unfair, he claimed, and there should not be any difference between the evacuee treatment and the Caucasian treatment.

Another Manager said, "What is the Council doing anyway? This is purely their duty. They butt into a lot of things which

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do not belong to them."

Kawasaki replied that the Community Council had been acting on the matter. They were discussing the differences with Boardman, but they were not getting anywhere yet.

Another Manager accused the Council of not knowing a proper procedure to take. He said the Managers were not so dumb, they could settle a thing like that easily. (Evidently he was airing the general resentment of the Managers toward the Council.)

Kawasaki fled out of the meeting room saying that he hoped the Managers would help him in this critical shortage of help in the hospital.

Several Managers complained that the water main contained an excessive amount of chlorine for the last two days. All fishes in the ponds were dead overnight yesterday morning. Some of them reported numerous cases of diarrhea because of high chlorine content in the water.

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It is however true, he said, that it causes skin irritation. The Maintenance Division has been having troubles with the mechanical regulators of dropping chlorine into the water mains, and the staff responsible for the work has been short handed.

See also Law and Order,  
Block Manager Meeting, April 25.

Health  
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April 26

#####

The Local Council held its emergency meeting this afternoon.

The following items were discussed and decided:

1. The shed formerly used <sup>as</sup> ~~by the~~ Bus Station at the Motor Pool will be dragged out to the hospital ground, and will be used as a recreation quarters for the tuberculosis and convalescent patients. The labor for transporting and remodeling the shed will be furnished by voluntary services of the Councilmen.

2. Dr. Suzuki explained that the high chlorine content, about which there were too numerous complaints from the community, was not injurious to internal organs of human bodies. People say that it causes diarrhea, but it has no medical substantiation.

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See also Law + Order, April 27

Health  
+ San

June 21

#####

A regular bi-weekly meeting of the Local Council was held this morning in the conference room of the Unit Administration Building. It was scheduled to begin at 9 A. M., but it failed to reach the quorum. It opened its meeting at 10 A. M. with 21 members present.

First, Kawasaki moved that the present Vice Chairman, M. Okamoto, succeed Seiichi Nomura. It was seconded and passed unanimously.

"Dr" Suzuki was elected to become Vice Chairman.

Kawasaki of the Hospital Trust Fund Committee presented the following financial statement for approval by the Council (Cf: June 19, page 1):

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+ San

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HOSPITAL TRUST FUND

Received:

Camp I	\$5,000.00
Camp II	1,675.00
Camp III	2,500.00
	<u>9,175.00</u>

Expenditures:

Hospital	\$200.00	
Clinic (alteration)	25.00	
Nurses (Mimai)	52.40	
Mortuary	29.78	
Entertainment (doctors)	30.00	
Cooler Pipe (doctors)	5.67	
Transportation Expense		
Trip to Gila (3doctors)	30.00	
Movie (May, 1944)	3.00	
Phonograph	50.00	
Hospital Improvement --- Unit III	25.00	
Radio (6 tube)	40.00	
Christmas Party		
Hospital staff, 2 occasions	24.46	
Christmas Presents		
19 doctors (\$5.00 each)	95.00	
Employees (\$1.00 each)	<u>295.00</u>	390.00
Dentists Association Fee		
(\$30.00 each)		240.00
Hospital Kitchen Supply		
Sept. 1943 -- Tuna (111 lbs)	38.85	
December, 1943		
Dried Shrimp		
Ajinomoto		
Shoyu	186.00	
January, 1944		
Shoyu (30 gals.)	82.50	
Tuna	34.24	
May, 1944		
Sea Bass (old-age home)	46.20	<u>387.79</u>
Total Expenditures	1,533.10	
Dividends paid to the hospital workers		7,654.83

TOTAL DISBURSEMENTS

9,187.93

DEFICIT

\$ 12.93

HOSPITAL TRUST FUND COMMITTEE

By /s/ Y. Kawasaki  
Yukitaro Kawasaki

Immediately afterwards, several Councilmen spoke up all at

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once. One said that he could not understand why Camp II's receipt was marked as \$1,675.00, when he knew that it received \$2,500 like Camp III. Kawasaki explained that when he took over the Camp II fund as the Community Council had decided to pool the divided moneys together into a pool for hospital distribution, Camp II had already paid out \$825 to its hospital workers. Therefore, Kawasaki received only the amount noted from Camp II. Other Councilmen accused Kawasaki why that was not noted on the sheet. They clamored that they could not take this statement back to the blocks and could not explain to the residents. These items in the statement, they argued, should be explained in detail so that everyone could understand it by merely looking at it.

Another Councilman questioned where the radio, which cost \$40, was located. Kawasaki could not explain where it was now. "It must be somewhere in the hospital now," said Kawasaki.

Another Councilman asked why they had to buy cooler pipe costing \$5.67 when such a material could be obtained from the WRA.

Because of numerous questions and the belligerent attitude of several Councilmen, who insisted that they could not take the statement back to the blocks as is, Kawasaki withdrew it and promised that he would prepare a more detailed one by the next meeting. It was evident that even if Kawasaki could prepare a detailed statement he could not escape more severe questioning in the forthcoming meetings, since the Councilmen knew for certain that it had been doctored up to hide expenditures for liquor and parties. They are anxious to scrutinize every statement which may be presented by Kawasaki in order to find flaws in it.

Okamoto reported that the fund of the Local Council amounted

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to \$2046.24, of which \$869 belonged to Emergency Fund. In addition the Local Council had \$1169 as Scholarship Fund. Okamoto expected some income from the Trading Post transactions from time to time. Councilmen requested Treasurers for these funds, and an election was held. As the result Sasaki of 19 and Okabe of 28 were elected. It was quite significant that Kawasaki's name did not appear among those nominated.

June 27

#####

A regular weekly meeting of Block Managers was held in the conference room of the Unit Administration Building from 9:30 this morning.

Supervisor Nishimoto announced that the following arrangement has been made to control stray dogs and cats: (Cf: June 20, page 1, the last paragraph)

1. Block Manager is to catch stray dogs and cats within his block.
2. Block Manager is to notify immediately the Chief of the Internal Security Office through the Supervisor.
3. The Chief of the Internal Security Office has agreed to dispose said animals as he sees fit.

In this manner a problem of long standing has been solved.

Health + San

Block Mgr  
Meeting  
June 27

The Supervisor read the following letter to the Managers:

June 23, 1944

To: The Block Manager's Supervisor  
From: Dr. J. F. West  
Acting Principal Medical Officer

Will you kindly convey this message of appreciation to your Block Managers at your next meeting on June 27, 1944.

The Medical and Public Health Departments have appreciated very much the cooperation of the various block managers during this past year, in carrying on the health program for the residents of Poston.

Our records show that Block Managers have, as occasion required, taken part in the following activities:

Reporting early signs of contagion.  
Posting and releasing of quarantine.  
Conveying of information on communicable diseases to families affected.  
Establishing of isolation tubs in laundries.  
Distributing blanks for vaccination.  
Announcing dates for various health services in mess halls.  
Making Block Managers' offices available for regular block weighing of babies.  
Taking an active part in raising money for the infantile paralysis fund.

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Assisting in improving sanitation of the block.  
Reporting special needs of sick old or disabled persons.  
Assisting ambulance drivers in conveying patients to hospital.  
Surveying and recording names of children of varying ages for the mild allotment.  
Cooperating with teachers in carrying on studies of health conditions in the blocks.

As a result of this cooperative effort the contagious disease rate for the past year has been very low. No epidemic of communicable disease has occurred, and no life has been lost because of a "catching" disease. Health conditions have improved and hundreds of corrective treatments have reached the people who needed them.

We hope we may continue to have this fine assistance from the men who are in such important and responsible positions in their blocks.

Please be assured of our hearty appreciation and accept our thanks for this service.

Yours truly,

/s/ John F. West, M. D.  
Acting Principal Medical Officer

The meeting was adjourned at 10 A. M.

Block Mgr  
Meeting  
July 4

Yoshikawa of the Community Activities appealed to the Managers for volunteers to clean the Central Swimming Pool area after every movie showing. Up to now the work was done by Okabe of the Agricultural Division and Masaki of Block 22, but they have been complaining that they could not be continuing the service indefinitely. The Managers of the adjoining blocks, however, stressed the fact that they could not obtain any public spirited volunteers for this work. Should this work be compelled upon their blocks, the Managers themselves be forced to do the work. Yoshikawa, then, suggested that he could obtain one man to do clean up work for all the areas after every movie showing, if the blocks were willing to contribute fifty cents per month per block to this man.

AUGUST 7 -- (1)

A regular weekly meeting of the Block Managers was held in the conference room of the Unit Administration Building from 9:30 this morning. There was no absentee.

The Dietician Steward, John Burdick, sent a batch of the following mimeographed notice:

There are sufficient workers in all blocks so that there is no logical reason for the discontinuance of Oyatsu. The children of the community are growing and need food more often than the adults.

We have powdered milk which may be used for Cocoa. Cocoa is made in all mess halls for breakfast daily and often when there is a sufficient amount, each child may receive one cup of iced cocoa in the afternoon.

We do not expect an elaborate spread but some small thing that may be supplied for nourishment between meals. At this time of the year melons are available and if each child could have some in the afternoon, this would help.

The duties of the Block Nutritional Aide (a Block Mother) includes the care and distribution of fresh milk, and in some cases Canned Milk or Powdered Milk as a substitute for fresh milk. In all blocks the position of Block Mother or Nutritional Aide was established especially to take care of a few special cases and to assist mothers of small children in the preparation of their food. It does not seem reasonable to expect numerous mothers to go to the kitchen to prepare baby food.

The two door refrigerator was purchased for the Block Dietician and the care of this ice box is part of her duty. No meat or fish shall be kept in this ice box. It is to be expected that the Block Mother shall work in harmony with the Chef and the Kitchen Crew in caring for the residents of the block,

S.M.A. and Pablum and other special baby foods which are not on hand in the blocks may be obtained from the camp Diet Office.

/s/ Clifton E. Snelson  
approved ... Clifton E. Snelson

/s/ John E. Burdick

Several Managers took an exception to this notice and proposed that this should not be distributed. One of them argued that his Block in its general meeting voted to discontinue with Oyatsu, because the residents believed that it would not be healthy to let the children eat between meals. Another Manager concurred with the first Manager. He said that the residents observed the

AUGUST 4 -- (2)

children not eating their regular meals because of Oyatsu. His Block therefore abolished the practice. A third Manager pointed out that the kitchen crew did not like to have the mothers come into the kitchen and bothered around the place. When the mothers did come in, friction and arguments developed between them and the kitchen workers. A fourth Manager explained that his Block discontinued the practice because the parents were buying their children candies and cakes at will and there was no special need to bother the kitchen to feed the children between meals.

Another Manger pointed out the statement, " . . . sufficient workers. . ." He said the residents would not like its insinuation. The kitchen workers were always claiming that there were not enough workers in their messhalls. He also pointed out that the refrigerator mentioned in the notice was <sup>being</sup> used to storage the food for the block residents, and not used for the dietetic purpose. There were not enough refrigerators in each kitchen to start with, and if the two door refrigerator was set aside, the kitchen would not have enough space to storage their food. "They would surely start asking for extra refrigerators," said he

Many Managers understood the situation well, although many blocks in the camp were still continuing to serve Oyatsu to the children. They expressed that it was very unwise to "awake a sleeping lion." They thought that the notice was a result of agitation by some disgruntled mothers, whose voices could not be heard within their blocks. If these "always dissatisfied" mothers could be given a little opportunity with official sanction with this sort of announcement, they would not hesitate to stir up a lot of troubles within their blocks. If this happened, the precarious equilibrium in several blocks would be disturbed and the Managers would not

AUGUST 2 -- (3)

be able to control the resultant disputes.

Another Managers also reminded others that "most of the mothers were selfish." If they were allowed to use the refrigerator, it would work out peacefully only for a little while. Soon one of them would start to grrmble that Mrs. So and So was using the refrigerator space all to herself and she did not have a chance to put "milk for her baby" in it. This would be carried in a vicious cycle <sup>indefinitely</sup> and there would be no end to this wrangling among the block women.

The Block Managers voted <sup>to</sup> unanimously return the notice to ~~Burdick~~ Burdick with a advice that such an announcement would be unwise at least for the present.

AUGUST 2 -- (1)

JL. 15E

A regular bi-weekly meeting of the Local Council was held in the conference room of the Unit Administration Building this morning from nine o'clock.

Chief Nurse Vickers with two nurse's aides appeared before the body and appealed that young girls in the blocks should be persuaded to take up nurse's training course, which would begin this September. She said that many girls who have been trained in the Poston hospital have relocated or are relocating. She expected a shortage of nurses soon. It was impossible to obtain graduate nurses from the outside, and it has been a practice of the WRA to depend heavily on these nurse's aides in order to take care of the absence of graduate nurses, she said. She emphasized that the shortage would become very acute at the end of this summer. The Councilmen received the appeal indifferently. When Miss Vickers and her companions had left the room, the Councilmen were of an opinion that there ~~were~~<sup>was</sup> not much they could<sup>do</sup> about the situation. They thought that the Block Managers should be appealed to instead. One Councilman remarked, "Two girls enrolled in the course from my block last February. They were all right for the first week. They were attending lectures. But in the second week when they were asked to look at a patient with skin disease, they were horrified. They immediately came home and refused to return to the hospital. After that whenever their friends talk<sup>ed</sup> about taking up the nursing course, they discouraged them with the horror story."

AUGUST 12 -- (1)

(See May 3, page 5; May 3, page 10; August 8, page 9, the last paragraph)

One Seizo Tsuji, a resident of Block 30, was admitted in the hospital a few months after he came to Poston. He was diagnosed as an active case of tuberculosis. Lately he wanted to come home; his desire has increased greatly when Nakachi had succeeded in getting out of the hospital against the doctor's order. He asked Dr. Boardman and the evacuee doctors to let him go home, but he was told by them invariably to stay in the hospital a little while longer because he was getting much better and he would soon recover completely.

One day he was not satisfied with the usual evasive answers and asked Dr. Boardman to give him a definite answer as to when he would be able to go home. Dr. Boardman said without any make, "Oh, it will be about three months from now." Tsuji literally believed it and looked forward for the day.

Tsuji was in an atmosphere that was not conducive to make his longer stay there comfortable. The tuberculosis patients, more or less, believed that they were persecuted by the doctors; they had been brought into the hospital by trickery. They believed they were not actually sick; if they were affected with tuberculosis, they had been completely cured. They thought they were confined in the hospital unnecessarily. (Kawasaki and Tanaka believed that this belief was a result of the practice in <sup>the</sup> hospital that the doctors do not come around to look over the tuberculosis patients regularly. They are told to stay quietly and nothing is done beyond that.) There have been much agitation against the doctors. Accusations by these patients against the doctors, especially the Caucasian doctors, were often heard. One of the most

AUGUST 12 -- (2)c

common accusations was that the doctors were incompetent and did not know much about tuberculosis. They could not tell when the patients had recovered. Another accusation was that the doctors were not the specialists for tuberculosis; therefore, they had to send the X ray films to the specialist in Phoenix for diagnosis. The patients in the tubercular wards exchanged these opinions among themselves constantly. They soon believed that they were not sick at all. One of the more extreme patients stated, "This is my body. I know about my own body much more than anybody else. That includes the doctors."

There was an agitation among the patients to defy the doctors and to go home. (This is still going on, and about five more patients are contemplating to go home against the doctor's order.) Nakachi, the former chairman of the Labor Relations Board, was one of the two earliest ones who returned to his apartment. There was much discussion as to what should be done at the time among the administrative and council leaders, but nothing was done about it.

(A few Councilmen believed that a set of regulations was legislated in the Council meeting of May 3. But Okamoto believes that no resolution was passed, except to ask the Administration to obtain a consulting specialist for the tubercular patients. The minutes of the Council shows that no resolution was passed, although a great deal of discussion was carried on the subject. It is true, however, that no vote was taken on the matter in the meeting, but it is understood by many that a set of regulations was agreed upon and was to be enforced. This is not uncommon with the business conducted by the Council.)

When Nakachi had left, however, the doctors and the Hospital

AUGUST 12 -- (3)

Commission members got busy and talked to the patients in the tubercular wards to stay in the hospital "for their own good". Furthermore, the patients were aware of the discussions in the Council meeting of May 3. They, too, believed that the Council had passed a resolution prohibiting their return to the blocks without the official <sup>discharge</sup> paper. They thought that they would be brought back to the hospital forcibly under the "new ordinance". They did not desire to become an object of ridicule by returning to their blocks without official discharge and later brought ~~back~~ to the hospital. These factors helped to solve the problem for the time being and kept <sup>there</sup> those that had been planning to follow Nakachi's suit, although the agitation to get out of the hospital hook or crook did not abate in the ensuing months.

Tsuji's case, the present case where the patient returned to his apartment without authorization, is more complicated than Nakachi's. Nakachi's was an out-and-out defiance, but Tsuji has a discharge paper in his possession. The issue is much more complicated. Dr. Boardman, whose signature appears on the paper, says that he did not sign it, and his <sup>in</sup>struction to him was to stay in the hospital. But the paper is signed by someone who wrote the name of Dr. Boardman with the initial of the ~~w~~riter after it.

The paramount question is how did he get the paper. There are many versions to the question and it is difficult to say which one is authentic. Dr. Boardman contends he has not signed any such paper. On the other hand, there are evacuees (including Dr. Murase and Dr. Suzuki) who contend that the Caucasian doctor signed the paper and is now denying it. There are other stories on the middle ground, one of which seems more plausible. It runs as follows:

As stated previously, Tsuji was told by Dr. Boardman in the

AUGUST 12 -- (4)

beginning of May that he would be well within three months. ( I believe Dr. Boardman gave an empty promise to comfort the patient.) He actually believed it and counted the days. About two weeks ago, Tsuji was told to make his own bed in the morning by DR. Boardman. This act was immediately interpreted by others to mean that he would be allowed to go home within a week or so. The others congratulated him and he was overjoyed with the prospect. A week passed, but there was no glad tidings as expected. He went to the office of Dr. Boardman and demanded that he be allowed to go home. The doctor told him that he was not well; his X ray pictures showed that his condition was not good. Tsuji was greatly dissatisfied. He said he did not believe his story; the doctor was trying to keep him in the hospital although he was well. He knew he <sup>was</sup> ~~is~~ well; therefore he <sup>was</sup> ~~is~~ going home, he said. The doctor said he could not give him an official discharge paper.

Tsuji was not daunted by the Doctor's refusal. He went to the receptionist (an evacuee girl) and told her ~~that~~ Dr. Boardman had told him to go home and wanted a discharge paper. The receptionist without questioning his honesty issued the paper he wanted affixing Dr. Boardman's name on it.

Thus Tsuji returned to his apartment in Block 30. <sup>on August 7</sup> (He is married but no children.) He went to Manager Murakami and presented his discharge paper, but unwittingly he showed a hospital appointment slip (or X ray appointment notice. This is not certain.) on which there was a notation <sup>indicating</sup> that he was an active, far advanced tuberculosis case. Murakami was troubled and consulted the Board of Advisors. (The Block Council. City Manager Okamoto is a member.)

The Board was at a loss as to what should be done about it. The members realized that this matter could not be left unattended.

AUGUST 12 -- (5)

They knew the residents would not tolerate the presence of the tubercular patient for long. The people would soon find out the fact, but the difficulty was that Tsuji maintained that he was well. They decided to ask the hospital to transmit an official statement explaining Tsuji's health condition. Meanwhile, Okamoto reported to the Board that Poston did not have any health ordinance to confine the patients of communicable diseases in the hospital. The Project Director has the right to do so, but he doubted whether Mills would exercise his authority in this case. The best solution was to formulate an ordinance to cope with the situation of this sort, although it might <sup>not</sup> be legislated quick enough to meet the present crisis.

With this background Okamoto appeared before the Block Managers on August 8 and appealed for their cooperation. And in this atmosphere the four Managers were selected by Supervisor Nishimoto to serve on the joint committee of the Managers and the Council to work out a solution. (Cf. August 8, page 9).

On August 9 Manager Murakami interviewed Dr. Boardman in the presence of the Supervisor. The doctor reiterated that he had not signed any discharge paper. He emphasized that he had advised him against going home. But, he said, the hospital had no power to keep the patient in the institution forcibly. If he did not obey the order he had no recourse to cope with it. The Manager asked the doctor to explain if Tsuji had recovered from tuberculosis. Dr. Boardman answered in the negative emphatically and to prove his contention he showed the X ray pictures of Tsuji. He also agreed to prepare a memorandum in which he would state Tsuji's health condition.

The memorandum which was promised by Dr. Boardman is reproduced as follows:

AUGUST 12 -- (6)

August 10, 1944

Memo To: Mr. James U. Murakami  
Manager Block 30

SUBJECT: Discharge of Seizo Tsuji from Poston General Hospital

Mr. Tsuji has presented to his block manager a notice of discharge signed by me on August 7, 1944. I understand that this was represented as being an official authorization of medical discharge from the hospital. This it is not.

I have been requested to make an official statement on this patient's health and submit the following:

Discharge diagnosis: Tuberculosis, pulmonary,  
far advanced, active, bilateral  
question of regression

Semi-invalid or bed care at home was advised for him. He was requested to return in one month for X-ray and Chest Clinic visit. The Public Health Dept. will check home conditions.

Shortly before his departure, the patient was advised by me against leaving the hospital before complete arrangements for home care within the requirements of public health precautions could be met and approved by the Health Section. He preferred not to wait for this step to be taken and, therefore, left the hospital without medical discharge.

It is recommended that the features of adequate quarantine at home of patients with active tuberculosis be thoroughly considered at this time, generally as well as in this case, and the necessary measures effected if possible. In the event that this is impossible and the patient therefore considered a public health hazard, an enforced quarantine either in the hospital or, preferably, in another locale should be worked out.

Donnell W. Boardman, M.D.  
Senior Medical Officer

cc: Mr. Duncal Mills  
Masakazu Murase, M.D.  
Unit I Admin.  
Superv'r Blk. Mgr.  
Unit I

Approved:

A. Pressman, M.D.  
Principal Medical Officer

AUGUST 12 -- (7)

On August 12 the joint committee to draft the ordinance met in the conference room of the Unit Administration Building. The members worked out a first draft, which will be presented to the Block Managers on Tuesday, to the Local Council on Wednesday, and to the Community Council on Thursday. It is the intention of the committee to have the ordinance enacted by the end of the coming week.

Block Manager Meeting

August 15-

Heard  
Sum

What  
regard

Dr. Suzuki of the hospital appealed to the Managers to do their part in recruiting prospects for the new class of nurse's aides. (Chief Nurse Vickers in charge of the training told a group of ~~the~~ workers in the Family Welfare Section on August 11 that one of the difficulties with their proteges was that they could not speak Japanese well enough and failed to understand the older people. From her observation it might be said that the nurse aides in the past came from ~~the~~ <sup>a</sup> special segment of the population here. It might explain why the hospital is having ~~=~~ <sup>the</sup> difficulty in recruiting the members for the new class.) Suzuki stated that the full force of nurse's aides should number seventy-five girls, but at present there are only thirty-four girls, of which seventeen are from Unit I. He said that the hospital work is not popular with the girls in Unit I; they prefer to work in the offices in the Administration.

"I know the argument," Dr. Suzuki said dryly. "You would say that you are guaranteed of medical care and the WRA should furnish the nurses. But we can't get any more than what we have now. There is governmental restrictions by which they say how many nurses may go to where. We have the maximum number and we cannot get any more nurses from the outside. We must depend on our own helps"

August 15

Block  
Managers  
Meeting

Murakami of Block 30 representing the committee for the problem of tuberculosis patients made its report to the Managers. He stated that the committee met on August 12 and worked out a draft of regulations, which had been submitted by the Community Council as a basis for its deliberation. (Cf: August 12, page 1) The memorandum to the Project Director from the Community Council of August 10 was studied extensively by the committee members. It reads as follows:

August 10, 1944

Memo To: Mr. Duncan Mills  
Project Director

From : I. Kubota, Chairman  
Poston Community Council

Subject: Communicable Disease

Health  
+  
Sanit

It has been brought to our attention that many patients now in the Communicable Disease Wards of the Poston General Hospital are demanding early discharges and be returned to their original block residences.

While we sympathize with these patients, we must consider the health and safety of all the residents of this center. As you know, there are no facilities within the blocks for adequate quarantine and for maintenance of sanitary regulations. If these patients are indiscriminately released and permitted to return to us, there is danger of wide-spread contagion. After due consideration, your Community Council desires to make the following recommendation:

AUGUST 15 -- (5)

1. In order to properly control these communicable diseases, the patient, before he shall be discharged, shall have the recommendation of the attending physician, concurred in by an evacuee physician, and approved by the Chief Medical Officer. Until the approval of these three physicians is obtained, such patient must be kept in quarantine at the hospital.
2. Any person who is known to be infected with any communicable disease shall be immediately hospitalized and kept in quarantine.
3. When ready for discharge from the hospital, the Principal Medical Officer shall cause to be delivered to the block manager of the patient's block, a certificate stating that said patient is cured and that there is no danger of spreading contagion by reason of his return to the block.

We request that the Project Director issue appropriate regulations governing the foregoing matter.

/s/

Itaru Kubota  
Chairman

Before the conclusion of Murakami's report, Nishimoto narrated his interview with Nakachi, the former Chairman of the Labor Relations Board. "Mr. Nakachi of Block 19 came to see me yesterday with his problem. As you probably know, he is the first tuberculosis patient who went home without authorization from the hospital. He is claiming that he has recovered completely, and the hospital is maintaining otherwise. This is his story. Mr. Sasaki, the Councilman of Block 19, came to see him the day before yesterday. He said to Nakachi, 'As a friend I came to see you to give a warning in advance. There is an attempt being made to send you back to the hospital. The Executive Committee of the Block Managers is holding sessions to formulate regulations by which they will send all tuberculosis patients in the blocks now

AUGUST 15 -- (6)

back to the hospital. I have opposed to their plan and <sup>have</sup> tried to stop it. But I am only one against many, and my attempt has been futile. Please be sure of the fact that I have nothing against you. The residents of this block have willingly accepted you among us and they are not complaining. ~~It is~~ Other blocks ~~that~~ are complaining against you."

" Mr. Nakachi believed it was unfair to make any rule retro-active. He argued that it was unfair to dig up an old dead issue ~~and to revive it.~~ <sup>and to revive it.</sup> ~~alive.~~ He wanted to know why he must return to the hospital when his block is not raising the issue."

"I explained to him that the joint committee of Councilmen and Block Managers is studying the problem and the Executive Committee of the Managers had nothing to do with it. In fact, I told him, the draft the members used as <sup>a</sup> basis for their deliberation was the paper which had been presented to the Project Director ~~as their recommendation~~ by the Community Council <sup>as its recommendation</sup> before the committee ever met. I told Nakachi that this was clearly an attempt of Sasaki to white-wash himself. Sasaki is a member of the Health Committee of the Council, and a member of the <sup>Community</sup> Council which sent the memorandum to the Project Director. He is also a member of this committee which is studying the problem. Therefore, he knew the situation from the beginning. It is a dirtiest piece of work I ever heard if what Nakachi told me is true. "

"I explained to Nakachi that the problem had not been settled. We do not know what we should do. There are two main <sup>C</sup> schools of <sup>A</sup> thought. One <sup>school</sup> contends that a set of regulations enforceable throughout camp should be made to apply to all the blocks. The other school maintains that this should be settled by the blocks. The rule should be enforced in the cases where the blocks concerned re-

AUGUST 15 9- (7)

requested to apply the rule within their respective blocks. Nakachi agreed that the patients had no recourse when the block residents had objected to their presence in the blocks; and he believed that the patients in such cases should be returned to the hospital, even forcibly. Nevertheless, he thought, neither the Council nor the Block Managers should intervene into the blocks where the tubercular patients are accepted without protest."

"There should be discussions this morning to decide which school of thought we should adopt," Supervisor Nishimoto continued. "I for one do not see any wisdom of enforcing this rule in the block such as Block 19, where there is no complaint against his presence, at least visibly on the surface. On the contrary, in that block, I understand, some residents have been expressing to Mr. Nakachi how glad they are for having him back in the block. They have stated that they have nothing against Nakachi. I don't know how they feel in their hearts. Very likely they abhor his presence in the blocks; they probably are talking ~~against him~~ <sup>behind</sup> his back. But that's hypocrisy. I don't want to assist any hypocrites."

The discussions by the Managers were lively and heated. Tanaka of Block 19 opened with his opinion for "block right". He stated that his block was willing to have Nakachi in his block and did not see the necessity of applying the rule when ~~the~~ <sup>his</sup> block was not desiring its enforcement.

Howard Kakudo of Block 22 countered with an impassioned <sup>o</sup> speech. (He was an artist for Walt Disney before evacuation.) He said the Japanese were here because of the war. They could not help it if they ~~had been~~ <sup>were</sup> killed by some Americans. They were fortunate that they ~~were~~ <sup>are</sup> living even to now. That is the reason that the health regulations among themselves should be enforced. There was no question

AUGUST 15 -- (8)

that the Managers should protect the residents from ~~the~~ exposure to the communicable diseases. Those block residents who are shielding the tuberculosis patients in their blocks against their true wishes are cowards, he maintained. He argued that they should get enough "guts" to speak up for their own welfare.

Katsunuma of Block 35 questioned how the doctors could tell whether a patient is afflicted with tuberculosis. Especially these doctors here are not the specialists for the disease, and ~~could~~ <sup>can</sup> not be regarded <sup>as</sup> competent to pass the final judgements whether the patient be confined in the hospital compulsorily. He wanted to call a specialist from Phoenix to ease the doubts of these patients, who have no confidence in their doctors here.

Shigemura of Block 39 did not like the remark by Katsunuma. He maintained that the Boston doctors are the only available medical specialists. The doctors' judgements, whether right or wrong, should be respected. These patients should be compelled to stay in the hospital when the doctors told them to do so, he argued. He doubted whether these tubercular patients would trust the judgements of the specialist from Phoenix when he had been called here for consultation. "The patients do not want to believe that they are sick," stated Shigemura. "They want to be told that they are well. Hence, any judgement contrary to their wishes would not be believed by them."

Sakon of Block 59, too, took an exception to the statement of Katsunuma. He maintained that the disease was easy to detect for anyone including laymen. He failed to see the necessity of calling the specialist. He went on to set forth an extreme stand that anyone with suspicion of the disease should be confined in the hospital for the sake of public health.

AUGUST 15 -- (8)

A new committee of ten Block Managers was created to study the problem further, especially focusing their attention upon the problem of how to dispose the patients now living in the various block without authorized discharge from the hospital. The four Managers who served on the joint committee were renamed and the Managers in whose blocks these particular patients are now residing were included. The members are as follows:

Murakami of Block 30, Shigemi of Block 17, Sakon of Block 59, Matsumoto of Block 44, Tanaka of Block 19, Akutagawa of Block 4, Fujimoto of Block 3, Miss Horino of Block 46, Katsunuma of Block 35, and Sasuga of Block 2.

The meeting <sup>was</sup> adjourned at 11:00 A.M.

Local Council Meeting August 15 The question of what to do with the tuberculosis patients who returned or would return without official discharge was brought out. Okamoto read the recommendations from the Community Council. (Cf: August 15, page 4) The Councilmen were in accord with the rules set forth in the memorandum and there was little

Health  
Unit 2

AUGUST 16 -- (3)

discussion. (This was a remarkable <sup>contrast</sup> ~~comparison~~. The Managers yesterday argued seriously on the matter, but the Councilmen seemed to be less interested in the business. It indicated that the Managers were much closer to the ~~the~~ residents and the <sup>in</sup> problems of ~~the residents~~.) The discussion digressed with a report that there was a woman patient who had returned to Block 4 without doctor's authorization. It was said that the Poston Women's Club acted as a go-between and prevailed on Doctor Boardman to release her from the hospital. The report stated that the leaders of the Women's Club "guaranteed" that she would be all right in the block. Nagai questioned what the Club had guaranteed. One Councilman jokingly remarked that the Club must have guaranteed that <sup>her</sup> ~~the~~ tuberculosis ~~condition~~ <sup>bacteriae</sup> would not be contagious to the Block 4 residents. Nagai condemned the leaders of the Club, and wanted to publicly criticize them by a resolution of the Local Council. Nagai, however, failed to receive enough support for such a resolution.

The drawn out meeting was adjourned at 11:30 A.M. It is remarkable how the Council could digress on extraneous matters so long. There was not much business completed in the meeting when <sup>its</sup> summary is made.

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AUGUST 21 -- (d)

February 18, 1943.

MEMO TO: W. Wade Head

According to figures that I obtained from Miss Findley, there are 130 cases of tuberculosis in Unit I alone. These cases, I understand, range from the mild to those requiring hospitalization.

At present, there are 35 people in the hospital with this disease. The other 95 persons are being taken care of at home. Picture the danger: -- 95 people running loose in this community who carry the dreaded germ of tuberculosis! These tuberculars eat in the block mess halls; they use the same lavatory--they are not segregated. In other words, these people contaminate the food utensils, such as dishes, knives and forks. These utensils are soaked rather haphazardly in hot water and are later used by the healthy ones. With the present inadequate supply of soap, I wonder just how well those dishes are sterilized.

Besides these 130 people who have been definitely established as tuberculars, there are a number of school children in the community who have been proven to be infected by tests conducted by the local medical staff. If no steps are taken to correct these conditions it will only be a matter of time before the whole community is infected with tuberculosis.

I have spoken to many people about this impending disaster and several facts have been uncovered: there is a definite shortage of space in the hospital to provide care for these people. In addition, there is no personnel to look after the large number of tuberculars.

Informed people have assured me that segregation will help. Since there are two blocks of empty barracks in Camp 2, would it be practical to establish a tuberculosis camp there?

Definite steps toward controlling this menace must immediately be taken. I would appreciate your attention to this matter because I believe it is urgent.

/s/ Franklyn S. Sugiyama  
Franklyn S. Sugiyama, Chairman-  
Temporary Community Council, Unit I

AUGUST 28 -- (a)

March 18, 1943.

MEMORANDUM TO: Dr. Pressman

FROM: Franklyn S. Sugiyama, Chairman, TCC, I

Dr. Pressman recently appeared before a Senate Sub-committee hearing conducted by George Malone, Consultant to Senator A.B. Chandler. At that time, Dr. Pressman told Mr. Malone of the presence of 67 active cases of tuberculosis. Dr. Pressman said that 35 were hospitalized; thus, it means that 32 cases are running at large in our community.

*Handled + Sanitation*

We understand that Miss Findley has been toying around with the idea of a rest-home for the patients in the unoccupied blocks in Unit II. So far, upon inspection of the unoccupied blocks in Unit II there are no evidences of construction.

*Subcommittee*

We believe that rest-home is urgent to relieve the present hospital congestion. In order to accept the 32 known cases of tuberculosis in the hospital it will be necessary to remove a few of the chronic cases to the rest-home, in Unit II. We believe that with the cooperation of all three Units this rest-home can be a reality. The Council has authorized that you kindly speed up materials that will build the rest-home.

If this rest-home cannot be made would it be possible for the WRA to send these tuberculars to some outside sanitarium?

The Public Health Committee of the Council believes that Unit II will be able to furnish the nursing personnel for this home.

I would appreciate any suggestions that you may wish to make.

/s/ Franklyn S. Sugiyama  
Franklyn S. Sugiyama, Chairman  
Temporary Community Council, I

MM

cc to: T. H. Haas  
Executive Board

AUGUST 28 -- (b)

March 18, 1943

MEMORANDUM TO: Ralph Galvin, Acting Project Director

FROM: Franklyn S. Sugiyama, Chairman of TCC, I

SUBJECT: Recommendations of the Council of Unit I

The Temporary Community Council of Unit I at its meeting last night, March 17, 1943, at Mess Hall #21, passed the following recommendations;

- Handled  
Sugiyama*
- I. That a manpower board be formed immediately under the general plan of six (6) representatives each from the evacuee and the Project administration.
  - II. Franklyn Sugiyama, and Dr. Mizushima, were given the authority to represent the Temporary Council of I and the Issei Advisory Board, respectively.
  - II. That the Executive Board in a "gentlemen's agreement" be given full authority to settle all block troubles until the new Constitution takes effect.
  - III. That each councilman canvass his block for at least one nurses' aide candidate for the hospital which is in dire need of such help--that Units II and III follow suit along that line.
  - IV. In Dr. Pressman's report to Mr. Malone, Consultant to Senator A.B. Chandler, concerning tuberculars he reported that there are 67 active cases, with 35 being cared for in the hospital. In order to make room for the other 32 cases which are running at large the Council recommends that a rest-home for patients in the unoccupied blocks in Unit II be pushed as rapidly as possible.
  - V. (a) That prevailing minimum wages be paid all Project workers;  
(b) That the Project Director be empowered by the WRA to contract various jobs out to groups (In explanation: for instance, it costs WRA \$800 to operate a kitchen with a 40-man crew. Then, under the contract idea a 30-man crew might run the mess hall for the same amount of money, thus freeing 10 men for other duties);  
(c) That the WRA give the Project Director authority to interpret its rules and regulations more broadly (In explanation: it was pointed out that the Project Director is too closely bound by the WRA regulations. For instance, there is considerable fancy embroidery and quantities of charcoal ready for the market but they cannot be sold to the outside people, only to other Projects. However, if the Project Director had been given the authority to interpret rules in a broader sense these commodities will have

AUGUST 28 -- (c)

(continued)

been disposed of long ago.

Your immediate attention and actions on these recommendations will be very much appreciated.

TEMPORARY COMMUNITY COUNCIL, I

/s/Franklyn S. Sugiyama, Chairman  
Franklyn S. Sugiyama, Chairman

cc to: John G. Evans  
T. H. Haas  
Executive Board  
Council, II and III

AUGUST 31 -- (6)

*Herold's Santa*  
A rabid dog was found in Unit I. The Project Director immediately ordered ~~ed~~ all dogs tied up by their owners. A general immunization of the dogs would be undertaken beginning about September 12.

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*Herold's Santa*  
September 4

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Among those twenty-five Nisei who left here for Fort Douglas last week, six were returned for physical unfitness.

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September 5 Nishimoto reported that the Supervisor's office took an initiative <sup>in</sup> to stamp <sup>ing</sup> out rabbies. (Cf: August 31, page 6) Having realized that no division on the project was efficient enough to cope with this emergency, the Supervisor, after consulting with Mills and Burge, worked out an entirely new system here. Publicity campaign was worked out through the Boston Chronicle, the Department of Education, and <sup>the</sup> Managers were requested to pass on information. Dog catchers were hired to pick up strays and exterminate them. Dog pound was built anew. The licensing system was to be enforced. There had been no system at all, and everything had to be worked out. Because each phase of this action came under a different <sup>vi</sup> division, there was a great deal of negotiation ~~was~~ necessary between the divisions. Nishimoto confessed that interdepartmental coordination was his most difficult task. For instance, he said, in order to schedule a general inoculation of dogs, he had to work through five separate divisions. In order to get scraps to feed the impounded ~~dog~~ dogs, he had to go through two different divisions.

Isabelle  
Sanitation

September 8

#####

Tsuji, the tuberculosis patient who had returned to his apartment without proper hospital permit, has decided to return to the hospital voluntarily. (Cf: August 22, page 2, the last paragraph; etc.) Manager Murakami has persuaded him persistently to make him realize that he has not been condoned by the block residents. Tsuji himself experienced an unfriendly atmosphere.

Isabelle  
Sanitation

SEPTEMBER 8 -- (6)

toward him and has become uncomfortable to remain in the block. He requested Manager Murakami yesterday to negotiate with Dr. Boardman for readmission in the hospital.

Thus, the central figure in the recent controversy has decided to settle the matter on his own volition. The regulations which have been discussed at length have not been enacted to this day, because the Council was reluctant to move beyond the discussion stage due to the pressure from various sources, specially from the tuberculosis patients in the hospital.

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SEPTEMBER 12 -- (1)

A regular weekly meeting of the Block Managers was held in the conference room of the Unit Administration Building from 9:30 o'clock this morning.

A new Manager, Kobayashi of Block 4, was introduced. He succeeded Taro Akutagawa, the present Supply Supervisor, who was forced to relinquish the managership because of the work load as Supply Supervisor.

Supervisor Nishimoto announced that a general inoculation of dogs would take place in the school auditorium at 1 P.M., September 13. The Managers were asked to advise the parents to let <sup>their</sup> children bring their dogs, since the school authorities wished to give a lecture on the Pasteur treatment. Nishimoto reported that he had some difficulty with the Administration, which desired to charge a nominal service fee to each one for the inoculation. After arguing with the Project Director, he succeeded in convincing him that no charge should be charged.

Health Survey

SEPTEMBER 27 -- (1)

On September 22, John Provinse ordered Dr. Pressman to report to The WRA Washington office to succeed temporarily Dr. Thompson, who had been called to active duty. Dr. Sleeth had been acting as the Chief Medical Officer, but he was called back to Tule Lake. Although Dr. Pressman is scheduled to return here in October, Burge doubts whether the doctor will be able to leave Washington at that time.

Health

October 14

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October 12, 1944

Memo To: Central Block Managers  
Units I, II, and III

From : Itaru Kubota, Chairman  
Poston Community Council

*Handled*

The Public Health Committee of the Community Council has drawn up the following tentative plan for soliciting and distributing trust fund to the hospital staff. An estimated sum of \$4800 was agreed upon, and \$4000 of this amount will be divided among the physicians, dentists, technicians and remaining employees, with \$800 being retained for general expenses.

Following is the suggested distribution:

- 12 Physicians, dentists & optometrists - \$1800 annually  
\$900 this year
- 14 Technicians (X-ray, pharmacists) - \$700 annually  
\$350 this year.
- 200 Other employees - \$1500 annually  
\$750 this year.

This means of appreciation will be presented to the medical personnel in June and December of each year. The drive for this year's allotment of \$2000, covering the last six months, will begin in the very near future. From January, 1945, monthly contributions may be asked of the residents as this method is felt to be the most feasible.

Please consult the above arrangement with your unit residents for any suggestions and changes to be made. Comments are particularly requested on the amount of distribution to the three groups; whether or not the ratio among the classifications is fair. Further information may be obtained by contacting your unit Local Council Chairman.

We will greatly appreciate your views on the above matter by the end of next week so definite plans may be formulated.

/s/ Itaru Kubota  
Itaru Kubota, Chairman  
Community Council

October 17

Belk Mgr  
Meeting

Health &  
Sanitation

Then, Supervisor Nishimoto read the memorandum from the Community Council on hospital fund. (Cf: October 14, page 3) Lengthy discussion took place as to how the fund be raised. In the end, it was decided that a definite amount should be assigned to each block, according to the population. The block was to be allowed to <sup>use</sup> whatever method it saw fit.

OCTOBER 17 -- (2)

Although Okamoto requested the Managers to discuss ~~on~~ the amounts to be distributed to the various categories of the hospital employees, they refused to make any definite stand by claiming that they did not know enough about the conditions there. (Last year, the hospital workers complained and protested over the rates to the different workers. For instance, the dentists received \$75 each, while M. D.'s received \$150 each. The formers protested that they were slighted. They argued that in the Army no differentiation is made between M.D.'s and dentists. In another instance, the pharmacists demanded that they should have received the same amount as the optometrists. There was no end to this sort of protests. The Managers believed wise to avoid making any commitment on this subject.)

The Block Managers, however, made a condition before they would participate in raising this fund. That is, they requested that a representative be chosen from the Block Managers' body on the committee to be formed to handle the trust fund. (They were inferentially condemning the old Hospital Committee, which included Kawasaki. Many rumors and accusations regarding misuses and misappropriations of the old hospital fund have been recorded previously.)

The meeting was adjourned at 11:30 A. M.

October 24

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*Match*  
Agnes Bartlett, the M. D. who was in Japan for many years and speaks Japanese well, was detailed to Gila for three weeks to relieve an acute shortage of medical doctors there.