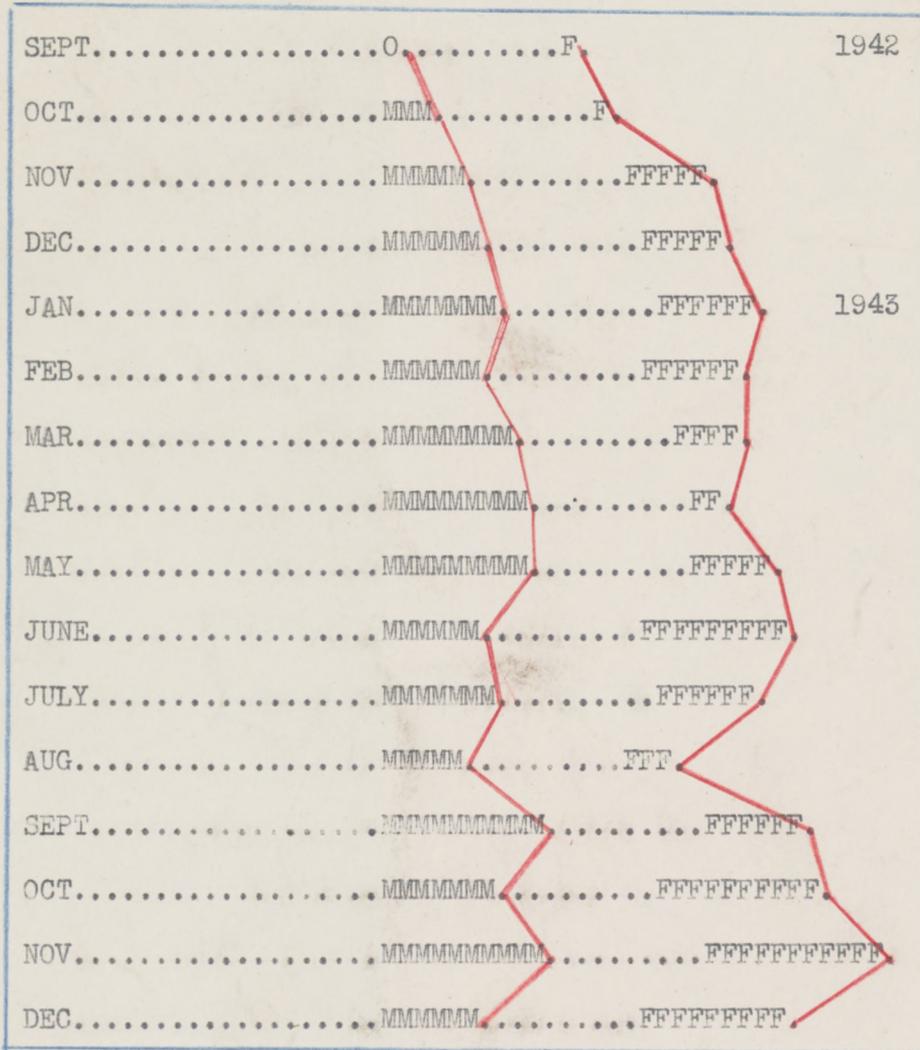


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B

RECORD OF LIVE BIRTHS
AS TO MONTH AND SEX - FROM SEPTEMBER 1942



Number of live births as compared with the number of deaths in infants under one year since September, 1942.

#####

4

195 live births
4 deaths (one still born)

(SCALE: One figure represents 4).

HEALTH AND PHYSICAL EDUCATION

FIRST AID OFFICE
(SCHOOL)

First Aid-----584
Treatments----- 83
Readmission to school-----I246
Referrals:
 Hospital (clinic)-----I54
 For eye exam.-----I5
 To hospital dental clinic-----46
 To home-----I87
 Vision corrections perscribed----- II
No.children examined at school Dental clinic-676.

Note:

The school Health Center, which is a combination of the dental clinic and the First Aid office is located in block 8H, and serves all schools.

The dental service,at present,consists of inspection, and a few minor teatments.

The First Aid station is operated by Edith Chikuda, who is a graduate of the Red Cross First Aid course.

The Public Health nurse gives direction to both these services.

PUBLIC HEALTH NURSE REPORT

FROM APRIL THROUGH DECEMBER 1943

Attendance at Venereal Disease Clinics	1716
Number of new cases admitted	14
Number of Bismuth treatments	796
Number of Mapharsan treatments	564
Number of Neosarsenamine treatments	255
Number of Kahn treatments	92
Number of Spinal Fluids	2
Attendance at Chest Clinics	127
Number of new cases admitted	48
Number of patients X-rayed	72
Number of patients fluoroscoped	9
Number of contacts examined	50
Number of suspects examined	7
Number of Tuberculin tests .. Positive	13
Number of cases admitted to hospital	3
Attendance at Prenatal Clinics	714
Number of new cases admitted	104
Number of cases examined by the doctor	443
Number of Prenatal Clinics	40
Number of Urinalysis	559
Postpartum Clinics	35
Number of cases examined	85
Attendance at Immunization Clinics	341
Number of Immunization Clinics	14
Attendance at Well Baby Clinics	201
Number of Well Baby Clinics	25
Attendance at Child Health Conferences	564
Infants admitted to Nursing Service	171
Infants visits to Nursing Conferences	272
Preschools admitted to Nursing Service	181
Preschools visits to Nursing Conferences	292
Number of Child Health Conferences	22

NURSING CALLS

Communicable Disease cases admitted to service.....	150
Nursing Calls to Cases:	
Chicken Pox.....	23
Impetigo.....	4
German Measles.....	161
Measles.....	52
Mumps.....	5
Meningococcus Meningitis...contacts and/or suspects.....	17
Poliomyelitis...cases.....	4
Poliomyelitis...contacts.....	34
Scarlet Fever.....	2
Schick Tests for Diphtheria...5 Positive.....	90
Whooping cough.....	1
Venereal Disease cases admitted to service.....	93
Field Nursing Visits to Venereal Disease cases.....	113
Tuberculosis Cases admitted to service.....	13
Number of contacts and/or suspects.....	13
Number of Field Nursing Visits made.....	6
Maternity Cases admitted to Antepartum Nursing Service.....	124
Number of Field Nursing Visits made.....	219
Maternity Cases admitted to Postpartum Nursing Service.....	102
Number of Field Nursing Visits made.....	111
Infants admitted to Nursing Service.....	267
Number of Field Nursing Visits made.....	755
Preschools admitted to Nursing Service.....	213
Number of Field Nursing Visits made.....	467
Office Nursing Visits.....	19
School Individuals admitted to Nursing Service.....	237
Number of field visits made.....	47
Number of School Children inspected.....	190
Number of Office Nursing Visits.....	1
Conference with Principall.....	5
Conference with Teacher.....	17
Morbidity Service-admitted to Nursing Service.....	21
Morbidity Service admitted to medical service.....	1
Number of field visits made.....	10
Other Services.....	2
Tonsil and adenoid operations.....	15
Number inspected - vaccination scars.....	256
Crippled Children admitted to Nursing Service.....	19
Number of Field Nursing Visits made.....	22
Number of Nursing Visits (applying of packs).....	22
Number admitted to Medical Visits.....	1
Other Services.....	1
Number of conferences with cases.....	1
Number of cases admitted to hospitals.....	8
Food Handling Establishments - number of field visits.....	2
Number of Public Lectures and Talks.....	2
Number -- in attendance.....	42

NARRATIVE REPORT

1943

I

The Public Health Nurse arrived in the Center in March, 1943 but was assigned to hospital duties until April. The real organization of the department as well as the development of various programs was not completed until about May 1st when the first monthly report was made. This annual report therefore, is dated from the beginning of the program which has been in operation for the past ten months.

In presenting this report, the department wishes to acknowledge and express appreciation to all personnel who have co-operated in the organization and carrying on of the program. Without the splendid attitude and the active unity of purpose with which the nurse and her co-workers have met in all related departments, this program would be an impossibility.

Especially do we recognize the assistance which the block managers have so willingly given. The aid of this organization has been invaluable, not only through the wise consultation which representatives have given, but also in arranging for Child Health Conferences in the various districts, and caring for the needs of quarantined cases.

Then to all hospital personnel we are deeply indebted and very dependent not only for daily cooperation, but also for the good foundation which had been prepared for the beginning of a Public Health program.

To all administrative personnel we express appreciation for the splendid team work which has been in evidence at all times. This backing up of the program has done much to secure for the Center various services

from the related departments in the Colorado State Health Department particularly in the Division of Crippled Children.

To the Welfare Department which on the whole is closely related to the Public Health program particularly in the field program, we again acknowledge your friendly cooperation in all places where our efforts touch as well as in all problems which are definitely outlined but which have a correlated purpose to bring about in the home situation. From the problems which we have worked out together we can feel encouraged, and in those details still presenting a challenge to us all, we hope in the coming year to have some measure of solution.

Not only to these mentioned departments but to all individuals as well as groups which have been associated with the program in any way we acknowledge our indebtedness. To the school personnel, the Y.W.C.A., the Federated Women's Clubs, the ministers, the Boy Scouts, the Sanitation department, the Pioneer staff, the Mess Division, we express appreciation for the ways in which you have not only helped in our efforts but have allowed us to take part in your program.

We would not fail to recognize the splendid spirit with which the entire program has been accepted by the Center at large. This response has done a great deal to lend encouragement as well as to hold the interest of all the individuals and departments on which we have been dependent for continuance.

Again we recognize the valuable assistance of all Colorado State Health Department personnel as well as the outstanding aid given by the Division of Crippled Children. The splendid cooperation of the Prowers County Health nurse has been most helpful and her friendly assistance is very much appreciated.

Personally we present this report with some pride in accomplishment, but at the same time, we feel a challenge as we begin planning for the new year, not only for the needs to be met but also in that we have a record to be upheld, and a program to be enlarged and strengthened.

II

The problem of distribution of foods for babies and preschool children was among the first objectives to be worked out by the Public Health Nurse. Organization of this program was worked out with the Mess Division, and has continued to operate with health aids acting as attendants in each mess hall. Orders are filled through the mess division, but the Public Health Nurse has kept supervision of all attendants through weekly conferences and individual instruction. The general plan is working well.

Organization of Child Health Conferences was a primary effort of the nurse. The entire Center was divided into four districts. Nursing conferences were arranged to take place in centrally located recreation halls. The service consists of weighing and measuring babies and giving instructions to mothers as to routine care. Medical staff is not available for this part of the program, but whenever indicated, patients are referred to the Center Hospital Clinic for examination and treatment.

In the prenatal and postpartum clinic, the nurse has made contact and has followed through in the home situation. The attached graphic picture of the birth record of the Center since the hospital was opened in September, shows a gradual but decided increase in the birth rate. It is also pointed out that the death rate in comparison with the number of

live births has been very low. This record may well be considered with pride by the medical and hospital staff. There has been only one maternal death, that in a toxemia patient who was delivered shortly after the hospital was opened.

In April, plans for a Crippled Children's Clinic were carried out. Sixteen children who had been registered with the state division through a survey by the local Welfare Department were examined by Dr. Wilcox, orthopedic specialist, and Dr. Chapman of the Colorado State Division of Crippled Children. Miss Marie Wickert, Acting Director of the Division was present and conferred with parents of these children. Miss Domoto, case worker of the Public Welfare Department also assisted with the clinic. Plans were worked out by which four children whom it was felt would respond to treatment were sent to Denver for further examination and operative correction.

Communicable disease has not been a major problem. In fact, the incidence of childhood diseases has been very low as shown by the statistical report. Our most serious outbreak in this field has been four cases of poliomyelitis which occurred at the same time as the State-wide epidemic. Two of these cases are classed as having been left with serious paralysis. All four cases are under treatment which has been arranged for through the division of Crippled Children in Denver.

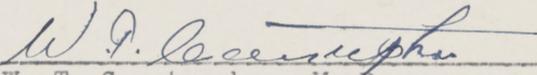
It was during this threatened epidemic that, for the first and only time, general activities were banned throughout the Center. The whole-hearted cooperation of the entire population had a great deal to do with the prevention of other cases.

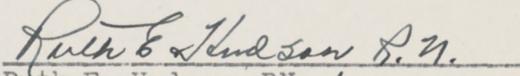
Prior to the above mentioned incident, the nurse had had three days

instruction in the Kenny treatment of poliomyelitis through observation and instruction given at the Children's Hospital in Denver. Therefore, when cases occurred in the Center the Public Health Nurse assisted in giving treatments as well as training other nurses and nurse aids. These treatments were continued until plans were carried out for transfer to hospitals where physical therapy is being given. Some progress has been reported in all cases.

Recently a plan has been worked out with Dr. T. Terami, Red Cross Home Nursing Chairman of the local chapter, by which the Public Health nurse is now teaching groups of senior high school girls in Home Nursing classes. The first class of eleven girls have completed the required work and has been granted Red Cross Home Nursing certificates. Mrs. More, Home Economics instructor, is assisting the nurse who has been given authorization from the Mid-Western Area of the American Red Cross.

From time to time throughout the year, the Public Health Nurse has assisted in giving class instruction for Nurse Aids, First Aid workers, and has given special instruction for teachers in the elementary school.


W. T. Carstarphen, M. D.
Chief Medical Officer


Ruth E. Hudson, RN
Public Health Nurse

Dr. Powell

REPORT ON PUBLIC HEALTH NURSING
May - June 15, 1943

TO: DR. PRESSMAN
DIRECTOR OF HEALTH & SANITATION

FROM: ELMA ROOD, SUPERVISOR
PUBLIC HEALTH NURSING

SUBJECT: REPORT OF PUBLIC HEALTH ACTIVITIES IN CAMP I
FROM MAY 1 - JUNE 15, 1943

(Reports from Camps II & III will be
forwarded as soon as completed.)

DATE: JUNE 17, 1943

Total number of P.H. Visitors: 5. One taken ill. Operated
on for appendicitis. Convalescing favorably.

Infant and Maternal Care.

Visited 10 babies born in April and made written report to
Dr. Wakatake on condition of baby and mother. All in good con-
dition.

Weekly advisory conferences by blocks for all young children
from infancy to age 3. All children weighed. Mothers advised
on special problems of hot weather. Total number under super-
vision--323.

Pre-school Supervision.

Organized by blocks, all children to enter nursery school
for first time, September 1943, and all entered in spring 1943,
to be examined by doctor this summer. Total number--250.
(Added names of children who were not examined because of ill-
ness or other cause, total number--42.) Total number to be
examined--292.

First aid Equipment.

Completed with aid of pharmacy, all first aid equipment sent
to central stations in Camp I to all schools, in the three camps.

Dr. H. H. [unclear]

Report of PHV, May - June 15, 1945
June 17, 1943

Mess halls, block managers' office, fire hall, warehouses provided for. Equipment to be checked in July and replenished where needed.

Salt Tablets.

Salt tablets are now available in all mess halls but much encouragement is evidently needed to get people to take them. Only one mess hall, Block 34, has had bottle refilled once. Notice will be sent to block managers to promote use of salt in hot weather.

Crippled Children.

A summary sheet has now been completed for every crippled child in Boston giving a chronological history of the condition, cause, types of treatment, and present condition. This is for convenience in referring a child for medical consultation or care and saves time when a request is made for a child's background history preparatory to treatment. Continual efforts are being made to get four children under care of plastic surgeon. Three children are now under supervision of Dr. Lytton-Smith, Orthopedic specialist in Phoenix, Arizona. One adult has had a change in braces previous to permanent leave.

School Children.

Transcribed all records of health examinations of Camp III children and forwarded individual reports to school superintendent for filing in child's individual report. Also made summary sheets by classrooms for use in Camp I especially for convenience of parents applying to permanent leave, who wish the school health records of their children before leaving Camp.

Conducted a conference with nursery school teachers of Camp I at request of supervisor. Subject: "What the teacher should know about the physical condition of her pupils."

Conducted two classes for girls at request of Biology teacher in Camp I. Subject: "The social diseases and means of prevention."

Check-up of Health of School Children--May - June 1943.

The question of the best way to check over health conditions among school children was discussed with the elementary supervisors. It was decided that all classrooms would come in with the teacher on a regular schedule, allowing 1½ hours for weighing,

Report of PHV, May - June 15, 1943
June 17, 1943

measuring, checking on health record, and conferring with teacher and parent and child. Invitations were sent to all parents. An interpreter was available at each conference.

The purposes of these conferences were considered to be:

1. To afford an opportunity to check on any changes that had occurred in children during the present school year, ~~and~~ as a result of knowledge gained in the health examinations conducted in December and January.
2. To define clearly what health problems are still ahead for a child to clear, especially where emphasis might be needed during the summer months.
3. To explain reasons to children and parents for special recommendations made regarding such practices as: more hours of sleep, less candy, more milk, and rest hour in afternoons.
4. To discuss with teachers and parents special measures being taken to help overcome certain defects or handicaps, such as:
 - Cod liver oil for chest deformities,
 - Yeast for lack of appetite,
 - Restricted exercise for heart cases,
 - Corrective measures for hernia,
 - Improvement in general health habits and correction of defects for loss in weight.
5. To check with teachers and parents on possible relationships that exist between defects of children and frequent absence from school, retardation, etc.

The attitude of parents throughout the conferences seemed most favorable. Responses to invitations for parents to come to a conference is practically 100 per cent in all grades through 3rd or 4th and very good in grades through 6th. These conferences take the place of many home visits, often unproductive because parents are away from home or at work. It brings about a great saving of time on the part of the limited staff. Also interest of parents is definitely increased where they make an effort themselves and have a responsible part for bringing about improvement in their child's health.

The attitude of teachers has been most cooperative. Large numbers of children have been discovered in the classrooms to need attention and have been reported by teachers for clinic or

Report of PHV, May - June 15, 1943
June 17, 1943

hospital care. Many of these children would otherwise perhaps not have had medical attention.

Every effort will be made to keep teachers informed of the physical status of their pupils and plans will be made for this at the beginning of the next school year.

Interest of children has definitely been affected in many instances. Encouraging self-weighing by all children above 2nd grade will definitely increase their interest in growth progress. This activity will be encouraged during the summer.

A copy of the date schedule is attached. Also a numerical summary of findings as of June 15, 1943. Achievements along health lines will be added to each child's record before opening of school in September 1943.

Meeting Attended.

May 20 - 22. Attended State Public Health meeting in Phoenix. Discussions centered largely on public health problems associated with war conditions and with ways and means of carrying on a complete program with a diminishing personnel.

Shopped for needed uniforms and shoes for Public Health Visitors.

Visited Crippled Childrens' Home.

1. To get report on baby now hospitalized for dislocated hip. Condition good.
2. To secure information on question of swimming by post polio case. Decision: to give permission to swim 45 minutes per day, but wear braces rest of time.
3. To secure information on possibility of getting surgical care for four patients requiring plastic work. Result: No plastic surgeon left in Arizona.

Visited tuberculosis patients from Poston, now in the Indian Sanatorium--took messages back to their people in Poston. Found some types of occupational work much needed to keep patients contented. Have written the Poston Red Cross to see if they might be interested in supplying materials and possibly some instruction in handcraft.

Forecast on Summer Activities

- I. Eleven children who have lost in weight who have no appetite but who otherwise have no serious defect have been put on yeast tablets and will have the supervision of the home on health habits. These children will be weighed each week and a record kept of weight progress.
- II. Examinations will be arranged for 292 children entering nursery school or missed in previous examinations.
- III. Continue educational work with mothers of babies and young children, securing a medical examination for them if the available medical staff permits.
- IV. Complete all individual health records of school children in preparation for opening of school in the fall.
- V. Visits to crippled children in order to know their condition and to further constructive care as rapidly as possible.
- VI. Encourage immunizations through the clinic until all young children are protected adequately.
- VII. Follow-up of children with speech defects, with special reference to those who may need attention to throats or tongues, in anticipation of possible speech training in the fall. Elementary teachers are at present compiling a list of children with varying degrees of speech impediments.
- VIII. Check-up of defects--visits to patients in homes on doctors' requests, follow-up of communicable diseases as needed, investigation of clinic records currently as a means of keeping individual records up to date.

Special Recommendation.

That an effort be made to obtain or borrow an audiometer in the fall for use in testing hearing and obtaining an accurate rating on hearing loss for all children in Boston. Conferences

Report of PHV, May - June 15, 1943
June 17, 1943

with children seem to indicate that many have some difficulty with hearing as might be expected in a group which has such a high incidence of large or diseased tonsils.

Is there an audiometer in the Indian Service? If so, would it be possible to secure it for a month?

(Continued)

HEALTH CHECK-UP SCHEDULE
Camp I

Poston I Nursery Schools, Kindergarten, and First through Sixth Grade.

Place: Ward 7, Public Health Department.

Dates: May 18 - June 9, 1945.

Cooperating: Children, teachers, parents, public health nurses, and public health visitors.

Date	Classroom	Time	Date	Classroom	Time
5/18	(2) Nursery Sch. (1) 6th grade	9-10:30 a.m. 1:30 p.m.	5/31	(2) 1st grades (1) 5th grade	9-10:30 a.m. 1:30 p.m.
5/19	(2) Nursery Sch. (1) 6th grade	9-10:30 a.m. 1:30 p.m.	6/1	(1) 1st grade (1) 2nd grade	9:00 a.m. 10:30 a.m.
5/24	(2) Nursery Sch. (1) 6th grade	9-10:30 a.m. 1:30 p.m.	6/2	(1) 5th grade (2) 2nd grades	1:30 p.m. 9-10:30 a.m.
5/25	(1) Nursery Sch. (1) Kindergarten (1) 6th grade	9:00 a.m. 10:30 a.m. 1:30 p.m.	6/3	(1) 5th grade (2) 2nd grades (1) 4th grade	1:30 p.m. 9-10:30 a.m. 1:30 p.m.
5/26	(2) Kindergarten (1) 6th grade	9-10:30 a.m. 1:30 p.m.	6/4	(2) 3rd grades (1) 4th grade	9-10:30 a.m. 1:30 p.m.
5/27	(2) Kindergarten (1) 5th grade	9-10:30 a.m. 1:30 p.m.	6/7	(2) 3rd grades (1) 4th grade	9-10:30 a.m. 1:30 p.m.
5/28	(1) Kindergarten (1) 1st grade (1) 5th grade	9:00 a.m. 10:30 a.m. 1:30 p.m.	6/8	(1) 3rd grade (1) 4th grade	9:00 a.m. 10:30 a.m.
			6/9	Absentees from all grades	9:00 a.m.

TOTAL ENROLLMENT - 1,214

TOTAL CHILDREN CHECKED - 1,147

(Continued)

STATISTICAL REPORT ON HEALTH WORK

Boston I Elementary Schools

- 1,214 - Total number children enrolled during school year, 1942-1943.
- 1,185 - Children examined by doctor in December 1942 and January 1943.
- 1,147 - Children checked by nurse, teacher, mother--May 1943 - June 1943.

Study of Weight Gains

- 1,113 - Children who had weight records for December 1942 and June 1943, and whose weights were compared over a 6 months' period.

703 - Children gained in weight
310 - Children lost in weight
100 - Children did not gain or lose
1,113

Study of Corrective Work

Summary of corrective work carried on by doctors, eye specialists, dentists, through clinic, hospital and public health department, and with cooperation of teachers and parents, resulting in clearing or improving of defects among elementary children.

- 6 - Children received treatment for scalp conditions.
- 29 - Children received treatment for various skin conditions.
- 16 - Children received attention to ears.
- 2 - Children received attention to hearing.
- 14 - Children received treatment for eye infections & disorders.
- 46 - Children had glasses fitted and are doing better school work.
- 3 - Received treatment for nose conditions.
- 4 - Children received treatment for mouth conditions.
- 190 - Children had all dental defects completely corrected.
- 109 - Children have had varying amounts of dental care.
- 5 - Children have had operations for removal of tonsils.
(This small number is due to postponement of operations because of presence of polio in the 3 camps.)

(Polio outbreak has now subsided and 200 children are scheduled for tonsillectomy.)

(Continued)
Statistical Report on Health Work

- 3 - Children have received care for lung conditions.
- 7 - Children are under constant supervision for heart defects.
- 6 - Children are under supervision of hernia--2 of these being recommended for surgery this summer.
- 3 - Children have had care for genito urinary disorders.
- 12 - Children have had care for defects of extremities.
- 11 - Children are receiving Cod Liver oil to help in checking deformities of chest.
- 10 - Children have had care for injuries such as fractures and burns.

Summary on Immunity Status - June 15, 1943.

- 984 - Children are now vaccinated for smallpox.
- 1,064 - Children are protected against typhoid.
- 712 - Children are protected against diphtheria.
- 75 - Children are protected against whooping cough.

Summary on Tuberculosis.

- 1 - Child diagnosed as T.B. in elementary school is non-infectious--attending school regularly--is under medical supervision.
- 21 - Children have had definite contacts with tuberculosis in the home. (Tuberculosis testing and x-raying are now going on, and these children will be checked particularly.)

Report on Polio.

- 2 - Children diagnosed as polio.
 - 1 - June 1942--Wearing braces. Under medical supervision. Condition favorable.
 - 1 - Feb. 1943--Discharged June 1943. Satisfactory.
- 11 - Children on yeast therapy and habit supervision because of lack of appetite and failure to gain.

Summary of Age Groups Under Health Supervision.

- 37 - Newborns visited February 1 to May 15. Report made to doctor in charge on condition of mother and baby.
- 323 - Children up to 3 years of age under regular health supervision with educational work with mothers.
- 1,214 - School children 3 years through 6th grade under supervision in cooperation with school personnel.
- 24 - Adults taken under supervision on doctor's request and under his direction.

(Continued)
Statistical Report on Health Work

Report on Communicable Diseases.

Occurring in children under 18 years of age between
January 1, 1943 and June 15, 1943.

<u>Number</u>	<u>Diseases</u>
12	Pneumonia
2	Polio-myelitis (Infantile Paralysis)
2	Mumps
1	Bronchitis
1	Measles (german)
13	Measles
9	Scarlet Fever
5	Trachoma
29	Chicken pox
9	Tuberculosis
2	Influenza

REPORT ON PUBLIC HEALTH NURSING
May - June 15, 1943

TO: DR. PRESSMAN
DIRECTOR OF HEALTH & SANITATION

FROM: R. MIURA, R.N.

SUBJECT: REPORT OF PUBLIC HEALTH ACTIVITIES IN CAMP II
FROM MAY 1 - JUNE 15, 1943

DATE: JULY 2, 1943

School Health Examination.

Total examined	610
Number of children who failed to be present	12
Children referred to clinic	4
Children referred to optometrist	118
Number fitted with glasses	68
Children referred to Dr. Sumida	22

Dental Examination.

Pre-school & school children	1,280
Filling cases	132
Extractions	4

Comments:

School children have been referred to the clinic from time to time by teachers and parents, but since those cases were included in our regular clinical files, it is not possible at this time to go through them to segregate the records of the school children from others.

Our follow-up on physical examinations has not been adequate due to lack of personnel to do such work. We have now just two public health visitors; two left camp recently. Since most of my time is now required at the clinic due to several of our employees leaving for outside work, I am not able to give my entire time to the public health visiting program.

I am of the opinion that at least one trained P.H.N. is necessary to carry on the work of Camp II alone.

514 H
K. H. J.

REPORT ON PUBLIC HEALTH NURSING
May - June 15, 1943

TO: DR. PRESSMAN
DIRECTOR OF HEALTH & SANITATION

FROM: DOROTHY MATSUMOTO

SUBJECT: REPORT OF PUBLIC HEALTH ACTIVITIES IN CAMP III
FROM MAY 1 - JUNE 15, 1943

DATE: JUNE 26, 1943

I. School follow-up Work.

a. Nursery school through 6th grade.

1. 269 children were weighed by teachers:
200 gained in weight
49 lost in weight
20 did not gain or lose

The teachers were not able to weigh all children.

2. Skin conditions treated	3
3. Ear Conditions	3
4. Hearing conditions followed up	3
5. Glasses fitted	1
6. Tonsils removed	2
7. Heart condition followed up	1
8. Liver condition followed up	1
9. Dental care	150
10. Polio cases	2
11. Underweights followed up	5
12. Immunizations as of November 1942,	
Small pox	354
Typhoid	358
Diphtheria	358
Whooping cough	36

b. From 7th through 12th grade.

1. Glasses fitted	47
2. High blood pressure followed up	103
3. Hearing conditions	17
4. Ears	1
5. Eyes	4
6. Heart	2
7. Refraction advised	5

6044
Hospital

(Continued)
Report of PHV, May - June 15, 1943
June 26, 1945

II. Aided in Health Inspection.

Aided in health inspection of all children from birth through the 5th year. (5 years of age.)

III. Tuberculin Tests Given to Children.

All of the above children who were given a health inspection were also given a tuberculin test.

- a. Positive reactors are being followed up by x-rays.
- b. Families of the positive reactors were given tuberculin tests and are to be sent to the clinic for further check-up.

IV. Surgery Observation for Public Health Visitors.

Public health visitors have observed in surgery to get an idea of sterile technique and also to keep up their interest in this line of work.

V. Classroom Discussion and Demonstration.

Classroom discussion and demonstration of a bed bath and the care of a communicable disease in a home were taken up.

VI. Immunizations File.

A tickler file has been started for immunizations. This includes all well babies and some above this age group.

* * * * *

We have spent a very busy and interesting month. The telephone in our office is a capital improvement. A bicycle was once mentioned. It would help to make necessary home calls.

Original: Dr. Pressman

cc: Dr. Snavely
Miss Jeffries
Miss Jean
Mrs. Olnstead
Medical & Nursing Staff (routing)
Dr. Cary
Dr. Powell ✓
File

DM

POSTON GENERAL HOSPITAL
Public Health Department
Poston, Arizona
September 25, 1943

TO: Dr. Fressman,
Director of Health & Sanitation

FROM: Elma Rood, Supervisor
Public Health Nursing

SUBJECT: REPORT OF PUBLIC HEALTH NURSING ACTIVITIES FOR TWO MONTHS' PERIOD
FROM JULY 15 TO SEPTEMBER 15, 1943

DATE: September 18, 1943

Segregation to Tule Lake.

Problems connected with segregation have had priority over all phases of the health program for the past 8 weeks. Investigative calls have been made on 149 families and many office conferences have been held with people who are scheduled to move to Tule Lake and who had special health problems. These problems have involved conditions which might be affected by travel; such as, pregnancy, care and feeding of babies and young children, chronic illnesses, operations, crippling, need of medical care and special equipment on the train, and deferment of the trip in some cases because of health conditions.

Reports to date show that approximately:-

- (1) 92 persons will require pullman space
- (2) 67 babies will need special foods
- (3) 15 persons need special diets on the train
- (4) 20 persons will require, more or less, medical or nursing supervision enroute
- (5) 10 persons were deferred because of special health problems.

Health records for all persons scheduled for Tule Lake have been gathered from departments of X-ray, O.P.D., Hospital, Dental, Optometry, and Public Health and made ready to accompany each train group.

Special attention has been given to reporting conditions which might become communicable; such as, trachoma, tuberculosis, venereal disease--as a help to Tule Lake doctors in bring such conditions under control early.

Lists have been made of foods required for babies of varying ages and for equipment needed by mothers on the train.

Critical needs of diabetics and heart cases will be met by necessary medications and hypodermics. Patients with gastric disorders will be provided diets to meet their needs. Cripples, convalescents and other handicapped patients will be under supervision of the train doctor.

It is expected that all persons traveling to Tule Lake will be able to make the journey without any unfavorable incidents.

Tuberculosis Survey.

In the tuberculosis survey now in progress, two children in the elementary school have been found to be infected--one a primary type of infection, healed and arrested, age 15; one a re-infection type arrested, age 11. Parents of both children and the children themselves have been interviewed in regard to the child's condition. Both children are now being weighed regularly, parents are giving special attention to diet with emphasis upon milk, and understand the precautions that should be taken to prevent re-infection during adolescence. Both families are very cooperative.

In preparation for the discussion of tuberculosis in the recent Teachers' Institute, four important reasons were given by the Japanese chest specialist for the unusually high incidence of tuberculosis among the Japanese people. These were:

1. Constriction of chest, due to sitting posture with a leaning forward position.
2. Recency of introduction of tuberculosis into Japan, making infections more severe.
3. Poor living, inadequate diet, and crowding.
4. General attitude of people being one of fear and concealment--which is unfavorable to early reporting and treatment.

In Camps I, II & III, 94 children have had contact over an extended period of time with an active case of tuberculosis. These children will be especially checked for gains in weight during the present school year and will have every assistance possible in keeping in good health. Educational work will be done with individual teachers so that their daily influence may be exerted with both children and their parents in favor of good health practices and preventive measures.

Poston Tuberculous Patients in Indian Sanatorium Phoenix, Arizona.

Magazines, games and other occupational materials are delivered to the Poston patients in the Phoenix Hospital whenever transportation is available.

All patients are getting along satisfactorily and seem contented and happy with the care they are receiving.

The Red Cross is constantly adding to the supply of reading material available to these patients. A storage space is provided in the Public Health Department for all such contributions.

Survey on Crippling.

At the request of the WRA and Children's Bureau, an investigation was made of all crippling conditions known to exist in Poston 1, 2 & 3.

Results of the study, which have been forwarded to Washington, show the following:

Survey on Crippling-

Results of the study, which have been forwarded to Washington, show the following:

- 2 - cases of crippling caused by birth injuries
- 10 - cases of crippling caused by congenital conditions (the majority being hip dislocations)
- 10 - cases of crippling caused by infections; such as, tuberculosis, osteomyelitis, others
- 17 - cases of crippling caused by infantile paralysis
- 16 - cases of crippling caused by various types of accidents and burns
- 19 - cases of crippling associated with varying degrees of deformity
- 5 - cases of crippling associated with loss of limb
- 7 - cases of crippling accompanied by apparent mental deficiency
- 15 - cases of crippling associated with chronic illness or old age disability
- 101 - Total cases of all kinds registered.

During the past year, 260 cases of various kinds and degrees of injuries have been treated in Camp 1, 2 & 3 clinics. Each case has now been checked for complete recovery and has been found free from any impairment of motion. These 260 cases consisted of:

- 28 - lacerations
- 24 - fractures
- 147 - sprains
- 61 - 2nd-degree burns

Summary Report on Cripplings.

Number who have had orthopedic care by specialist	2
Number having exercises at home under clinic supervision	12
Number who have had assistance in securing new appliances	4
New crutches - 1	
Braces - 2	
Artificial leg - 1	
Number pending action as recommended by doctor	11
(3 transfer to Tule Lake)	
Number for whom little constructive work can be done	72

Plans for Crippled Children's Clinic.

Preparations are now in progress to have examinations and consultation service for approximately 12 cases of crippling. This clinic will be conducted by Dr. Lytton-Smith, orthopedic specialist of Phoenix, and will be under the auspices of the Arizona Crippled Children's Service. This group of patients includes three convalescent polio patients, spring of 1943, who received the Kemy treatment. All the infantile paralysis patients are making good recoveries. Some have residual weaknesses that can be improved with exercises or with assistance of braces.

Poston Teachers' Institute.

A three-weeks' professional institute for Poston teachers was held during August 1943. At the request of the curriculum director, educational presentations were made by the supervisor of Public Health Nursing on the following subjects:

1. Communicable diseases in young children and methods of prevention.
2. Methods of controlling communicable diseases in Poston schools--
Demonstration of rapid infection for contagion.
To: Kindergarten and Nursery School Teachers (65 teachers).
3. Interpretations of health needs of children based upon school health examination records.
To: Teachers and observers of three demonstration classes in the summer school (approximate number 70).
4. Tuberculosis in Poston as disclosed by the present survey and constructive work ahead (two presentations).
To: Junior High School teachers and Senior High School teachers (approximate number 100).
5. A dramatic interpretation of educational work with mothers on the tuberculosis problem through evacuee teachers participating.
To: A class in elementary methods (25 teachers).
6. Assistance given in launching a rat feeding experiment with 5th and 6th grades of demonstration school.
To: 25 children and teacher.
7. Individual work with three demonstration teachers in interpreting the health records of pupils enrolled in their classes.

Requests from teachers are on file for further assistance in carrying on class-room units directly related to health problems or correlated with them, and this will be undertaken this fall if the total program permits.

Tonsillectomy and Hernia Operations.

Follow-up of school health examinations conducted December 1942 to February 1943, showed urgent need for throat surgery for over 100 children. During August and September, 1943, the parents of all such children were interviewed to explain the condition of the child and the recommendation of the doctor. As a result, every parent requested the operation.

104 operations were performed on tonsils and adenoids between July 15 and September 6, 1943.

Each post-operative case has been or is being checked for complete healing of throat and the mothers are interviewed to determine what effect the removal of tonsils seems to have on the child's general health, energy supply, appetite, and frequency of colds and sore throats. Reactions of parents have been 100 per cent favorable.

Nine children were operated on for hernias during the above period.

Each child's condition was explained in personal interviews with parents and each parent made a request for the operation. Over a period of 4 months following surgery, check-ups will be made by the doctor of the condition of each child. Explicit directions for post-hernia precautions in the home are in the hands of each parent.

A summary report on health examinations follows on page 5.

REPORT ON HEALTH EXAMINATIONS IN POSTON SCHOOLS
IN RELATION TO TONSIL OPERATIONS

Conducted December 1942 - February 1943

Age Groups	Nursery and Kindergarten			1st - 6th Grades			High School			Total			
	sl.	mod.	gr.	sl.	mod.	gr.	sl.	mod.	gr.				
CAMP I-	Number Examined:			345	930			432			1,707		
	Number with defective throats:			95	52	23	255	39	12	140	46	51	743
	Tonsils removed:			8	34			6			48		
CAMP II-	Number Examined:			203	435			600			1,238		
	Number with defective throats:			24	0	7	59	0	14	52	8	4	168
	Tonsils removed:			1	5			13			19		
CAMP III-	Number Examined:			136	361			637			1,134		
	Number with defective throats:			25	2	0	15	13	15	49	6	21	146
	Tonsils removed:			22	12			3			37		

* * * * *

GRAND TOTAL NUMBER EXAMINED 4,079
TOTAL NUMBER CHILDREN WITH THROAT DEFECTS 1,057 (25 per cent)
TOTAL NUMBER TONSILLECTOMIES 104

Plans for Tonsillectomies and Herniotomies
October - November 1943.

A total of 150 children are now tentatively scheduled for removal of tonsils and 23 for correction of hernias in the near future. All parents are being interviewed personally to have the condition explained. Every parent must indicate a desire for the operation to be done before the child's name is accepted on the operation list. The response this far has been very good.

(September 15 - Plans for throat surgery are temporarily held up by an outbreak of Polio in Poston I.)

Hearing Tests for Elementary School Children.

Because of the extraordinary number of throat defects among children of Poston, and the frequency with which defective throats may be complicated with ear conditions, it is felt to be important to have the hearing of all elementary children tested. If the audiometer can be secured from the Indian Service, plans will be made for testing pupils in the three Camps. Instructions will be given teachers who are interested and who wish to know the hearing acuity of their pupils, so that they may have a part in the testing program: first, in order to encourage medical care for such children as can benefit by it; second, to determine which children should have special placement and consideration in the classroom; third, to begin encouraging lip-reading by children who need to supplement defective hearing by visual methods.

First Aid.

Simple first aid equipment is now ready to be placed in every classroom in Camps 1, 2 & 3 at the opening of school. This equipment will be replenished as needed from time to time so that any minor accidents occurring around the school may be promptly cared for in classrooms, thus affording educational opportunities for the children. It is understood that serious accidents, or any in which there is doubt of seriousness, will be given medical attention through the camp clinics.

Instruction in the use of the kit will be available at request of teachers and will be considered as one problem for the fall teachers' meeting.

Pre-School Health Examinations.

On August 9-11 and September 8-10, health examinations were given to 235 children entering nursery school for the first time. Parents were present in every case. Of this number, 93 were found apparently free from physical defects. Among defects found, those of throat again showed a high incidence, 48 showing slight enlargement of tonsils, 34 moderately enlarged tonsils, and 7 hypertrophied tonsils. Eight children showed evidence of cross eyes. Physical defects of these children will be discussed with all nursery school teachers and conferences will be held with mothers on needed corrective or preventive work to be undertaken after segregation is over.

Report on findings of examination follows.

PUBLIC HEALTH DEPARTMENT
 BOSTON I
 September 10, 1943

REPORT ON HEALTH EXAMINATION OF ENTRIES OF ALL
 NURSERY SCHOOL CHILDREN

Conducted August 9 & 11 - September 8 & 10

Total number scheduled for examination		292
Total number examined	235	
Total number absent	<u>57</u>	
Total number accounted for	292	
Total number apparently free from physical defects		93

IMMUNIZATIONS:

Of 235 children examined:

Smallpox		195
Typhoid		219
Diphtheria		130
Whooping Cough		54

Of 57 children examined:

Smallpox		9
Typhoid		8
Diphtheria		4
Whooping Cough		3

Total number with all immunisations and eligible for certificates 124

NUMBER OF DEFECTS FOUND:

Nutrition: (slight)		
Yeast tablet prescribed		1
Skin:		
Heat rash		38
Birth marks		2
Boil (on nose)		1
Scar (unhealed on face)		1
Itching abrasion on hand		1
Mole (on knee)		1
Impetigo infections (under treatment)...		1
Burn (left arm)		1
Insect bite (swollen--right hand)		1

Number of Defects Found-

Scalp:	(none)	
Ears:	(none)	
Hearing:	(none)	
Eyes:		
	Tendency to cross eyes	8
Nose:		
	Possibly adenoids (mouth breather)	1
Teeth:		
	Urgent care needed	7
Throat:		
	Slightly enlarged tonsils	48
	Moderately enlarged tonsils	34
	<u>Greatly enlarged tonsils</u>	7 (urgent)
Neck Glands:		
	Swollen	2
Lungs:		
	Asthma	1
	Pigeon Chest	3
	Entire lung rattling sound	1
Abdomen:		
	Hernia (left)	1
Genital Urinary	1
Extremities:		
	Burn (on hand)	1
	Wart (right leg)	1
	Burn of face and hands with adhesion and scarring	1
Deformities:		
	Flared ribs	1
Nervous System:	(none)	
Mental Deficiency:		
	Apparent feeble-mindedness	1

Immunity Treatments Completed.

Since the instituting of an "Immunity Certificate," the number of children protected has been steadily increasing.

As of September 1, the total number of Certificates granted in Camp 1 is as follows:

Babies under 3 years	43
Children of nursery school age	65
Kindergarten children	47
1st graders	35
2nd graders	59
3rd graders	32
4th graders	74
5th graders	81
6th graders	126
High School students	478
 TOTAL	 1,090

Increased emphasis needs to be given to the earlier immunization of babies, particularly with regard to smallpox and diphtheria. This is being explained and encouraged on the block weighing days and is steadily improving.

Prenatal Check-up.

A survey has been begun of all prenatals for the purpose of discovering:

- (1) What percentage of expectant mothers are under supervision throughout pregnancy
- (2) To what extent blood tests are made and how early in pregnancy
- (3) Regularity of treatment for all who show a positive Kahn or Kline

Up to this point in the survey results show:

Total number of prenatals registered	80
 Number of expected deliveries in September	 13
" " " " " " October	14
" " " " " " November	13
" " " " " " December	15
" " " " " " January '44	7
" " " " " " February	7
" " " " " " March	8
" " " " " " April	3
 TOTAL	 80

Survey on Prenatal Check-up-

Total number given blood tests	64
Number reacting negatively	60
Number doubtful	1
Number reacting positively	3
<u>Number not tested</u>	16

Of the 3 who reacted positively:

Under treatment	2
Not treated	1

The 16 not tested will be brought in for blood testing in the immediate future.

Further investigation will be made to discover extent to which expectant mothers with a positive reaction are under treatment before the 5th month of pregnancy in order to secure maximum protection of the baby against infection.

Baby Supervision.

Approximately 400 babies and children under 3 are under regular supervision in their home blocks. The mothers attend these weighings very well. Aside from checking every child's weight, advice is given in Japanese and English on feeding, use of cod liver oil and orange juice, and other problems presented by the mothers.

An experienced Japanese midwife assists in conferences at each of these weighing. Typewritten directions are given in both English and Japanese for her guidance and to give to mothers to take home. Mothers bring empty bottles for refills of cod liver oil to save time and effort in coming to the pharmacy. Any baby not progressing favorably is immediately referred to the clinic for medical attention.

This well-baby service is succeeding in diverting many babies from a very crowded out-patient clinic and is saving the mothers long walks in the heat. The block managers have been most cooperative in announcing the weighing days and in setting up the necessary equipment in their offices. All well babies are now given a doctor's examination routinely at 2 months of age and again at 1 year of age.

Every newborn baby is visited twice in the home during the first month after discharge from the hospital; once by the Japanese midwife, and once by a Public Health Visitor.

Investigation and educational work is done during home visits on:

Value of cod liver oil and orange juice; importance of observing regular feedings as doctor advises; boiled water between feedings; separate bed for baby; protection against flies; rest every afternoon for mother; reminder of 6 weeks' check-up by the doctor.

Reports on all visits are summarized and given to doctors in charge of the baby and obstetrical services.

Study of Causes of Baby Deaths
During the First Month of Life.

Extent of time covered, May 1942 - September 15, 1943.

- Purpose:
- (1) To learn of any conditions that might have contributed to these deaths, as a means of preventive in the future.
 - (2) To determine whether and to what extent Children's Bureau standards for the care of prematures and babies with a birth weight less than 5½ pounds are being met under existing conditions in Boston.
 - (3) To call attention to any lacks along the line of critical points in premature care, i.e., maintaining body temperature, protecting against infection, and promoting adequate nutrition, in order to improve present practices.

Progress on this study has been interrupted by the demands of the segregation movement but will be resumed this fall.

Up to September 15, 1943, the following facts are known about Boston babies who died during the first month of life:

Number babies born <u>prematurely</u>	8
Number still-born	2
Birth weights: 2# 6 oz. - 4#.	
Number who lived less than 1 day	4
Birth weights: 3#4oz., 3#6oz., 4#10½oz., no weight.	
Number who lived 3 days	1
Birth weight: 5#.	
Number who lived 8 days	1
Birth weight: 2# 14 oz.	
Number babies born <u>full term</u>	4
Number still-born	2
Birth weights: 6# 3oz., 7# 9oz.	
Number who lived 9 days	1
Birth weight: 6#.	
Number who lived 24 days	1
Birth weight: 5# 2oz.	

Check-up of Venereal Program.

A thorough search through laboratory, clinic, and hospital records is under way to find patients with positive blood tests who are not under medical supervision. Personal interviews were held in August with 34 persons found to have lapsed in treatments. The character of the disease, the meaning of a positive test, and importance of regular treatment have been explained. These patients are now under medical supervision.

Up to the present date, the investigation has disclosed the need for more thorough check-up on treatments received and the need of a different type of record form.

There are a total of 137 known positives. Of these, 61 are under medical supervision. A reorganization of the record card for venereal patients is under way and should help in bringing about better reporting for treatment.

Health Education Materials.

Prepared for Educational Use in the Field.

1. Statement of a Standard for Immunization Treatments.
2. Directions for Feeding the Well-Baby the First Year.
3. Directions for Mothers Whose Children Have had Tonsil Operation.
4. Directions on Hernia.
5. Directions for Cod Liver Oil.
6. Directions for Treatment of Impetigo.
7. Directions for Teachers & Parents on Measures Aiming to Keep Contagion out of Schools.

A GUIDE TO A BABY'S FEEDING THE FIRST YEAR

From Birth to End of 4th Month

Breast feeding every 4 hours--(5 feedings in the day).

Boiled water between feedings.

Begin Cod Liver Oil at 2 weeks. (See directions)

Begin orange juice at 4 weeks. (See directions)

For the 5th and 6th Months

Give Cod Liver Oil as before $\frac{1}{2}$ teaspoonful daily.

Continue all good as before.

At 5 Months:

Begin strained cooked cereals twice daily.

At 6 Months:

Begin strained cooked vegetables once daily.

Gradually add egg yolk.

For the 7th and 8th Months

Give Cod Liver Oil as before $\frac{1}{2}$ teaspoonful daily.

Continue all food as before, but:

Stop the 10 p.m. breast feeding.

Increase the kind and amounts of vegetables and cereals.

Add strained ~~st. w~~ed fruits, apples, prunes, and apricots.

For the 9th and 10th-11th and 12th Months

Give Cod Liver Oil as before $\frac{1}{2}$ teaspoonful daily.

Continue all food as before, but:

By 9 Months:

Begin weaning the baby, by dropping one breast feeding at a time and giving boiled cow's milk instead. (Or evaporated milk diluted with boiled water.) Increase amounts and kinds of strained cooked cereals, vegetables, and fruits.

By 11 Months:

Finish weaning the baby from the breast.

Add strained cooked vegetables, fruits, and cereals.

Give no raw foods.

By the end of 12 Months:

Baby should have 3 meals a day with a cup of boiled milk or evaporated milk on waking in the morning. The baby should sit up in his high chair and begin to feed himself.

生後一ヶ月間の赤ちやんの食物の乗

生後四ヶ月の終りまでは

母乳を四時間毎に一日五回子へること
 母乳と母乳の間は必ず沸かした水を子へること
 生後二週間して肝油を子へ始めること(指定書参照)
 生後四週間にたうオレジンエウスと子へ始めること
 (指定書に従ひて)

生後五ヶ月より六ヶ月まで

肝油を従前通り毎日テイスプーン半杯子へること
 勿論総ての食物は従前通り続けること 五ヶ月
 になつたらう毎三回穀物をクワターと水を子へること
 にして子へること
 六ヶ月になつたらうクワターと野菜を子へこと
 ること(一日一回)又其中に卵の黄味をもよく混ぜ
 て食べさせること

生後七、八ヶ月の食物

テイスプーンに半杯の肝油は毎日従前通り子へべ
 し其他の食物は従前より如く続けること
 △午後十時の母乳授子を休むべし
 ベチラスルや穀物の種類と其量を増やすこと
 煮た果物(アップル、プラム、エプソリック等)も子へべし
 してベビーの食物に加入すべし

九ヶ月十ヶ月 又十一ヶ月、十二ヶ月

肝油は従前の如く毎日テイスプーン半杯、食物
 は従前の如く物を続けること
 九ヶ月より「乳離れ」を始むべし 其方法は一日
 一回だけ母乳を離し母乳の代りに牛乳を
 沸かして子へること
 (粉ミルクをボイルした水に割って與へてもよし)
 同時に果物穀物野菜をミックスして子へた
 物の種類と量を増やすこと

十一ヶ月は全部の「乳離れ」を完了すべし

クワターと穀物野菜果物の量を増加する
 (いよいよ生り物を子へはなかりぬ)

十二ヶ月の終りには一日に三回の食事に

なる様にすべし但し朝夕寝る前と起きた時
 ボイルしたミルクを一カツ宛子へべし

赤ちやんは高椅子にすわつて獨りで食べら
 様になつたければなうない

INSTRUCTIONS FOR PARENTS OF CHILDREN
WHO HAVE HAD TONSIL OPERATIONS

Important - Read Carefully.

1. On coming home from the hospital the child should remain in bed for another two days.
2. The child should be given only liquids for the first day at home, soft foods the next two days, and then the regular diet as he is able to swallow.
3. The child is to be kept in the house for at least one week after leaving the hospital, and during this time he should not run or play hard.
4. Any sign of bleeding, unusual discomfort or signs of a fever should be reported to the doctor. In case of severe bleeding, the child should be brought to the hospital immediately.
5. The child should be brought to the clinic in the camp in which he lives two weeks after the date of operation for an examination by the doctor.


A. Pressman, M.D.
Director of Health & Sanitation
Poston, Arizona

扁桃腺を切開した

子供の両親へ御注意

之は大切です是非御一讀下さい

(3438)

一扁桃腺切開後家に帰つてから二日間
はベッドの中で安静を守つて下さい

二家に帰つて最初の日の食物は流動食を
共へ次の二日間は柔い食物にして其後は障
りがなければ普通食にして下さい

三退院後少く共一週間は家の中で安静に
守り無理な運動は控へて下さい

四出血の徴候及発熱或は気持が悪つたらドク
ターに通知して下さい又出血が甚だしい時は即
刻病院へ連れて来て下さい

五退院後二週間したら再診を受けられ様貴
の館府の外來診察所(タリニツク)へ行つて下さい

一九四三年七月廿六日

アリゾナ州ポストン セネラル病院

院長 エー、フレックスマン

INSTRUCTIONS FOR PARENTS OF CHILDREN
AND OTHERS WHO HAVE HAD HERNIA OPERATIONS

In order to be sure that an operation for hernia (rupture) will be successful, it is very important that these rules be followed:

For three months following the operation the child should not take part in any strenuous exercises, such as swimming, basketball or baseball.

In connection with work or play, a patient should not do anything requiring lifting, pulling, reaching, running or jumping.

The child's teacher should see that exercises are restricted and that the child does not take part in vigorous play for three months following the operation.

If these rules are followed the hernia should be completely healed and there should be no return.

A. Pressman, M. D.
Director of Health & Sanitation
Poston, Arizona

脱腸を切開した

子供の両親へ御注意

左記の注意を守られたら脱腸切開の結果を良好にすることが出来ます

脱腸切開後少なくとも三ヶ月間は水泳、バスケットボール、或はベースボールの様な過激の運動は差控へて下さい

仕事をしたり遊んだりを無理に重荷を持ちかゝり引張るとか走りまわるとか又無理に手を延ばして取る様なことはしない

学校の先生は脱腸した生徒に対しては切開後三ヶ月間は過激の運動を差控へる様に注意を願います

是等の注意を怠らなかつたら切開後の傷痕が完全になほり再発の恐れがあります

一九四三年八月廿日

アリゾナ州ポストンゼネラル病院

院長 エー プレスマン

Direction for Mothers

Orange juice.

Begin before the baby is 1 month to 6 weeks of age.
Give one teaspoonful daily.
Increase the amount rapidly so that in a few weeks
the baby is getting 4 tablespoonfuls each day.
Orange juice may be given diluted with water.

Cod Liver Oil.

Begin before the baby is 1 month old.
Start with 2 drops 3 times a day.
Increase so that by 1 month of age the baby is
getting $\frac{1}{2}$ teaspoonful a day.
Continue this dose for the first two years as a
preventive of rickets.

Dept. of PUBLIC HEALTH
Poston, Arizona

赤ちやんを育てる母親の注意

(ORANGE JUICE)
オレンジの汁、赤ちやんが誕生後一月より六週間
にかけてオレンジジュースを一日にティースプーン一杯
共へ始めて下さい。その水が共へ始めてから二三
週間後には一日四ティースプーン、赤ちや
んが毎日攝る様になるまでしつゝ、其量
を増して下さい

肝油 (COD LIVER OIL)

生後一月にならぬ前より肝油を一日に
二、三滴与へ始めて下さい
その水が満一月になり其量を毎日増して赤ち
やんが満一月になつた時は半ティ
ースプーンの量を攝取する様にして下さい
育兒不佞痲病(セムシ)にならぬ様此量を必
くとり二ヶ年は続けて共へて下さい

衛生局

DIRECTIONS FOR TEACHERS AND PARENTS ON MEASURES

AIMING TO KEEP CONTAGION OUT OF THE SCHOOL

With the present shortage of medical help in Boston, it is of the greatest importance that teachers, parents, and children cooperate fully with the health department in discovering early any child who is not well and in breaking his contact with other children who are well.

(1) Teachers should watch children each morning for any abnormal sign connected with skin, eyes, nose, and throat or any general sign of discomfort or fever.

This child should be sent home with a note, stating that the child does not seem well and advising the mother to keep him at home and in bed for at least one day.

The teacher should note his condition carefully when he returns to school.

(2) A child who has been absent for 3 days should be brought by the parent to the Public Health Department at 8 a.m. on the 4th day to be checked. If the child seems well, he will be given an O.K. to return to school.

Where a child has a noticeable fever, skin eruption, pain in stomach, or lameness, or where there is doubt as to his condition, he should be brought at once by the parent to the clinic for examination by a doctor.

傳染病の豫防に對して

學童の父兄及教師の心得べき事項

現在ボストンに於て医療の
施療が充分な直面して
居ます此際學校の教師見
童の父兄はよく公衆衛生
學童はよくよく公衆衛生
局と協調し、氣を附け成る
べく早期に病気の兆候ある
兒童を發見する様にして
健康な兒童に接觸せしめず
傳染の機会を造らぬ様によ
る事が最も大切です
一教師は毎朝學校生徒
の態度に注意すべきであ
兒童の皮膚の色目鼻
咽喉の異状或は發熱症
等の兆候……
以上の兆候のある兒童は
其両親に宛て書き、一
日はベッドに静かに寝させ
る様注意書きを持たせて
ホームに歸らしめし又或
子供が再び學校に来
たらう子供の様子が一半

常であるか否かを注意すべし

ニ、若し此子供が病気の為

め三日間休校した場合

は子供の親は四日目の朝

八時に衛生局に診断のため

同伴されて其結果小兒に

異状がなければ衛生局は

學校に行つてもよいと許

可する有りませう

目に見へる様及熱、皮

膚の異状、胃痛、ビツコ、

或は様子が普通でない

疑がある場合にはクリニ

ックに同伴して早くドクタ

の診断をして貰ふべきで

ある

衛生局

IMPORTANT POINTS ON THE CARE OF
THE PREMATURE BABY

A premature baby is one that is born more than 2 weeks ahead of the scheduled 9 months of pregnancy. Any baby weighing less than $5\frac{1}{2}$ pounds at birth should be treated as a premature. The earlier a baby is born and the less it weighs at birth, the greater the care required to make the baby live.

There are three very important requirements in the care of the premature baby, which determine largely whether or not the baby will live:

1. The baby should be kept warm.
2. The baby should be protected against infection.
3. The baby should be well nourished.

I. To Keep the Baby Warm:-

As soon as the baby is born, it should be wrapped loosely in a soft warm blanket and should be put into a thoroughly warm bed, free from drafts.

The room temperature should be kept constant at all times, between 75 and 80 degrees. A room thermometer should be hung near the baby's bed on a level with the baby. If the air is very dry, moisture should be added so as to prevent drying out of the baby's respiratory tract.

The premature baby should be handled as little as possible and should constantly be protected against chilling. Therefore, a small square of absorbent cotton covered with gauze, should be laid under the baby as a diaper. When the diaper pad is changed, the baby may be cleansed with a little warm oil on a piece of cotton. The baby should not be bathed either with water or oil for the first 12 to 24 hours.

The rectal temperature of the baby should be taken 2 to 3 times a day and should range between 97° and 99° . If the body temperature falls below 97° , a doctor should be notified immediately. This is a danger sign.

II. To Protect the Baby from Infection:-

A premature baby is very liable to become infected and so should be protected in every way.

One person only should handle the baby, and this person should be free from disease, colds, or infections of any kind, even such a thing as an infected finger. She should wear several thicknesses of gauze over her nose and mouth, and each time before handling the baby, she should wash her hands thoroughly with soap and water.

No visitor, especially no young children, should be allowed to come near the premature baby, because of the danger of bringing in some childhood disease.

Flies, mosquitoes, and other insects should be kept out of the baby's room at all times.

XII. To Nourish the Baby Well:-

For 12 hours, after birth, the premature baby does not need milk or water. After 12 hours, the baby should be given boiled cool water in very small amount. At 18 hours, milk feeding should be begun.

Mother's milk is the best food for the premature, and this is often the chief means of saving the baby's life. If the baby is very small and weak, it should not be put to nurse at the breast. The milk should be expressed and fed to the baby:

- BY: 1. Medicine dropper, if the baby can swallow.
2. Rubber catheter into the stomach if the baby cannot swallow.

(This last should be done only by a trained person.)

If the breast milk is obtained from someone, other than the baby's mother, the milk should be brought to a boil or pasteurized before giving. If breast milk is absolutely not obtainable, the doctor should advise on the kind, amount, and number of feedings.

The medicine dropper should have a soft rubber tube on the end--extending $\frac{1}{4}$ inch beyond the glass tip to protect the mouth from injury.

The premature baby should be weighed at least twice a week and a record kept of his gains. Great care should be taken to prevent chilling of the baby when weighing.

IV. Special Needs of the Premature:-

Vitamin D - to prevent rickets. Should be given in concentrated form, in drops, before the end of the first week of life.

Vitamin C - to prevent scurvy. Given in the form of ascorbic acid, should be started when the baby is 2 weeks old. Later this may be changed to orange juice.

Iron - to prevent anemia. Should be prescribed by the doctor when the baby is about 1 month old.

When the baby is taken home, the mother should continue all special precautions for warmth, prevention of infection, and good nutrition, until the doctor says the baby is in a healthy and normal condition.

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
December 16, 1943

TO: Dr. A. Pressman, Director of Health & Sanitation

FROM: Elma Rood, Supervisor
Public Health Nursing

SUBJECT: REPORT OF PUBLIC HEALTH NURSING ACTIVITIES FROM NOVEMBER 8 TO
DECEMBER 8, 1943 (End of vacation period) - CAMP I

Staff: Public Health Visitors, 3; secretary, 1.

I. Measures for Communicable Disease Control

A. Tuberculosis

In order to help people generally in Camp I to understand better the instructions given to patients with active tuberculosis who are living in their homes while waiting for hospitalization, arrangements were made through block managers for a series of nine quad meetings covering all of Camp I. In these meetings, directions were given in English and in Japanese and all procedures were demonstrated to approximately 375 mothers on the following points:

- (1) Care of linens, dishes, and left-over food in any communicable disease case.
- (2) The value of isolation tubs in all laundries.

At the same meetings the problems of no heat in classrooms and no school janitor service were discussed as factors possibly contributing to the very large number of colds among pupils and teachers. Mothers attending meetings were encouraged to investigate these conditions personally by a school visit and to report to their block managers.

At the present date these conditions are improved. Stoves are operating and janitor service is provided.

The Sanitation Department will check extent to which blocks have established isolation laundry tubs. Failure to do so will be followed up with individual block managers.

To improve cooperation of tuberculosis patients in Wards 1 and 4 in carrying out scheduled rest periods and other directions of doctors, a series of four afternoon meetings have been held in each of these wards. Very simple explanations both in English and Japanese were given on the following topics:

1. How do people get tuberculosis?
2. How does the germ act in the body?
3. In what ways does the disease spread to others?
4. What measures help a patient to get well?

copy

Mr. Salmoto will tell of his trip to the Indian Sanatorium in Phoenix on Wednesday, December 15, and what he found the patients were doing to hasten their recovery.

Investigative visits are being made to every diagnosed case of tuberculosis. The name and age of every family contact are being secured and placed in a file for follow-up.

B. Control of Colds

All children absent from school more than 3 days have been checked in Ward 7 before readmittance. Some school rooms have had from fifteen to twenty pupils absent at one time. With room temperatures now more satisfactory, the number of illnesses from exposure to cold should decrease.

An article has been prepared for the Boston Chronicle especially directed to mothers on the early care of children with colds. Mothers generally are doing better about putting children to bed at the beginning of illness, and keeping them in the house until fully recovered.

C. Impetigo

Instructions and care of all these skin infections has been detailed to teachers. A supply of ointment has been sent to the elementary school and a separate supply is now in the high school office. Vaseline has been supplied for chapped hands as a preventive measure against infection.

D. Trachoma

All trachoma patients were called in for check-up by Dr. Pressman. All requiring treatment are now under supervision.

E. Immunizations

Protective treatments are progressing well and certificates of immunity are being sent out steadily. For families who have relocated, certificates are sent if new address can be determined.

F. Sick Teachers

All evacuee teachers ill have been seen in the clinic. All Caucasian teachers ill have been visited and medication has been prescribed by Dr. Pressman. Steps have been taken by the Sanitation Department to get rid of all old oil mops which have been carried from one apartment to the other in Block 34. Janitors have been instructed to sweep with dampened paper or sawdust and to use hot water and soap for cleaning instead of kerosene oil. Steps have been taken to improve equipment for dish washing in Block 34 which has a very low rating on sanitation.

Instructions have been given throughout Block 34 on washing of hands before eating, use of running water instead of basins in lavatories, and care in covering all coughs. A notice on covering coughs has been posted in the dining room.

G. Block Managers Meetings

Two meetings arranged by the Block Manager Supervisor have been held with Camp I block managers in order to inform them of measures which they can take to keep diseases down to a minimum in their blocks. The attitude of block managers is friendly and cooperative.

II. Second Milk Survey

A total of 125 mothers of babies under 1 year of age have been interviewed as of December 10 in order to secure up-to-date information on their present baby feedings. A tabulation of this will be turned over to the steward's department. In addition, names of expectant and nursing mothers and of patients requiring special diets will be supplied so that a sufficient amount of milk may be allocated to blocks as needed.

Individual conferences with mothers have afforded opportunity to instruct in methods of beginning new foods, importance of vegetables, value of cod liver oil, and other problems as suggested by mothers and as indicated by condition of baby.

III. Crippled Children

The crippled children's file has been reviewed and requests have been sent to the Crippled Children's Division of Arizona for special consultation for urgent cases. The two plastic cases are still uncared for, there being no facilities for this in Arizona. Crippled children who have been under care of Dr. Lytton-Smith of Phoenix are doing remarkably well. Both children with dislocated hips are now walking well. There is need for orthopedic service for two post-polio cases and this is in process of being arranged.

IV. School Health

A. Health Examinations

Requests from teachers of physical education department for examinations of 80 High School boys and 200 High School girls engaged in strenuous athletics were met by the clinic. Reports of examinations and advice on any limitations of exercise are in the hands of physical education teachers for follow-up. Assistance will be available on this from the Public Health Nursing department.

Fifty High School girls still remain to be examined.

No re-examination of elementary school children will be made this year. Much follow-up work is needed still on defects found in the examination made last year.

B. Corrective Work

A total of 12 children have had tonsillectomies, and 7 children and 3 adults have had hernia operations.

These children are checked regularly by their clinics and are getting along well.

Ten children have been referred by teachers as having special eye difficulties. All have had refractions and those needing glasses have secured them. All children referred by the teachers because of dental troubles have been sent to the dental clinic.

C. Survey of Weight Progress

Weights of babies and children under age 3 covering 6 months' period have been checked and conferences held with mothers in regard to any failure to gain steadily. Approximately 88 per cent of all these children were found to have made satisfactory weight progress and seemed in good condition.

A similar check will be made of weights of school children in the near future.

V. Recommendation

With the decrease in the number of doctors and overcrowding of the clinic, it seems desirable that every effort should be made to detail health responsibility to teachers, to block managers, and to the individual and family concerned. This will necessitate an increased emphasis upon educational work so that these people may cooperate intelligently.

COLORADO RIVER RELOCATION PROJECT

PUBLIC HEALTH DEPARTMENT

Poston, Arizona

December 6, 1943

MEMORANDUM TO: Dr. Powell
Community Services Camp I

FROM: R. N. Crawford
Supervisor of Public Health Nursing

SUBJECT: MONTHLY REPORT OF PUBLIC HEALTH NURSING
Activities of Camp II

CLINICS

Pre-natal

Four Clinics were held, 16 patients were examined and given instructions.

Post-natal

Four Clinics were held, 10 patients were examined and given instructions.

Drs. Wada and Sasaki, were the attending physician. They were assisted by Mrs. Matsuoka and Miss Sato.

Immunization

Four Clinics were held, 128 immunizations were administered. Mrs. Matsuoka gave the immunizations. She was assisted by Miss Sato and Miss Suehiro.

Well Baby

Four Clinic were held 56 babies attended.

Tbc.

One Clinic was held 8 patients attended. These patients were given the following services.

- a. T.P.R.
- b. Weighed
- c. Checked for amount of rest being taken, appetite, kinds and amounts of food is being eaten, Isolation of personal articles, and sleeping arrangements

HOME VISITS

12	visits-Diabetics
2	" -Scarlet Fever
8	" -Health Supervision
14	" -Infant and Maternal Welfare
32	" -Tuberculosis Contact
8	" -Tuberculosis
Total	76 visits

These visits were made by Mrs. Matsuoka, Miss Suehiro and myself.

0044

CHEST X-RAY FINDINGS

The findings on 502 Mess Hall and Clinic Workers who were given Chest X-Rays in October are as follows:

- 8 Active Cases of Tb. - recommended for hospitalization.
- 12 Minimal arrested Tb. cases - To be X-rayed in 1 yr.
- 8 Bronchiectosis and old pleurisy cases
- 5 Cardiacs.

The 8 active cases have been instructed. (See attached sheet Routine orders for Tb. Cases in Barracks). While they are awaiting hospitalization, we have them come to the Clinic every 2 weeks, (See Tb. Clinic section for services given.)

TB. CASE FINDINGS

During the month we went through our available Chest X-Ray Reports (July 21-Nov. 10) Among these reports we gathered the following information:

- 4 Camp II Residents are in Camp I Hospital with diagnosis of Tuberculosis
- 5 Active Tb. Cases
- 3 Arrested Tb. Cases
- 2 Hip bone Tb. Cases
- 11 Productive infiltration - to be re-X-rayed in 6 months.

The active cases were given the routine tb. instructions and have been invited to come to the Tb. Clinic. These patients will be more difficult to handle, because they have known for considerable time that they have tb. and have been under a physicians care. The physician did not, for some reason, see the necessity for them to treat their tb. as a communicable disease. So we are not faced with the problem of educating them to revamp their thinking.

Mr. Suzuki, X-ray Technician, Camp I, gave us appointments for X- raying 125 out 169 contacts. The Department of Transportation furnished the trucks to take the contacts to Camp I. The Census Bureau allowed us access to their files so that we could readily obtain with little effort, the information needed by the X-Ray Department. (Example-Legal Name. Many Japanese pick American first names, but deaths and medical reports are not valid if unrecorded names are used.) From the Census Bureau we were able to get birthdates, occupation (before coming to Camp). The courtesy afforded us by the Census Bureau saved us much time and untold energy.

SCHOOL LUNCH

The Children through the third grade have lunch in the School Mess. Until recently the Department of Home Economics was responsible for the lunch. When the Secondary School was moved into their new buildings the P. T. A. volunteered to provide 18 volunteers a day, so that the children could continue to eat lunch in the School Block Mess.

With the help of the Mr. McLaren, Mr. Maxcy, the P. T. A., the X-Ray Department in Camp I, we were able to arrange for X-rays for the 90 volunteers.

HEALTH EXAMINATIONS

Dr. Okonogi examined 58 boys who are on the 1st, 2nd, and 3rd. football teams. No heart disease was found and they were all free from hernias.

28 boys had dental defects. Those who are not now reporting to the Dental Clinic were asked to make appointments to obtain the care needed.

SCHOOL HEALTH ROOM

Miss Suehiro, P. H. V. and Miss Yamada, Secty, go to Block 210 every morning. To treat children who are sent to them by the teachers.

They received on the average 29 pupils a day.

50% had upper respiratory infections

21% had athlete's foot, with allergic reactions on the hands.

21% needed dressings for:

- a. Fissures of hands and fingers caused by severe chapping.
- b. Infected hair follicles.
- c. Cuts and abrasions.

8% had impetigo.

I am of the opinion that these upper respiratory infection could be cut down considerably in number if:

1. There was adequate janitorial service to keep the school rooms clean.
2. The stoves were lighted at least an hour before school opens, so that the children would not be forced to sit in the cold rooms.
3. The floors were repaired or covered with linoleum. This would eliminate cold drafts, which causes body chilling.

The children's hands and legs show severe chapping. Their play on the school grounds, is carried on in extremely dusty areas. This dust is ground into the chapped areas. The chapping is so severe that fissures are produced. Dirt enters the fissures and low grade infections are the results.

We have supplied the teachers ^{with} vaseline. They in turn have been properly giving vaseline to children who apparently have not been cared for, at home.

Both the Public Health Visitors and the Teachers instruct the children as to importance of cleanliness. They also try to impress the children with the necessity of drying their hands thoroughly after washing them.

The responsibility for all around cleanliness rests upon the parents. The lack of adequate hand washing and drying facilities in the school block latrines is not patron responsibility.

ROUTINE ORDERS FOR ACTIVE TUBERCULOSIS CASES
WHILE IN THE BARRACKS

1. Complete bed rest as much as possible.
2. Member of family to bring food from mess hall to apartment.
3. Isolation of personal articles.
 - a. Dishes
 - b. Toilet articles & wearing apparel
 - c. Bed clothes
4. To sleep alone and as far away from other members of apartment as possible.
5. Bed clothe, clothing, dishes & other personal articles are to be washed in the part of laundry reserved for use by those people who have to care for patients with communicable diseases.

Station.....,.....19

For.....

R

Gms. or Cc.

1. The patient should have at least a pint of fresh, diluted canned or prepared dry milk a day.
2. Two eggs a day.
3. One serving of fresh fruit.
4. Four vegetables, at least one vegetable should be fresh.

No.....

Medical Corps

COLORADO RIVER WAR RELOCATION PROJECT

PUBLIC HEALTH DEPARTMENT

Poston, Arizona

January 11, 1944

MEMORANDUM TO: Dr. Powell
Community Services
Camp I

FROM: R. H. Crawford
Supervisor of Public Health Nursing
Camp II

SUBJECT: MONTHLY REPORT OF PUBLIC HEALTH NURSING
Activities of Camp II

Well Baby Conferences

Six well baby conferences were held 64 visits were made. The mothers have unconsciously approved of these conferences by coming regularly with their babies.

Our greatest problem is trying to keep the mothers from over feeding their babies. This in essence is a housing problem. The barracks carry and magnify all noises; so the babies are never allowed to exercise by crying. Any noise on the part of any member of the family must be quickly abated, because nervous tension runs high and neighbor approval must be kept as far as possible.

We have 5 babies with dermatitis but I find myself rather helpless in this situation because we have no pediatrician to whom I can turn for aid.

Chest Clinic

Nine patients who have a diagnose of Tuberculosis are seen every two weeks.

These people were Mess Hall Workers. They were discovered in the Chest X-ray survey in October 1943.

The convince people who feel perfectly well, have no cough, no sputum and no temperature elevations that they should follow the tuberculosis routine. (See Nov. report.) has been a test of our ability to influence human behavior.

In November these patients considered our recommendations very lightly. Their actions revealed that what they were doing was a favor to us. By accident we found something which seems to "click". We have taught the patients to take their own pulses. We have a fairly accurate idea of each patients' normal pulse rate. So each patient is told that if the rate increases he is doing too much. Long walks for exercise and fishing expeditions have for reasons of self-benefit been practically abandoned.

Prenatal Clinic

Five prenatal clinics were held by Mrs. Matsuka. She is a very keen observer and does a splendid piece of instructional work. The prenatals enjoy her professional attitude and have faith in her ability to give them adequate care.

One case was sent to Camp I for several days hospitalization because she had some "show". The patient came in just a few hours after the first sign of "show" to consult Mrs. Matsuka as to what she should do. I am of the opinion that

the patients' recognition of the deviation from the norm is an indication that Mrs. Matsuoka is giving some worthwhile instructions.

Home visits

8 Maternal & child welfare
68 Sick calls
19 School Visits
9 Tuberculosis visits
104 Total

Rest Home

On December 31, 9 men and 1 woman were admitted to the Rest Home.

The residents are comfortably situated in a large barrack which is light and newly painted. The beds are iron with link springs, mattresses are cotton. For bedside tables we have improvised and are using orange crates. These we hope eventually will be painted; so that they will be a bit more attractive to the eye.

The 6 nurses are obliged to work 56 hours a week until we can bring about some labor changes. We had planned to have the nurses work as follows: 2 nurses, 8 a.m.-4 p.m.; 1 nurse, 4 p.m.-12m.; 1 nurse, 12m.-8 a.m.; but they were afraid to be alone in rather isolated part of the Camp. So they chose to work in groups of two until a telephoned can been installed. The police patrol came by hourly at night. This service gives security to both residents & nurses.

The opening day reminded me of a comedy of errors. Many minor things became major issues. For example - Mochi is as much a part of Japanese diet on New Year's as cranberry sauce and turkey are part & parcel of American diet on Thanksgiving. We had no mochi in the mess hall the afternoon the residents to be arrived.

The excitement over the lack of this traditional necessity caused personalities to clash.

For the next two days every body who was anybody tried visited the rest home, talked, took a Gallup Poll, "lighted his torch" and was off to bring about pressure which would produce the change or changes he thought were needed immediately.

On the third day Dr. Pressman called a meeting. All "torch-bearers" were invited. Policy was clarified. Mr. Ino and I are now wholly responsible for the comfort and well-being of all rest home residents.

This Rest Home experience reminds me of saying of a sage. "What I said yesterday has nothing to do with what I say today; for I profited by yesterday's experience".

School Health

Inspections

The eyes, ears, throats, skins and teeth of 48 boys in competitive athletics were inspected. They were also weighed and measured. Eight of these boys have blood pressures of 130 plus. Up to this time I have not been able to obtain the services of a physician to do heart examinations and hernia examinations on these boys. These boys with grossly enlarged tonsils and carious teeth were advised to make appointments with Dr. Okonogi and Dr. Ito for treatment and advice.

School Health Room

A total of 213 visits were accounted for by Miss Suehiro and Miss Yamada.

The treatment breakdown is as follows:

- 46% Colds
- 29% Abrasions, lacerations and contusions
- 13% Athletes' foot
- 1% Dermatitis

I am still of the opinion that the majority of the colds could be eliminated if;

1. The school room heaters would be lighted one hour before the opening of school.
2. The school room floors would be covered with linoleum.

One (1) out of every three (3) residents in Camp II attend school. This is a community problem because it concerns 33 1/3% of the population.

Colds are a public health problem. They are in themselves not serious. But they always breakdown resistance and allow for entrance of secondary infections which are usually of a more serious nature.

J. P. Williams defined health by saying that "Health is a state of being which allows one to live best and to serve most".

Colds serve only to jeopardize the health of and well being of the entire community.

Absentees

The school now has a system whereby all absentees are turned by the end of the first period.

The absentee list is given to Miss Suehiro before she leaves the School Health Room. She in turn goes to the homes of the absentees to find the reason for the absences. Such close follow-up has 2 advantages.

1. In case of illness
 - a. Patient is instructed in home care.
 - b. Patient is sent to doctor if such care is thought to be needed.
 - c. Communicable diseases are discovered early.
2. "Hookey" becomes difficult.

A teacher overheard a conversation the substance being this. You can no longer write your own excuses; for if you are absent someone from the clinic will visit your home to see if you are ill. The result is that the health measure serves a dual part.

It is an aid in school discipline.

Library Assistance

When we were making preparations to have the chest x-rays done on the school personnel, Miss Manning and her librarians went through their library materials and mimeographed all materials relating to Tuberculosis. This was very helpful to the teachers for it saved them much time. All sources were ear-marked.

X-raying of School Personnel

45 members were x-rayed. Readings are not yet available.

COLORADO RIVER RELOCATION PROJECT

cc: Dr. Pressman
Miss Rood
Dr. Powell
Miss Vickers

PUBLIC HEALTH DEPARTMENT

Poston, Arizona

February 1944

MEMORANDUM TO: Miss Elizabeth Vickers
Chief Nurse

FROM: R. N. Crawford
Supervisor of Public Health Nursing
Camp II

SUBJECT: Monthly Report of Public Health Nursing
Activities of Camp II

CLINICS

Pre-natal

Four pre-natal clinics were held. Thirty-one pre-natals were seen by Dr. Bartlett. The 4 post-partum patients were seen at the time of the pre-natal clinic.

Well Baby

Four well baby clinics were held. Thirty-nine babies attended.

Pre-school

This month Mrs. Matsuoka held, for the first time, 2 clinics at which time she saw 20 children. Up to this time the babies have been seen regularly, but after that the child has been somewhat neglected. Mrs. Matsuoka expects to thoroughly inspect all children. She obtained the list of children from the administrator's vital statistics records. The children will be notified as to the time and the day that they are expected to come to the clinic. At the present time Mrs. Matsuoka is holding 2 clinics a week so that she can see all the children in this age group in a two month period.

We obtained toys from the Christmas shop. The children are given the privilege of lending toys. The child chooses a toy on his visit to the clinic. He is to return the toy when he comes back to be weighed and measured in two months. At that time he can loan another toy.

Special Well Baby

Dr. Bartlett saw 9 children and babies in this special clinic. They were thoroughly examined and prescribed for by Dr. Bartlett.

Special Diagnostic

From the teachers and parents we had received many reports that children were attending school with whooping coughs. Dr. Togasaki came in one afternoon and saw 30 children who had had colds and coughs over a long period of time.

Correction of Dental and Eye Defects

Dr. Takeshita and Dr. Ito are working as fast as they possibly can to correct defects that were discovered during these school health examinations that were done last year. By the end of March Dr. Takeshita expects to be finished with the eye examinations but Dr. Ito will not be able to finish the dental work for several months. This is as would be expected because many of the children must return several times before their dental work is complete.

Tuberculosis

Two patients came in for check-up. They are both gaining weight and apparently getting along well.

Immunization

Four clinics were held and 91 immunizations were given. Through the efforts of Mrs. Matsuoka and Miss Sato, Camp II has completed immunizations. The only immunizations that they now have to do are on those children who come of age when immunizations should be started.

Communicable Disease Control

Mr. Sakamoto came from Camp I. He gave 5 demonstrations as to how the isolation tubs in the laundries could be used to the best advantage.

I am of the opinion that in view of the fact that we have so few communicable diseases in the barracks that we could dispense with the tubs reserved for washing the dishes and clothes of those people affected by a communicable disease. In some blocks there are many children, and it does not seem fair to prevent the use of two good tubs in apprehension of communicable diseases. I am told by block managers that there are plenty of buckets available. These could be used for laundry work and dish washing in case of a communicable disease, instead of tying up two laundry tubs, which in some cases, are badly needed.

Diabetic

We now have 15 diabetic patients. One patient died this month but 2 were diagnosed during the month. It is fairly simple to teach the patients how to take their own insulin and examine their own urine. The problem that presents itself daily is the control of the diet. The patient, the nutrition aide, the physician, the chef, and all concerned are willing to do as much as they can but are limited by circumstance to do a good job. Dr. Boardman set up the clinic asking that 3 specimens of urine be collected Monday and Tuesday before the clinic and 2 Wednesday. This we find is not very practical.

1. It ties up 8 specimen bottles for each patient.
2. Getting the specimens into the clinic at a regular time is not feasible because the ambulance drivers must pick up the specimens in the block manager's office, and if the ambulance is in Camp I the specimens do

not get into the clinic until it is too late to examine the urine that day.

3. The examination of the specimens requires that we shall have to have more test tubes and racks if we continue this procedure.
4. The block managers are not particularly anxious to have urine specimens in their offices.

I am of the opinion that the diabetic patients can very easily examine their own urine. We have given the patients instructions as to how the examination should be made and how it should be charted. I am hoping that we can bring about some changes so that the patients, the drivers, and the clinic workers will not be obliged to put forth so much effort when so little effort could accomplish the same results.

COLORADO RIVER WAR RELOCATION PROJECT

PUBLIC HEALTH DEPARTMENT

Poston, Arizona
February 25, 1944

MEMORANDUM TO: Miss Vickers
Camp I

FROM: R. N. Crawford
Supervisor of Public Health Nursing
Camp II

SUBJECT: Monthly Report of Public Health Nursing
Activities of Camp II

School Health

Camp II--In grades 7-12 the health examinations have been summarized. The findings are as follows:

KIND OF DEFECT	NO. OF DEFECTS	CORRECTIONS OF DEFECTS	% OF CORRECTIONS
Teeth	98	56	57%
Vision	26	3	12%
G.U.	4	0	0
Tonsils	43	3	
Heart	10	1	10%
Skin	2	0	
Chronic Conjunctivitis	2	0	
Cervical adenitis	7	0	
Hernia	2	0	
Nose	4	0	
No. Health Exam.	5	0	

There are _____ children in grades 7-12. Our low correction record is caused by a single but obvious factor. There is not enough service available to have the corrective work done. The doctors, dentist, and optometrist find time to do little other than emergency work. They treat people who are ill. Prevention therefore finds itself relegated to the field of incidental work.

School Health Room

The health rooms received and treated mostly colds. Colds still remains the biggest problem. Colds are like the weather everyone talks about them, but no one does much about them (myself included). They are the first and foremost cause of absence and general disability. We know the general rules of prevention but heed them not, for there are other things which we consider more important. The result is that we find ourselves treating a multitude of snifflers.

One week during January in Camp II 20% of the students were absent. Did anyone get excited enough to remove cause? No!

Our time is consumed by effect rather than by cause.

RECEIVED
FEB 28 1944
U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF RELOCATION AND RESIDENTIAL ADMINISTRATION
POSTON, ARIZONA

COLORADO RIVER RELOCATION PROJECT

cc: Dr. Pressman
Miss Rood
Dr. Powell
Miss Vickers

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
March 1944

MEMORANDUM TO: Miss Elizabeth Vickers
Chief Nurse

FROM: R. N. Crawford
Supervisor of Public Health Nursing
Camp II

SUBJECT: Monthly Report of Public Health Nursing
Activities of Camp II and III

During the past month we have witnessed several changes. Some of these changes came about with little notice; others presented some very definite reactions in the community.

Ambulance Drivers

We received notice that in Camp II we would have ambulance service from 8 a.m. to 5 p.m. only. Instead of 2 drivers, our quota is now 1 driver.

In Camp III the twenty-four hour service was discontinued. We now have ambulance service from 8 a.m. to 12 midnight. Two drivers cover the service from Monday morning until Saturday, 12 o'clock.

In both Camps II and III emergency calls are taken by Camp I drivers when the drivers in II and III are not on duty.

There has been considerable reaction to this change in policy. Many people are of the opinion that this arrangement is far from satisfactory. If one looks over the records as to the number of emergencies that appear after 5 p.m., one finds that emergencies are rather infrequent. Most of the night calls are for obstetrical patients.

I am of the opinion that the ambulance in each camp should be taken to the police station when the ambulance driver goes off duty. The police stations are open twenty-four hours. As it is now there is no appointed place for the ambulance after hours. If and when an emergency should arise that a patient would need immediate transportation to the base hospital, the ambulance should be at a place where service is available if the ambulance from Camp I is unduly delayed.

Naturopathic Clinic

On March 15, the Naturopathic Clinic was ordered to be closed as of March 31. They have always had a case load of 50 to 75 patients. The clinic was used very freely by residents of Camp I, II, and III. It is planned that the patients now going to the clinic will be examined individually by Dr. Boardman and Dr. Kuwada. They will be disposed of in the following manner:

1. Those patients in need of continued treatment will receive treatment.
2. Those patients not in need of treatment will be discharged.
3. Those patients who need further diagnostic procedures will be referred

to the medical diagnostic clinic.

The patients will be cared for by Dr. Kuwada who will be listed as a physio-therapist. His cases will be referred to him by the physicians. They will also outline details of treatment. A room will be made for him to work in the clinics in Camps II and III.

Public Health Visitors Camp III

Through Dr. Togasaki's efforts the public health visitors were moved from Block 310 to a place in the clinic. This move facilitates closer supervision of both clinic and public health workers.

Staff Education

During the past month talks have been given to the clinic aides and public health visitors every Tuesday afternoon. The talks have been based upon questions presented by the workers. This method of education is really only a substitute for a planned program.

I am of the opinion that a planned course of instruction should be given to both the public health visitors and the clinic aides. We have physicians in these camps for only about three hours a day. This means that during the afternoon the clinic workers are obliged to carry responsibilities that are beyond their training. They are anxious to learn and interested in their work so the establishment of a planned educational program would be in keeping with their desires.

Baby Clinic

Mrs. Matsuoka and Miss Sato continued to carry on Well Baby conferences. They were well attended because Mrs. Matsuoka is trained and capable of giving very satisfactory instructions to mothers.

In Camp III Well Baby conferences were not well attended because Dr. Togasaki had turned the work over to the public health visitors. Because of their own lack of confidence felt that they could not give instructions to the mothers; so that the mothers bringing their babies into the clinic came only to weigh their babies. I shall try during the next month to reorganize these conferences so that we can give better satisfaction to mothers with infants.

Health Supervision of Pre-School Children

In both camps we are examining and weighing each child block by block. Through this service we are picking out those children who need to be seen by a physician or a dentist for further physical examinations and treatment. We advise and give appointments to many children to see a physician. The greatest number of our referrals are to the dentist.

Immunization

In Camp II all immunizations up to date have been done. We now have only to carry on immunizations as babies come of age at which immunizations are begun.

In Camp III we have 12 children who are in need of smallpox immunization; there are 14 children who are in need of typhoid immunization; there are 8 children in need of diphtheria immunization. We expect to complete these immunizations during the month of April.

School Health in Camp II

Through the teachers we received thumb-nail sketches of children who needed care. We called these children into the School Health Room for examination. Twenty-six were examined. Among those examined 18 referrals were made to the physician or dentist for further examination and care.

Eye Clinic

In both camps Dr. West held a special eye clinic. These clinics made it possible for him to pick out cases to be seen by Dr. Franklin, eye consultant of Phoenix. There are a considerable number of patients who need eye care. Their eyes have been more or less neglected since Dr. Sumida left, but now that Dr. West is expecting to have clinic once a month in each camp, again these patients will be receiving adequate care.

Problems

1. We continue to be faced almost daily with the problem of getting back records from both the hospital and the clinic in Camp I.
2. There is considerable delay in the X-ray reports. From March 7 to March 31, we did not receive a single X-ray report on any patients that had been sent to Camp I for X-ray examination.
3. The patients ordered on special diets, those in need of extra milk, and the baby foods are once again presenting difficulties. Perhaps some member of the hospital and Mr. Snelson could meet and formulate a plan that would be satisfactory to the physicians, the patients, and the mess hall workers.

Special Services

	<u>Camp II</u>		<u>Camp III</u>	
	<u>Clinics</u>	<u>Visits</u>	<u>Clinics</u>	<u>Visits</u>
Pre-natal & Post-partum	5	39	5	41
Well Baby	5	44	2	5
Pre-School	6	93	1	15
School Health	18	89	23	102
Immunization			4	26
Special Pediatrics	1	7	1	4
Eye	1	24	2	28
Diabetic Clinic	1	13		
Home Visits		41		73

cc: Dr. Pressman
Miss Rood
Dr. Powell
Miss Vickers
Mr. Uyeno

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
April 1944

MEMORANDUM TO: Miss Elizabeth Vickers
Chief Nurse

FROM: R. N. Crawford
Supervisor of Public Health Nursing
Camps II and III

SUBJECT: Monthly Report of Public Health Nursing
Activities of Camps II and III

Preschool Examinations

In Camp II Mrs. Matsuoka and Miss Sato completed the examination of 200 children ages 1-6. In Camp III we have examined 73 out of about 250 children in that age group.

The children are weighed and measured. Their clinic cards are reviewed for significant data. Instructions as to diet, care of teeth, skin, and feet are given most frequently. Good eating habits are a constant problem with the parents. The rush, noise, excitement and food service in the mess halls are a constant distraction to the children. The meals are usually prepared to suit the palate of adults. This makes the choice of foods for small children an ever present chore for mothers. I doubt if anything can be done about this feeding problem because the mess halls have neither the equipment nor the workers to prepare and serve several kinds of meals each meal.

The children who need further care are referred to Dr. West or to Dr. Bartlett's Special Pediatric Clinic.

School Health

The onset of warm weather brought about a decrease in absence due to colds.

Education

Upon request the schools were visited six times. Talks were given on personal health to the Elementary School. In the Secondary School the subject was what is being done in Poston to provide for health and sanitation.

First Aid Kits

In Camp III 26 kits were made up by the public health visitors. These were distributed to the mess halls, fire department, police station and post office.

Family Welfare Records

The information being asked for by the Family Welfare is time consuming. They desire "We would be especially interested in learning if the individual is presently receiving medical care, the nature of the illness and its prognosis, and the extent to which the diagnosis limits the patient's employability or social adjustment. Are there special factors which should be taken into account in relation to a plan for relocation?" This complete information is not available.

1. The clinic records seldom if ever give prognosis.
2. The lack of personal knowledge regarding the patient's present status can only be gotten through personal contacts.

Food Poisoning

On April 9, Dr. West was called to Camp II about 10 P.M. He found 46 people in Block 227 afflicted with diarrhea and vomiting. The morning of the next day we visited the block and found 14 people in bed. Several were still having nausea and some diarrhea. Medication as prescribed by Dr. West was given to the bed patients. Seven other people were up and about but were complaining of general weakness. These people were also given medication.

Special Diets

The question of special food and special diets is a constant irritation. The issue, I grant, is not a medical problem. But as long as the stewards do not declare some sort of a policy, the patients, mess hall workers and clinic workers are constantly at odds. The chefs had no instructions to change their policies; so the one who is in need of baby food, cereal, eggs, etc. is buffeted back and forth between the clinic and the mess hall workers.

Mess Hall Workers

It was discovered recently that in Camp III, 62 workers in mess halls have not had chest x-rays or physical examinations. Arrangements have been made with Mr. Suzuki for the x-rays. The physical examinations will be done by Dr. West a few at a time as he is able to fit the work into his general clinic.

Athlete's Foot

Athlete's foot is found in a tremendous number of patients. Most people have only slight discomfort. Both in the clinic and in the school health rooms cases found are instructed and given medication. This is like bailing the ocean with a bucket. We are treating effect and not the cause.

The causative factor is in the shower rooms. These are almost without exception dark and damp. The floors are flushed daily but porous concrete must have more than a mere flushing to be rid of its disease producing agents.

Could sanitation work out some sort of a simple procedure to make the shower rooms safer?

Communicable Diseases

In Block 220 two cases of measles were diagnosed in the clinic. It was reported from several sources that there were more cases in the block. Dr. Okonogi was ill so it was not possible to get a physician into the block to make home calls until recently. Dr. Bartlett and I went to the block manager to try to get information as to the number of measles cases in the block. He informed us only about things that we already knew.

1. Parents consider communicable diseases very lightly.
2. There is a reluctance to take children to a physician because diagnosis means hospitalization.
3. Parents feel that they can care for their children at home as well as they are cared for in the hospital.
4. Parents are not in favor of hospital quarantine; for this prevents them from seeing their sick child.
5. Hospitalization is too long.

The communicable disease control plan looks good on paper, but the system does not take into account the emotional upsets that go along with the illness of children. The human element is what makes theory function or not function.

Sera

There are many people who stroll around in rather isolated spots. Snakes are seen quite frequently.

I am told that we have animal antivenene but not human antivenene.

We recently had a person in Camp III who was bitten by a dog. The dog was not rabid, but the incident started thinking about what would be needed in case a rabid dog ever set out to do his "bit." I am informed that we have no serum for protection against rabies.

Nurse Aides

On several occasions recently the question of nurse aide training became the topic of conversation. Both parents and nurse aide candidates are afraid of the tuberculosis patients. Some community education publicizing the nurse aides work and general good health might help to lessen fear on the part of the residents.

Miss Iyama

Miss Terry Iyama, a graduate nurse aide, came to Camp II Clinic, April 10. She is a joy. It is a decided relief to have someone who is able to work without having to be coached in every detail. My only criticism is that she is not quadruplets.

Report of PHN, April 1944

Special Services

Camp II

Camp III

	Clinics	Visits	Home Visits	Clinics	Visits	Home Visits
Maternity Service						
Prenatal	4	32		4	51	4
Postnatal	3	6				
Health Services						
Newborn	4	45	7			
Infant			2			
Preschool	6	100	3	3	32	2
School	10	171	6	20	45	6
Adult						15
Immunization Service	5	60		4	40	
Diabetic Service	1	13		1	11	18
E. E. N. & T. Service	1	18				
Well Baby & Pediatric Service	1	9		3	22	
Venereal Disease Service				4	32	

Miss Vickens,

For your amusement ^{not for your files}
Enc.

This is written with apologies to the A.P.H.A.'s booklet
"The Control of Communicable Diseases"

Rumor

1. Recognition of the disease-Commencing as small talk based upon supposition. Clinical diagnosis usually rests upon the symptomatology of paroxysmal talking. Whether in the mild or severe epidemic form of the word-of-mouth transmitted disease, the onset is variable, often being sudden. It runs definite course terminating in a rapid lysis if the diseased one comes into contact with the truth. The outstanding characteristic is found in the diseased ones "loose-talk." Recognition by history of contact will lead the investigator to the source of infection.
2. Etiological Agent
Supposition and interpretation
3. Source of Infection
Loose conversation. This falls upon the ears of bystanders. The ears are very susceptible to the infection.
4. Mode of Transmission
Human carriers who have been in contact with the grapevine.
5. Incubation Period
This is a variable. It is dependent upon emotional involvement and the susceptibility of the persons exposed.
6. Period of Communicability
It commences when "loose talk" falls upon the ears. The degree of communicability varies with individual susceptibility. The period lasts from the time hearsay is repeated until the source of listeners has been exhausted.
7. Susceptibility
Susceptibility is pandemic. Immunity, either natural or acquired, is uncertain, if it occurs at all. But not every exposure results in disease.
8. Prevalence
Widespread in all regions of the world, regardless of race, climate, or geography or of sex or age. Occurs in sporadic, local or group epidemic, and commonly endemic form.
9. Methods of Control
Investigation of source of contact. Tell the truth to carriers and the disease disappears.

OUTLINE OF CLINIC AIDE COURSE

Orientation

Introduction to Course /
Hospital and Clinic Organization /
Patient, Physician, Aide Relationships /
Psychology of the Sick /
Aims of Care /

Housekeeping and Management

Care of Fixtures, Furniture and Equipment /
Care and Use of Supplies

- a. Medicines, Ointments
- b. Linens and Rubber Goods
- c. Instruments, Glassware, Enamelware

Clinic Procedures

Preparing and Handling Sterile Supplies /

- a. Gloves and Catheters
- b. Instruments
- c. Dressings

Bandaging and Application of Dressings 4
Protection of Patient and Self Against Communicable Diseases /
Intravenous and Hypodermic Treatments /
Collection of Specimens-a. Urine, b. Sputa, c. Blood /
Preparation of Patient for Examinations /
Giving of Medicines /
Treatment of Unconscious Patients-a. Faint b. Heat Prostration /
c. Coma d. Convulsion

Records and Reports /

Treatments

a. Catheterization b. Ear irrigation c. Enemas. 2

RULES FOR CONTROL OF THE COMMON "CATCHING DISEASES"
 Poston, Arizona, April 1945

- Chicken pox Keep patient at home until skin is entirely healed.
 Keep other children at home until the patient is well.
- Measles Keep patient at home until well. Isolate until 5 days after
 appearance of the rash.
 Let other children go to school.
- Mumps Keep patients at home until all swelling is gone.
 Let other children go to school.
- Scarlet Fever Keep patient at home until released by the doctor.
 Keep all other children and adults at home for the period
 of quarantine.
- Whooping Cough Keep patient at home for 3 weeks after the whooping begins.
 Let other children go to school.

Precautions
 All discharges from nose and throat should be burned. After quarantine,
 the best methods of disinfection are: soap and water, thorough cleaning, and
 use of sun and air.

流行病就テ制止ス可キ般的心得法

水痘瘡 (ニッポリ) 患者ハ皮膚ガ完全ニ根治スル迄
 屋内ニテ養生スル事。

他ノ子供達ハ患者ガ全快スル迄家屋内ニ留メ置ク事。

麻疹 (シカ) 患者ハ全治スル迄屋内ニテ養生スル事。

発疹後五日間ハ隔離ニル事。

他ノ子供達ハ通學セシメテ宜シ。

耳腺炎 (シエン) 患者ハ痊愈カ全部去ル迄屋内ニテ
 養生スル事。

他ノ子供達ハ通學セシメテ宜シ。

猩紅熱 (シロウコウ子) 患者ハ醫師ノ許可スル迄
 屋内ニ留メ養生スル事。

百日咳 (ヒヤクニカセ) 患者ハ咳ガ始ツテ以後向フ三週間
 屋内ニテ養生スル事。

他ノ子供達ハ通學セシメテ宜シ。

豫防法 風テ、鼻、及ヒ喉カラノ排出物ハ全部焼却ス可シ。
 隔離以後ノ消毒、最適用法ハ水ト石鹼ニテ長ク洗ヒ
 戶外ノ日光ニテ充分乾燥セシムル事。

子九百七十五年四月一日附

COLORADO RIVER RELOCATION CENTER
POSTON GENERAL HOSPITAL
POSTON, ARIZONA
May 15, 1944

TO: Dr. A. Pressman
Principal Medical Officer

FROM: Elma Rood
Assistant Medical Social Worker

SUBJECT: REPORT OF PUBLIC HEALTH NURSING ACTIVITIES FROM
MARCH 31, 1944 TO MAY 15, 1944 - CAMP 1

Staff: Worker, full time - 1; worker, part time - 1;
secretary - 1.

I. Change of location and work:

During April the Public Health Department moved to new quarters in the clinic building which makes for more effective use of clinic and hospital records. The responsibility for checking communicable diseases was transferred to this department since most of these diseases occur in school children and require for control close cooperation with teachers and supervisors.

II. Communicable Disease Control.

1. New record forms:

To provide for reporting of communicable diseases as required by the state department of health, new forms were prepared. These are now in use and seem to be working out satisfactorily. A daily check is kept in the Public Health office of all communicable conditions in order that steps may be taken promptly to prevent their spread.

2. Quarantine measures:

Educational material is sent to every home placed under quarantine. Each block manager controls the quarantine measures within his block under the guidance of the Public Health Department.

The school department is cooperating very well in interpreting exclusion measures among children, which means a great deal to the protection of the school population.

3. Special problem - Athlete's Foot:

Because nine new cases of athlete's foot recently reported to the clinic and because of reports from teachers that children have mild irritation of feet which are not reported, it was decided to carry on educational work on two phases of control, i.e.:

- (1) Sanitary care of shower rooms.
- (2) Personal hygiene in regard to care of feet.

All block managers and teachers now have the simple instructions, which is attached. Follow-up with block managers will be done at request of block manager's supervisor.

A day to day list is kept of cases reporting for treatment as a guide to the location of the infection by blocks. The Sanitation Department will assist in securing more attention to use of soap and water and chlorine in cleaning shower rooms. Cleanliness is basic to stamping out this infection.

III. Infant and Pre-School Supervision.

1. Weighing days in the blocks:

Weighing of babies and pre-school children is now being carried on every Tuesday morning.

2. Special problem:

Recently there seems to be an increase in the number of cases of diarrhea, five being reported in one week. This will be watched carefully and reported to Sanitation Department in case investigations of water, milk, flies, or other environmental conditions are needed. A bulletin will be prepared for mothers and will be explained on weighing days.

3. Infant feeding guide:

The use of the new feeding chart as a guide for mothers is increasing. Several mothers and fathers not previously provided with the guide have called to ask for one.

4. Restricted use of cod liver oil:

Cod liver oil is now limited by doctor's order to babies under 2 years of age. Advice is given mothers on value of sun baths and precautions to take in beginning these with young children.

IV. School Health.

1. Reports to education department on child illnesses:

A daily review is made of children's clinic records and a summary of significant conditions possibly affecting school attendance or work is sent to the school supervisor and to the child's teacher. Recommendations are made where suitable for adjustment of classroom environment or program to fit the child's needs.

2. Classroom observations:

An increasing number of notes on observations of health needs of children are being referred by teachers, and followed up by the Public Health Department.

3. Teachers handle vaccination procedures:

Poston 1 teachers handled all details of vaccination for 148 children who reported with their parents at the appointed time. There was a very good attitude on the part of the children, due in large part to the educational approach made in classrooms.

4. School health education:

Very active work has been done in elementary grades under Miss Breeze's sponsorship to bring about an understanding of sanitation in relation to the health of the community. Committees of children have visited blocks and made note of conditions which are favorable, also those on which improvements need to be made. Reports of visits and dramatic interpretations of Poston health problems have been presented in assembly periods.

An outstanding piece of work has been done by Miss Antoun's class in High School, consisting of original research on the problem of tuberculosis, culminating in the preparation of a radio skit to be presented at the High School assembly before the close of the school year.

V. Tuberculosis.

1. Provision of occupational material:

Yarn and knitting needles for ten women patients in Ward I and subscriptions to papers and magazines as selected by tuberculosis patients in Wards 1, 3 and 4

will be provided in the near future. Electrical hair clippers, scissors and combs will be secured if possible for patients in Wards 3 and 4.

2. Spending money for Phoenix patients:

The Welfare Department will check the financial status of all Poston patients in the Phoenix Sanatorium and will see what provision might be made for spending money, as recently requested by several patients.

Note: Report from Welfare Department shows difficulty in arranging for this since patients are on indefinite leave.

VI. Diabetes Education.

1. Equipment for teaching procedure:

Equipment has been assembled in Ward 7 for teaching diabetic patients to make their own urine tests as requested by Dr. Boardman.

2. Educational material on diabetes:

Educational material of a non-technical nature is in process of preparation, to be translated into Japanese. This is to be given to the patient as a means of informing him about the characteristics of his disease and ways in which he may cooperate with the doctor in his treatment. Mr. Sakamoto will take charge of translation and a local artist will do the illustrating.

VII. Handicapped.

1. Crippled children:

Arrangements are complete for care of two new cases of dislocated hips under the Arizona Crippled Children's Commission. Both children, ages 5 and 8, are to have examinations in Phoenix on May 18, preliminary to hospitalization.

2. Polio follow-up:

Two polio cases had necessary care in Phoenix during April. One was given an examination by the orthopedic specialist and seems to be doing well. A brace was not advised. One has now received a replacement of a full length leg brace, which will make walking much easier and safer. Money to pay for these two will come from the Poston Infantile Paralysis Fund.

VIII. Miscellaneous Activities.

1. Diet reports referred to steward's office:

Reports by parents of children that there is ^{IN}sufficient milk, oranges or vegetables in mess halls are now referred directly to steward's office for adjustment. The number of such complaints has noticeably decreased.

2. Survey of mental diseases:

A fairly comprehensive survey of mental cases in Camp 1 is now being completed. It will be possible to check on the whereabouts and condition of patients who have been returned to Poston after discharge. Visits will be made to homes to ascertain whether improvement of the patient is continuing.

3. Investigations in interest of relocation:

Approximately forty-five clinic and hospital records have been investigated and reports made in writing to the Welfare Department in the interest of relocation of individuals and families in which some health problem exists.

4. Surgical operations pending:

A total of 112 tonsillectomies and 6 hernia operations among school children are now listed as pending. In every case parents have requested operation.

5. Home visits:

Home visits have been made as recommended by doctors to investigate conditions of discharged patients, to give instructions to those who should report at the clinic, and to check on communicable disease conditions and control.

6. Office visits:

As far as possible, visits by parents and others to the Public Health office are encouraged in order to save the time of Public Health workers, to cut down on transportation costs, and to increase the interest of residents requiring assistance on some health problem.

7. A Summary of Causes of Baby Deaths, July 6, 1942 to March 1, 1944 has been completed and report is attached.

Recommendations.

With shortages in staff because of relocation, it is becoming increasingly important to detail responsibility for health problems as far as possible to members of the evacuee community. Such problems as concern school children can often be best handled by teachers and supervisors with cooperation of parents and with such assistance as the health department can give. Problems that have to do with block living can often be handled most expeditiously by block managers and residents of the particular block. The block managers' supervisor has been very cooperative in handling specific problems.

Educational emphasis should be placed on reasons for all procedures and simply-worded bulletins in English and in Japanese for use in the blocks are of considerable help.

Attachments

cc Medical Staff ✓
Dr. Powell

SUMMARY ON BABY DEATHS
Poston, Arizona

July 6, 1942 to March 1, 1944

Total deaths of babies under 2 years of age 28

Number still-born	6
Number who died 1st day	5
Number who died during 1st month	8
Number who died during 1st year	6
Number who died during 2nd year	<u>3</u>
Total	28

Chief Causes:

Acidosis - 1	Pneumonia - 3
Asphyxiation - 1	Prematurity - 6
Atelectasis - 1	Still-births - 6
Cessation of blood supply - 2	Tetany - 1
Congenital anomaly of heart - 1	Thymus enlargement - 1
Gastro-enteritis - 1	Toxemia - 1
Heart failure - 2	Tbc. meningitis - 1

POSTON GENERAL HOSPITAL
Public Health Department

B U L L E T I N
May 1944

"ATHLETE'S FOOT"

This is a catching skin disease caused by a tiny plant or mold, like mold on bread. This mold gets into the layers of the skin, especially between the toes. It causes redness, itching and peeling of the skin, and can make a person so uncomfortable that they cannot do their work well.

People often "catch" this disease by walking in bare feet on the cement floor of a shower room where someone who has the disease has walked. The mold lives a long time in damp places such as on damp floors, on duckboards, in shoes, on stockings and between the toes of the feet.

A very important way to prevent and stamp out this disease is to keep shower rooms clean. The floor of the shower should be scrubbed everyday with soap powder and chlorine solution, using a broom to produce a good lather. The floor should be rinsed off with the hot spray. Duckboards should be scrubbed and dried in the sun. This daily care will destroy all mold in the shower room.

The second way to prevent and stamp out this disease is to take good care to have the feet, shoes and stockings very clean. The following steps should be taken:

1. Soak the feet in warm water using laundry soap or soap powder. Rub off all old skin on the soles and between the toes. Rinse and dry thoroughly.
2. Wash stockings every night and put on a clean dry pair every morning.
3. Never walk with bare feet in shower rooms. Wearing "getas" is a good protection.
4. Put shoes out to air and dry every night and sun them as often as possible.
5. If after you do these things, you notice any itching or peeling, come in to the clinic at once. The earlier the disease is treated the quicker it will be cured.

PUBLIC HEALTH DEPARTMENT

Edna Wood
Assistant Medical Social Worker
Poston General Hospital

(4377)

cc: Dr. Pressman
Miss Rood
Dr. Powell
Miss Vickers
Mr. Uyeno

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
May 1944

MEMORANDUM TO: Miss Elizabeth Vickers
Chief Nurse

FROM: R. N. Crawford
Supervisor of Public Health Nursing
Camps II and III

SUBJECT: Monthly Report of Public Health Nursing
Activities of Camps II and III

Preschool Examinations

All children who are to enter school next fall in Camp II have been examined. In Camp III we still have about 35 examinations to do.

1. Children with defective teeth are referred to the dentist.
2. Children with conspicuous defects as revealed by inspection and recorded clinical information are referred to Dr. Bartlett's Pediatric Clinics.

Problems

1. The children in need of tonsillectomies and adenoidectomies continue in need.
2. For eye examinations we have only the regular Snellen Charts; so we cannot even roughly test the children's eyes. The optometrist does not have time to do the testing work.

Inspection of Subsistence Workers

The inspection of subsistence workers is slow but feasible.

I am of the opinion that the workers should be allowed to go to work and stay at work until examinations are completed.

1. It takes from 2-4 weeks to get chest x-ray reports back from Camp I.
2. The workers or the stewards should be issued health certificates when the work is completed.

It is a physical impossibility for the physicians to give thorough physical examinations to the mess hall workers; so we are obliged to rely on previously recorded clinical information, superficial inspection by clinic workers and laboratory reports for approving workers to handle food.

This may seem like a rather uncertain way of deciding who shall be allowed in subsistence work. But I am willing to wager that the program is far more intensive and more satisfactory than the restaurant hygiene programs now being conducted on the outside.

The work is done as follows:

1. Subsistence lists are obtained from steward's office.
2. A card is made up for each worker. It is filled out as far as possible.
 - a. Name
 - b. Address
 - c. Age
 - d. Sex
 - e. Chest X-Ray Date and Result
 - f. Wasserman-Date and Result
 - g. Clinic Record Checked for Trachoma
3. Plan for examination.

Appointments are sent out to the mess halls for workers to come to the clinic for examination. Camps II and III handle from 60-80 workers a week. Four people from five mess halls are given appointments for each examination period.

Three workers make up a team.

1. Clerk
2. Examiner
3. Aide
 - a. Takes blood for Wasserman
 - b. Weighs and measures patient
 - c. Takes blood pressure
4. Workers who have not had chest x-rays have been all given appointments in Camp I by Mr. Suzuki on our regular x-ray days.
5. Wasserman reports and x-ray reports are recorded as they come to us.
6. Workers with conspicuous disorders are sent to clinic physicians for further examinations.

Health Education Tours

In Camp II, 150 school children visited the Nursery, Chicken Farm, Fire House, and 207 Mess Hall (cleanest mess hall according to rating).

The children were taken in groups of 30-40 and were shown by the workers what was being done to protect their health, supply their food and make Poston a safe and comfortable place to live.

Rest Home

On the surface the Rest Home continues to operate in an adequate manner. Those who have to do with actual operations know that the clashing of personalities is a constant source of trouble.

I know people are human beings, but I am bothered by those who insist upon being human all the time.

Communicable Diseases

An official plan for the satisfactory isolation and quarantine of communicable diseases within the barracks is yet to be issued.

From hearsay I gather that measles is on the decrease.

Gastro-intestinal Disorders

On May 25, 3 people came into Camp III Clinic complaining of diarrhea and abdominal pain. They were all from Block 307.

That afternoon with the permission of the Block Manager, two clinic aides and I went into the block to inspect the mess hall workers.

1. We inspected 27 people for infections of the throat and skin. Nothing was found either by inspection or interrogation.
2. The menus for the week were read. No raw fish or shrimp or milk puddings had been served. Vegetable salads were the only raw foods on the menu.
3. None of the mess workers gave any history of being affected by diarrhea, vomiting or abdominal distress.
4. There was conspicuous garbage odor outside the mess hall. There was no garbage on the grounds around the garbage platform and cans. The garbage cans were covered. They were fairly clean on the outside but the inside of the cans may have been the source of the odor.
5. There were 10 people in the block who had abdominal and gastric distress. The discomfort was low grade. It lasted from 5-12 hours. None of the people affected had anything in common except eating in the mess.

Cont'd Gastro-intestinal Disorders

6. The flies in the block were terrific. The Block Manager and Chef said that they were in need of more effective fly spray fluid. They related that the flies are only stunned and not killed by the fly spray. The kitchen had a small spray gun. The Chef suggested that the Department of Sanitation do as they did last year. That is that the boys in Sanitation should come around every evening after dinner and thoroughly spray the mess halls with their electric powered sprayer.

Our staffs in all departments are becoming smaller and our workers less educated in their special duties. It is not possible to do everything ourselves.

The only choice left is that we shall have to carry on better educational programs. People can do only as much as they know how to do. Knowing how sharpens interest and gives one a feeling of personal worth. You can't do a job well if you know nothing about it; so we must resort more and more to instruction. The one who knows best how to educate his workers will be the one who will have the best control.

Report of Phn, May 1944

Special Services						
	<u>Camp II</u>			<u>Camp III</u>		
	Clinics	Visits	Home Visits	Olinics	Visits	Home Visits
<u>Maternity Service</u>						
Prenatal	5	51	1	4	63	
Postnatal	1	3				
<u>Health Services</u>						
Newborn			8			
Infant	4	38	3			
Preschool	4	35				
School	22	403	13	22	261	
Adult			7			
Immunization Service	4	71		4	47	
Diabetic Service						
E. E. N. & T. Service						
Well Baby & Pediatric Service				4	32	7
Venereal Disease Service				5	45	
Food Handlers Survey	1	15				
Children's (1-5 yrs) Exam				2	41	

REST HOME DAILY CENSUS RECORD

Date	Admission	Diagnosis	Discharged	Condition	Male	Female	Total
1944							
April 24					15	4	19
25					15	4	19
26					15	4	19
27					15	4	19
28			Toshizumi Yanai	hosp.	15	4	19
29					14	4	18
30					14	4	18
May 1					14	4	18
2					14	4	18
3	*Tomojiro Yanaga	hypertension			14	4	18
4					15	4	19
5					15	4	19
6					15	4	19
7					15	4	19
8					15	4	19
9					15	4	19
10					15	4	19
11					15	4	19
12					15	4	19
13					15	4	19
14					15	4	19
15					15	4	19
16					15	4	19
17					15	4	19
18					15	4	19
19					15	4	19
20			Jutaro Kanno	good	15	4	19
			Shigeru Yamamoto	"			
			Roy Makino	"			
			Tomekichi Sakaguchi	"			
			Shige Niisato	"			
21					11	3	14

REST HOME DAILY CENSUS RECORD

Page 7

Date	Admission	Diagnosis	Discharged	Condition	Male	Female	Total
1944							
May 22					11	3	14
23					11	3	14
24	Kiyomatsu Yoshida	Dermatitis			11	3	14
25			Hiro Matsuyama	hosp.	12	3	15
26	Mada, Denzo	Lice			12	2	14
27					13	2	15
28					13	2	15
29					13	2	15
30					13	2	15
31					13	2	15

COLORADO RIVER RELOCATION CENTER
POSTON GENERAL HOSPITAL
POSTON, ARIZONA
June 15, 1944

TO: Dr. J. F. West
Acting Principal Medical Officer

FROM: Elma Rood
Assistant Medical Social Worker

SUBJECT: REPORT OF PUBLIC HEALTH NURSING ACTIVITIES FROM
MAY 15, 1944 TO JUNE 15, 1944 - CAMP 1

(With a general summary of school
work for the year 1943 - 1944.)

Staff: Public Health Visitor, full time 1;
Worker, part time 1; secretary,
full time 1.

I. Infant and Pre-School Supervision.

1. Number under supervision

A total of 333 babies and children up to age 3 are now under regular supervision in their home blocks. Of these, 10 are babies under 1 month of age; 131 are under 1 year; 95 are under 2 years; and 97 are under 3 years.

2. Block Weighing

These children have been weighed every 2 months throughout the year and mothers have had advice on general care and feeding. Any child having digestive difficulty, skin rash or who has failed to gain, has been referred to the clinic. Improvement has been noted in dietaries as mothers are following the mimeographed plan.

3. Visits to new babies

All new-born babies have been visited once in the home by Mrs. Yanamoto during their first month. At 2 months these babies are brought to the block weighings and each has a weight graph started to show his progress.

II. School Health Supervision.

In order to give some idea of the various services which the medical department has rendered to pupils attending Poston schools, a summary has been made of the period from September 1943 to June 1944. Age group considered extends from 3 to 18 years.

Many of the services here summarized were made possible because of the daily observation and watchfulness of the classroom teachers. Without this assistance it is very likely that the needs of at least some of these children would not have been brought to light in the early stages.

1. Summary of Dental Care for School Children

Total number children given care 709

Of these, 228 had extractions
Of these, 403 had fillings
Of these, 306 had dental treatments. Several children had various types of dental care

No. in 3-5 age group 82
No. in 6-12 age group 229
No. in 13-18 age group 398

2. Summary on Eye Care

Total number children receiving attention ... 442

Of these, 390 were fitted with glasses
Of these, 34 were examined and found to need no glasses
Of these, 18 were advised to have special types of care. Among them were muscle exercise, high vitamin diet, haliver oil, treatment for sinus infection, operation on cataract. Ten were re-checked several times and given an OK.

3. Summary of Clinic Care

Total number of children in Camp 1 who have reported to the clinic at least once during the year 126

Many of these children came repeatedly over an extended period of time until their condition was cleared up.

Of the various physical disorders handled by the clinic, only those have been enumerated that have occurred fairly frequently.

- 13 - diagnosed as having appendicitis
- 13 - as asthma
- 10 - as bronchitis
- 5 - as heart
- 30 - as conjunctivitis (mainly acute form)
- 13 - as hernia
- 42 - as tonsillitis
- 22 - as impetigo
- 44 - as otitis media
- 2 - as trachoma
- 14 - treated for burns (mainly 2nd degree)
- 15 - treated for fractures

4. Summary of Hospital Care

Hospital care was given mainly for surgical cases and for diseases, principally communicable. This summary includes children from the three camps.

Children hospitalized because of operations ... 93

- 63 - tonsillectomies
- 18 - appendectomies
- 12 - hernias

Children hospitalized for communicable diseases 78

- 3 - chickenpox
- 51 - common colds
- 6 - measles
- 12 - mumps
- 3 - scarlet fever
- 1 - tuberculosis

5. Progress of Immunizations

These have progressed steadily, a very high percentage of pupils now having had protection against diphtheria, smallpox and typhoid. An offer of re-vaccination for all who were protected against smallpox more than five years ago and for those who have no vaccination scar. A total of 240 children responded on June 14, 1944.

6. Deaths Among School Children, Camps 1, 2 & 3

Between September and June totaled 5

Causes: Thymus enlargement (age 3)
Asphyxia--abscess of throat (age 4)
Gastro-enteritis (age 12)
Skull fracture--auto accident (age 17)
Heart failure--congenital heart
disease (age 18)

7. Operations Advised for Children

As a result of examinations in the three clinics, the parents of those children who were advised to have operation were interviewed, all of whom have requested the operation.

Total number of operations advised 190

Of these, 184 are listed as tonsillectomies

63 in Camp 1
28 in Camp 2
93 in Camp 3

Of these also, 6 are listed as hernia operations

1 in Camp 1
5 in Camp 3

8. Miscellaneous School Activities

1. All weighing of school children has been carried on by teachers. Much follow-up work to improve children's health has also been done by the education department.
2. Sanitary surveys have been made by school children under teacher's leadership with reports given in school assemblies.
3. Special health studies have been made in many high school classes and reference material has been supplied by the Public Health Department to a limited extent.
4. Special projects on polio and tuberculosis have been developed by high school groups.

III. Summary of Known Nervous and Mental Patients in Camp 1 as of May 31, 1944.

(Details of this report are in the file of Principal Medical Officer.)

Total number patients now under treatment in mental hospitals 15

- 3 - Arizona State Hospital, Phoenix Arizona
- 6 - Patton State Hospital, California
- 2 - Camarillo State Hospital, California
- 2 - Norwalk State Hospital, California
- 1 - Mantino State Hospital, Illinois
- 1 - Owen Rest Home, Phoenix, Arizona

Total number who have returned from mental hospitals 5

- 2 - seem to be completely recovered
- 1 - under treatment in Poston General Hospital
- 1 - under general clinic care
- 1 - has had a return of mental symptoms and is under clinic care

Total number who have had clinic or hospital care in Poston for various nervous and mental conditions .. 19

- 5 - have apparently recovered
- 12 - under clinic care and progressing well
- 1 - not improving
- 1 - not under treatment because family does not wish it

IV. Reviews of Clinic and Hospital Records.

1. For relocation office

During the month past 65 clinic and hospital records were reviewed and summarized to facilitate interviews with persons and families considering relocation. Suggestions for special care that might be needed to fit various types of physical disabilities were appended.

2. For chief steward's office

A total of 125 records of mess hall workers were checked for any condition which might make it unwise for the person to work as a food handler.

Of these, 36 were found to have no clinic record
Of these, 76 had no unfavorable health conditions
Of these, 13 had histories of physical disorders,
justifying a check-up by a physician

A total of 136 records of employed mess hall workers
and 27 records for employees of the hospital kitchen
were checked for blood tests.

V. Analysis of Causes of Infant Deaths Occurring Below Age
of 2 Years, Camps 1, 2 & 3 from May 25, 1942 to May 25, 1944.

Total number of babies born in Poston 531

Of these, the total number who died during
the first 2 years of life 23

5 - still-born

6 - expired before end of 1 day
3 - Prematurity
1 - Delayed delivery
2 - Cessation of blood supply (twins)

4 - expired before end of 1 week
4 - Prematurity

3 - expired before end of 1 month
1 - Prematurity
1 - Prematurity with congenital syphilis
1 - Heart failure with gastro-enteritis

4 - expired before end of 6 months
2 - Pneumonia
1 - Tubercular meningitis
1 - Heart failure

1 - expired before end of 1 year
23 Pneumonia

Outstanding causes of deaths during 1st month
of life were still-births and prematurity.

Total of 5 babies who were born outside of Poston died
under the age of 2 years. Of these:

1 - expired before end of 6 months
Toxemia with intestinal obstruction

- 1 - expired before end of 1 year
Acute gastro-enteritis
- 2 - expired before end of 18 months
 - 1 - Heart failure
 - 1 - Asphyxia with acute tracheo bronchitis
- 1 - expired before end of 2 years
Thymus enlargement

VI. Occupational Equipment Now in Hands of Tuberculosis Patients.

1. Ward 1 - Women

Sweater yarn and needles have been delivered to four patients. The remainder of the yarn and needles for six patients which could not be obtained in Phoenix will be purchased by the Community Enterprises and will be delivered as soon as it arrives. All magazines requested by these patients have been ordered.

2. Wards 3 & 4 - Men

Since electrical hair clippers cannot be obtained, the Community Enterprises will secure hand clippers made of good quality steel, also combs and scissors.

Magazines requested by these wards have been ordered with a slight cut in the number of subscriptions to keep within the budget allotted to this item.

3. Phoenix Indian Sanatorium

The victrola and records secured by the Poston Red Cross have been delivered to the Sanatorium. The sum of \$10 was allotted from the Christmas Seal Sale money for the purchase of extra records to be selected by the patients. Magazines requested have been ordered.

VII. Educational Materials Prepared.

1. A bulletin on the danger of drinking water from the Colorado River and swimming in the river and canals was issued to all block managers and to schools. (Bulletin attached.)
2. A booklet on Diabetes in Japanese intended for the use of patients is now completed (copy attached.) Translation done by Mr. Sakamoto.

3. Outline of talks on Diabetes are now ready for group work at which time the patients will be taught to test urine for sugar. A room in Ward 7 is now equipped for demonstrations.
4. A series of short, simply-worded articles on health problems of Poston have been prepared as reading material for use of Adult Education classes at the request of their supervisor, Mr. Conlin. These will be translated into Japanese with English and Japanese arranged in parallel columns. Topics included in this group are:

Health & Sanitation

Washing Dishes - Washing Eating Utensils -
Safe Drinking Water - Fly Breeding - Care of
Shower Rooms - Summer Disorders in Babies -
Care of Ponds in Poston - Keeping Poston Clean -
Dangers in Fertilizing Vegetables with Sludge
from Sewage Plant

Nutrition

Kinds of Milk Available in Poston - Powdered
Milk as a Drink - Fresh Home-Grown Vegetables
Available in Poston

Child Care

Diseases of Young Children - Protecting the
Young Child Against Infection - Building
Strong Teeth - Sleep for Children

Safety

Rattlesnakes in Arizona - Scorpions in Arizona

Miscellaneous

Overweight and its Dangers - Appendicitis and
its Dangers

VIII. Control of Communicable Diseases.

1. Disease incidence

The incidence of communicable disease for May 1944 is very low. In order to increase the knowledge of the disease situation in the blocks, a monthly summary is being made and posted in the block manager's office. Accompanying this are comments on the special problems with constructive suggestions for combatting or preventing these conditions by the block residents. (Copy for May attached.)

2. Report on Diseases in Arizona (of general interest)

During May a report was published by the State Department of Health giving the incidence of certain diseases during the period January 1 to April 1944. Among other diseases it was noted that there were 45 cases of diphtheria, 15 cases of malaria, and 15 cases of typhoid and paratyphoid in the state as a whole.

During this same period, Poston had no cases of these diseases.

3. Communicable disease reports

The three clinics are doing very well on weekly reports of communicable diseases and completed immunities. Reports go in to the Principal Medical Officer every Saturday morning for relay to State Department of Health.

4. Swimming pool, Camp 1

There is considerable distress in school circles about the condition of the water in swimming pools and canals and the fact that the school can no longer approve swimming as a healthful form of recreation. I believe if an estimate could be secured on what it would cost to make such changes in the pool, that the water could be disinfected, people in this camp could raise the money to pay for it.

IX. Infantile Paralysis Fund.

Directions were received from the National Foundation to the effect that 50 per cent of the total amounts collected in 1943 and 1944 might be retained in Poston. The remainder is to be sent to the Foundation as a contribution to their research program. Two polio patients, one from Camp 2 and one from Camp 3, are now beneficiaries of this fund.

X. Recommendations.

1. That every encouragement be given by the Public Health Department to any community effort aiming to recondition the swimming pool in Camp 1.
2. That, since two years will have elapsed since health examinations were made of the general school group,

a check-up of the physical condition of all school children in the fall of 1944 would be desirable. The use of the clinic rooms in the adobe building would save time of all concerned and could be arranged conveniently for the doctor. (A summary might be made of all clinic records and only those names selected in which there is no record of condition.)

3. That efforts to secure the loan of an audiometer be revived so that school children who are retarded might be tested for possible hearing loss and special provisions made for seating and for lip reading exercises.
4. That reports of all significant communicable disease happenings in Poston be forwarded regularly to the block manager's supervisor's office so as to foster greater responsibility for maintaining health in the blocks by the residents.
5. That each case of quarantinable disease continue to be checked through, (1) the block managers and (2) the schools so as to increase the cooperation now given in controlling the spread of communicable diseases.
6. That an official note of appreciation be sent to the block managers for their help this past year in reporting suspicious conditions in putting up and taking down quarantine signs, and in cooperating generally in establishing control measures in their blocks.

TARO YAMAMOTO
LEARNS TO LIVE WITH DIABETES

Taro Yamamoto had been very well and strong all his life. He was well nourished, his wife being a very good cook; in fact, he was inclined to be quite a bit overweight. He loved his truck garden and was always able to raise as much or more than any of his neighbors.

When Taro was forty-five years old, he began to notice that every night he felt very tired. Although he had a big appetite and certainly did enjoy his meals, still he seemed to be hungry all the time. He drank a lot of water; in fact he carried a jar of water with him to the field everyday. Yet he seemed to be thirsty all the time and never got enough to drink.

His wife thought this was very queer and felt that he should go and see a doctor and find out all about it. The doctor looked Taro over carefully and said right away that it certainly was very important to examine his blood and urine. When Taro was weighed he found that he had lost about ten pounds in weight. The doctor also discovered that he had a cut on his leg that seemed to be taking a very long time to heal, much longer than usual.

* * * * *

The next day when Taro called to get the report from the doctor, to his surprise the doctor told him that he had diabetes. He said Taro would have to learn how to take good care of himself so the disease could be controlled. He arranged for Taro to come back everyday for a while to learn more about what he should do. The doctor sat down in his big chair and talked with Taro quite a while. He explained that when a person has diabetes, the body is no longer able to take care of sugar. Since the sugar is not used in the body the blood and the kidneys do their best to get rid of it. The doctor said that when he examined Taro's blood, he found a lot of sugar there, much more than there should have been. And when he examined the urine, he found that was full of sugar, too. The doctor said that the reason why Taro felt so tired and why he had lost in weight was because so much sugar was being lost everyday.

The doctor examined Taro's leg again carefully and explained that in diabetes any cut, even a very tiny one, is apt not to heal up well, and that it sometimes became badly infected. He painted the cut with an antiseptic, put a sterile gauze compress and a bandage on it.

He said that Taro should use an antiseptic on any cut, however small, and that he should keep the skin very clean and dry at all times.

The doctor then told Taro about what he should eat. He said that the right kinds of food and in the right amounts from now on would be his medicine and that Taro would have to learn to eat the right things so that he could keep in good condition. The doctor told him that everyday he should eat as follows. He gave him this list:

Breakfast--

Cereal - 1 cup, cooked or dry
Milk - 1 cup
Bread - 1 slice with butter or margarine
Egg or meat
Fruit - Orange, apple, applesauce, banana, grapefruit, grapes or tangerine

Lunch--

Vegetables:

Cooked Green - 1 cup; green beans, beet tops, broccoli, asparagus, swisschard, turnip tops, celery or cabbage.
Cooked brightly colored - 1 cup; carrots, yellow turnips, squash, beets, peas, corn or tomatoes.
Bread - 1 slice with butter or margarine
Meat, cheese, tofu or fish
Fruit
Tea, coffee, postum, unsweetened cocoa or chocolate

Supper-- (same as lunch)

Vegetables - raw, 1 cup; cooked, 1 cup
Meat, cheese or tofu
Bread - 1 slice with butter or margarine
Fruit
Tea, coffee, postum

The doctor said that if his tea, coffee, postum, cocoa, cereal or fruit needed to be sweetened he was to use saccharine. These little white tablets make food taste sweet but are not sugar.

The third week when Taro came to the doctor's office, the urine test showed that he was better. There was considerably less sugar in the blood and urine--all because Taro had followed the doctor's orders about his eating.

This time the doctor advised Taro not to become tired; whenever he worked very hard he should rest a while. He should have eight hours of sleep every night. Taro thought this was a lot of sleep for a busy man to take and that the neighbors would think he was lazy. But the doctor said

never mind what the neighbors think--Taro is out to conquer diabetes and that was the most important thing.

The doctor examined Taro's leg again and said it was getting along very well. He cautioned Taro never to cut his toe-nails down at the sides but always straight across. He said sometimes a nail infection is very serious, and results in the loss of the toe or even the whole foot.

* * * * *

The fourth visit that Taro made to the doctor showed that there was much more sugar in the blood and urine and Taro said he was not feeling well at all. When the doctor questioned him to know what could have caused it, Taro confessed that a good neighbor had brought in a tray full of manju. It smelled so good that Taro could not resist eating it, in spite of what the doctor had told him. So the doctor said that now Taro would have to stay in bed for several days and that he must be very, very careful in the future to follow the doctor's orders. Taro saw any visions he might have had of sweet rice cakes, ice cream, and bottled drinks disappearing in the distance.

* * * * *

At the end of a week when Taro returned, the doctor found him much better. But even so, sugar was still found in the blood and in the urine. So the doctor told Taro that he was now going to give him a medicine called insulin, which would help him to use the sugar in the blood in the right way so that it would not be wasted in the urine. He said that this medicine would make Taro feel much better. The doctor gave Taro the first injection of insulin in his arm and told him to come back the next day and bring four samples of urine with him. The doctor said he wanted to watch the effect of the insulin so he would know how to regulate the amount.

Taro learned that insulin is a very wonderful and powerful drug and that it must be given very carefully. The doctor said that thousands of people with diabetes are now using it and are feeling much better because they do not lose as much sugar as before.

On the next visit the doctor told Taro that it was time now for him to learn how to test his own urine and recording the color with colored chalk. In a month or so the doctor said he was doing so well that now he might learn how to take his own insulin. Then he would not need to come to the doctor everyday. He would still know how he was getting along, because he would continue testing his urine everyday.

RECORD OF URINE TEST - MONDAY AND TUESDAY

MONDAY--

<u>Time</u>	<u>Circle or Underline</u>			<u>Color of Test</u>
6:45 a.m. specimen	Blue	Green	Orange	Red
10:00 a.m. specimen	Blue	Green	Orange	Red
2:30 p.m. specimen	Blue	Green	Orange	Red
7:00 p.m. specimen	Blue	Green	Orange	Red

TUESDAY--

6:45 a.m. specimen	Blue	Green	Orange	Red
10:00 a.m. specimen	Blue	Green	Orange	Red
2:30 p.m. specimen	Blue	Green	Orange	Red
7:00 p.m. specimen	Blue	Green	Orange	Red

URINALYSIS RECORD

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sat.
Insulin							
Test Color							
Insulin							
Test Color							
Insulin							
Test Color							

The doctor explained that there were several very important things he must do when taking injections of insulin.

First, he must take the exact amount and at the exact time that the doctor orders it. Second, he must keep a simple record of what he ate and the time of his meal. Third, at every urine test he must show the result in color. Fourth, and the doctor said this was most important, he must carry a piece of hard candy in his pocket and take it at once if he felt shaky, sweaty or hungry. The doctor said sometimes people with diabetes became sick in this way if they had too much insulin or too much exercise or too little food. In this case the candy was a life saver until the patient could reach a doctor.

* * * * *

Two months later we see Taro in the doctor's office. He looks very well and he says he feels well. He tests his urine three times a day and takes his own injections of insulin. He follows the doctor's directions on his diet very carefully and is usually able to keep his urine test blue or green. He works everyday but is careful to rest whenever he gets very tired.

The doctor is proud of Taro because he has learned to manage his own diabetes with a little help from the doctor along the way. Taro is likely to live a long time because he learned how to control his diabetes.

All diabetics should learn to do what Taro did, which was to know their disease and then to follow the doctor's advice faithfully in caring for themselves.

Directions.

1. Test urine on Monday and Tuesday and record.
2. Come to the clinic on Wednesday at 1:30 p.m. and bring 2 samples of urine with you:
 - 1 before breakfast
 - 1 at 10 a.m.
3. Label these with--
 - (1) Name
 - (2) Address
 - (3) Date
 - (4) Time
4. Take these to the laboratory.
5. Go to the clinic to see the doctor.

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
June 12, 1944

(4477)

WARNING TO POSTON RESIDENTS!

Recently a large number of people have reported to the medical clinics for severe infections of eyes, ears, nose or throat. Many of these people have been swimming in the irrigation canal or in the river and some have been drinking water from the Colorado River.

The water both in the river and the canal is often heavily contaminated. Decomposed bodies of cats, dogs, and other animals are often found in it, and waste of various kinds, both human and animal, are known by laboratory tests to be in the water.

Besides the infections mentioned, such serious diseases as typhoid, dysentery, and infantile paralysis may easily be contracted from polluted water. Children especially are very susceptible to these infections and should be safeguarded in every way.

People of Poston who swim in the river

or canal or who drink the water do so

at their own risk!

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

cc: Dr. Pressman
Dr. Powell
Miss Vickers
Mr. Uyeno
File

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
June 1944

MEMORANDUM: Miss Elizabeth Vickers
Chief Nurse

FROM: R. N. Crawford
Supervisor of Public Health Nursing
Camps II and III

SUBJECT: Monthly Report of Public Health Nursing
Activities of Camps II and III

Subsistence Workers

In Camp II, 95 out of 502 workers have had initial inspections for conspicuous defects.

70 vena punctures for Wassermans were done, 13 out of 70 were hemolized because of slow mail service and heat. Once again we learned the hard way-through experience. If and when tubes are available in quantity, the blood will be centrifuged and the plasma only will be sent out to Phoenix for examination. Ehrlich tried 606 times before he got the right combination. But we hope for better luck with fewer tries.

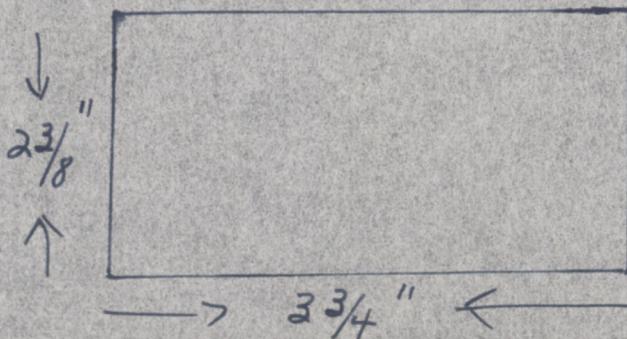
In Camp III, 106 out of 122 workers have had initial inspections.

112 Wassermans vena punctures for Wasserman were done, 33 of these were hemolized by heat and slow mail service.

In both Camps all workers have had chest X-rays.

Food Handlers Certificates

Suggested Form
Usual size of identification cards.



Baby Food

Mr. Burdick and I recently had a minor skirmish over the distribution of canned and dried food. He delivered the prunes, raisins, canned and dried food in Camp II to the clinic.

In Camp III the food stuffs were moved from Block 310 to a small room in the Administration Building.

Mr. Burdick would like to set up a combination canteen and Educational bureau. That might be very fine in a demonstration program. But we already have many problems which have yet to be solved without creating more work for ourselves.

This (please excuse the repetition) is a distribution problem. The mothers must go to the mess halls for eggs, oranges, meat, fish, bread, butter, and milk for their babies. Why should they have to tramp blocks away for canned and dried food?

Is there any possibility of settling this question soon? The problem has been stated in writing, (November 1943, March and April 1944.) It has been hashed and re-hashed in medical meetings, but we continue to be in need of a working plan.

I am concerned because the mothers and babies are buffeted between the mess halls and the clinics.

Follow-up

We have through thorough going case finding programs found many people with diabetes, and tuberculosis. All present a problem which is common to all Regular follow-up care.

Up to the present time no routines have been established. The result is that when the particular person who is responsible for a particular group leaves the project, the patients are ignored.

Simple routines which could be carried on by lay workers would be of value to both the patient and the ever changing medical staff.

Chest X-ray Readings

During the past month in Camps II and III 2397 chest X-ray reports were tabulated. Charts were made namely- Conditions- Age groups- Occupational groups. The X-ray reports in reference to Conditions almost defy classification because no code has been established. Each physician has his own distinctive vocabulary. A code would make for simplification and much better understanding when classification and appraisal work is to be done.

Special Services

	<u>Camp II</u>			<u>Camp III</u>		
	Clinics	Visits	Home Visits	Clinics	Visits	Home Visits
Maternity Service						
Prenatal	4	51		5	60	
Postnatal	1	1		3	4	
Health Services						
School	5	42		8	150	
Infant			11			
Preschool				2	38	
Immunization Services	4	75		4	46	
Well Baby Services	5	40		3	16	
Pediatric				1	8	
Food Handlers	8	95			106	
Veneral Disease Service				5	32	

REST HOME DAILY CENSUS RECORD

Date	Admission	Diagnosis	Discharged	Condition	Male	Female	Total
1944							
June 1					15	2	17
2					15	2	17
3					15	2	17
4					15	2	17
5					15	2	17
6					15	2	17
7					15	2	17
8					15	2	17
9					15	2	17
10					15	2	17
11			<i>Saitaro Kato</i>		15	2	17
12			Shinjire Kato	Hospital	15	2	17
13					14	2	16
14					14	2	16
15					14	2	16
16					14	2	16
17					14	2	16
18					14	2	16
19					14	2	16
20					14	2	16
21					14	2	16
22					14	2	16
23					14	2	16
24					14	2	16
25					14	2	16
26			George Uyeno	Hospital	14	2	16
27					13	2	15
28					13	2	15
29					13	2	15
30			Tomojiro Yanaga		13	2	15

cc: Dr. Pressman
Dr. Powell
Miss Vickers
Mr. Uyeno
Miss Crawford
File

PUBLIC HEALTH DEPARTMENT
Poston, Arizona
July 1944

Memorandum to: Miss Elizabeth Vickers
Chief Nurse

From: R. N. Crawford
Supervisor of Public Health Nursing
Camps II and III

Subject: Monthly Report of Public Health Nursing
Activities of Camps II and III

Chest x-ray finding

From July 7, 1942 - June 15-, 1944, 3041 chest x-rays were had by people in Camps II and III.

	Camp II	Camp III
*No. of individuals having chest x-rays	1167	1874
No. of individuals presenting negative findings.	84%	78%
- No. of individuals presenting tuberculous infections.	10%	10.00%
No. of individuals presenting other abnormalities.	5%	12%
	<u>99%</u>	<u>100.00%</u>

*More than the above numbers of chest x-rays were taken. The count does not include re-x-rays. Each person was counted once only. - Such readings as Ghon tubercle, primary infection, infiltrations and calcifications are not included.

With such a sampling, several conclusions can be made.

1. The possible extensiveness of tuberculous infection in the population as a whole.
2. As more people are x-rayed (i.e. contacts and food handlers) more medical, nursing, laboratory, and x-ray hours would be necessarily required by the chest disease service.
3. Out of 3041 chest x-rays in Camps II and III, 1 out of every 10 presents a tuberculous infection which warrants further investigation of the patient. Contacts and environment.

Diabetic Patients

These patients are now being visited once a month. A week before they are due to come to clinic, a worker checks to see if:

1. Sufficient Benedict's Solution is had by each patient.
2. The patient is in need of new needles or syringe.

Instructions are given as follows:

1. First and Second Day

Four specimens of urine are to be tested. Specimen time, 7 A.M., 10 A.M., 3 P.M., 7 P.M. The third day the 7 A.M. and 10 A.M. specimens are brought to the clinic. These are tested in the Clinic. They are used as checks against the patients' tests.

2. Third Day

- a. The patients' record of tests and the clinic's record of tests are recorded on the clinical charts.

3. Fourth Day

- a. The patients come to the clinic to be seen by the physician. With them they are supposed to bring hypodermic syringe. If the physician changes the dosages of insulin, this change can be immediately demonstrated.

The diabetics are now being seen in the general clinics. Two to four are given appointments for one day. In this way the number of patients coming to the clinic daily is equally distributed.

Physiotherapy

The physicians who send patient to the clinic for this care could help if they would state:

1. The number of treatments patient is to have.
2. When patient is to return to him for examination.
3. Specific treatment to be had.
4. Request for Dr. Kuwada to record progress notes.

Prenatals

No. of deliveries expected:	Camp II	5
No. of deliveries expected:	Camp III	2

Throat Examinations

Dr. Pressman examined childrens' throats in 3 afternoon clinics.

Camp II	No. of examinations	75	
	No. of T&A's recommended		43
Camp III	No. of examinations	132	50
		<hr/>	<hr/>
	Total examinations	207	
	T&A's to be done		93

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 Report of PHN, July 1944

<u>Service</u>	<u>Camp III</u>			<u>Camp II</u>		
	Clinics	Home Visits	No. of Pts.	Clinics	Home Visits	No. of Pts.
Diabetic	0	14	14	0	10	10
Immunization and TB testing	5	0	54	5	0	62
Maternity						
Prenatal	4	0	58	4	0	52
Postnatal	1	0	1	2	0	3
Well Baby	2	0	8	4	17	54
Pre-school	4	0	37	0	0	0
Special Pediatric	0	0	0	1	0	10
Throat Examination	2	0	132	1	14	89
Venereal Disease	4	0	37	0	0	0
Food Handlers	0	0	0	5	0	91
Tuberculosis	0	0	0	0	6	3

MONTH OF JULY

Date	Admission	Diagnosis	Discharge	Condition	Male	Female	Total
July 1			Mr. Yanaga	Hospital	12	2	14
2					12	2	14
3					12	2	14
4					12	2	14
5					12	2	14
6					12	2	14
7	Yanaga	Cardio vascular disease Senility			12	2	14
8					13	2	15
9					13	2	15
10					13	2	15
11	Kanno	Frac. Ankle			13	2	15
12					14	2	16
13					14	2	16
14					14	2	16
15					14	2	16
16	Uyeno	Strict. of Urethra Blind			14	2	16
17					15	2	17
18					15	2	17
19			Mr. Arita	Camp I Blk 46	15	2	17
20					14	2	16
21					14	2	16
22			Mr. Shigaki	Camp I	14	2	16
23					13	2	15
24			Mr. Yoshida	Hospital	13	2	15
25					12	2	14
26					12	2	14
27					12	2	14
28					12	2	14
29					12	2	14
30					12	2	14
31			Mr. Mada	Camp I Blk 6	12	2	14