

J2.795

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Hospital

L O G

SANTA FE, NEW MEXICO

November 19, 1943

9:15 A.M. - Arrival at Santa Fe Detention Station, New Mexico.  
to Promptly started interview of doctors in Dr. Benjamin M. Tanaka's office.  
11:15 A.M.

Dr. T. H. Furukochi Poston Hospital situation outlined. Requested his assistance at Poston. No immediate definite answer. Willing to come to Poston provided internees permit and if another M.D. is substituted in his place.

Dr. Yokichi Uyehara Willing to come to Poston. Anxious to know how soon he can come. The sooner the better.

Dr. Gensuke Akimoto Practices general medicine also. (Ear, Eye, Throat, Nose) Willing to come to Poston provided government permits. Family will join after his arrival in Poston.

Dr. Jiro Yoshizawa Speaks in a very fine manner. Understands situation at Poston. Therefore, willing to come to Poston as soon as permit is received.

Both Dr. Uyehara and Dr. Yoshizawa have applied to Washington, D.C. for permits for transfer to Poston about a month ago. Both doctors very anxiously awaiting their permits.

Afternoon - interviewed several doctors. Not very good result.  
2:00-4:00 P.M.

Dr. Tokujiro Yanai No definite answer.

Interviewed officials of internee group such as Messrs. K. Mukaeda and Kondo, and few others to push the above matter and explain about our need for doctors. They can help us to get Dr. Furukochi who is a fine doctor and willing to serve persons.

6:00 - 8:00 P.M.

Mr. Azuma G. Kubo Supervisor of orderlies and general hospital manager. Excellent candidate for our hospital in Poston.

Dr. Furukochi                      Promised to give definite answer tomorrow, on the 20th.

An extremely busy day.

November 20th, 1943

9:30 A.M.- Arrival at Santa Fe Detention Station. Continued interview of doctors.

Dr. Furukochi                      Willing to come to Poston provided government permits.  
Wife in free zone. Living at 3101 Douglas Street, El Paso, Texas.  
Will call wife after Dr.'s arrival in Poston.

Dr. Benjamin M. Tanaka (surgeon)      Graduate of Medical College, Portland, Oregon.  
Willing to come to Poston provided government permits.  
Family at Minidoka. Will call for them after Dr.'s arrival in Poston.

Dr. Uyehara )  
Dr. Yoshizawa)                      Families in Honolulu, Hawaii. Therefore, no need to call them here.

Dr. Akimoto                      Family in Relocation Center.

Applications(personal) to be sent in to Mr. Lloyd H. Jensen, Commanding Officer, Santa Fe Detention Station, for:

- 1) Parole
- 2) Transfer to Poston

Azuma G. Kubo                      Business manager at Santa Fe Hospital.  
Will be paroled very soon from Santa Fe.  
Brother residing at Block 46 - 10 - C, Poston, Arizona.  
Desire reunion with brother at earliest possible date.  
Excellent candidate for local Business Manager.  
Complete understandings made with him.

Receipt of permission from Mr. Jensen to interview the list of internees I had with me.

48 internees interviewed I was pleased to find out that:  
Everyone highly respects Mr. Jensen.  
They are all being accorded excellent treatment.  
They like Mr. Jensen very much for his cooperation in every way.

I shall be very happy to be able to tell Poston Internee families of the fine treatment and special accommodations made by Mr. Jensen.  
Most internees are healthy and also behaving properly.

Mr. Yukitaro Kawasaki interviewed:	16 internees
I (Aijiro Takahashi) " :	7 doctors
	48 internees
Total -	<u>71</u>

Another busy day thus ended.

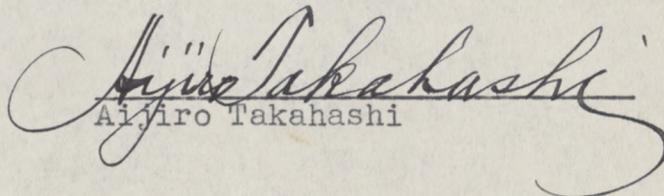
November 21st, 1943

Left in the morning -- 10:00 A.M.

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Additional information contained in Travelogue, WRA Form.

Respectfully submitted,

  
Aijiro Takahashi

*J. Powell*

January 7, 1945

NOTES ON VISIT TO POSTON

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The Poston visit was studied over a period of five days from January 4 through January 8. During this time conferences and discussions were held with various groups and Department Heads of the Health Section as well as with the Chief of Community Management and the Project Director. The visit coincided with the arrival of the recently appointed Principal Medical Officer, Dr. J. D. Dunshee, who entered on duty on January 2.

The first discussions were held with Dr. Dunshee and Dr. John Powell, Head of Community Management Division, for the purpose of acquainting the Principal Medical Officer with the duties and responsibility of the position and to acquaint him with major WRA policies, especially in regard to health services for the community.

A subsequent meeting with the Hospital Administrator and the Principal Medical Officer concerned itself with a review of specific regulations referable to the Health Section and will be detailed under appropriate heading later in the report.

Office of Principal Medical Officer

In the discussions with Dr. Dunshee in which Dr. Powell participated, it was stated that Dr. Dunshee is assuming the position of Principal Medical Officer and will be the responsible administrative head of the Health Section, that for at least three months he will be in an acting capacity, and that after this period with a record of satisfactory performance of his duties steps will be taken to confirm the Doctor permanently in the position of Principal Medical Officer with the appropriate grade and remuneration.

The organization of the Health Section and a discussion of the various departments and functions of the Health Section then ensued in order to give the Doctor an over-all concept of the functions and responsibilities of this position.

It was pointed out to Dr. Dunshee that WRA is entering into a new phase of activity which will lead to eventual relocation of the residents and anticipated closing of the center within the period of approximately one year. The role of the Health Section in this latter work was especially emphasized, and indications were given as to how the problem might be met.

The essential need was to orient the new Principal Medical Officer in the philosophy and workings of the WRA and to lay down some principles to guide him in the discharge of his duties. Dr. Powell participated in these discussions, and subsequently I reviewed section by section the Administrative Manual on the Health Section (30.2) with Dr. Dunshee with the view of clarifying specific features of his duties and responsibilities.

*Leaf*

### Special Dietetic Services

A recent change in the Steward's Department personnel necessitated a review of the provisions for handling of special diets outside of the hospital and the importance of bringing the Hospital Dietician into this field of work. Previous to this the special diet problem was being handled by one of the assistant stewards, and the latter had taken over the office of the Chief Steward which made it impossible for him to carry on with the special regimen. Also because the Hospital Dietician was a comparative new comer to this Project, she had not taken over this phase of her work.

It was, therefore, deemed necessary to reopen the subject, placing the program under the Dietician's supervision. This did not entail any fundamental change in the handling of special diets for ambulatory patients, and children and infants' feeds except for transferring the responsibility of supervising the program from the Assistant Steward, Mr. Burdick, to the Dietician, Mrs. Bruner. It was agreed that the method of providing special diets had been satisfactory and within the provisions of established WR<sub>2</sub> policy or regulations. The new element introduced was to instruct the Dietician to review the existing standard special diets for the purpose of revising their contents, where indicated, adding to, or deleting from, wherever she thought it advisable and designated her as the responsible persons for implementing these special diet services. This was agreeable to all concerned, and the program was made effective immediately.

Dr. Dunshee and Dr. Powell also participated in these discussions.

### Medical Staff

A meeting was held with the Medical Staff and the new Principal Medical Officer, primarily to formally introduce Dr. Dunshee to the Staff and to comment on the part that the Health Section will play in preparation for relocating the residents and the closing of the Center. Those participating were: Dr. Bartlett, Dr. Boardman, Dr. Dunshee, Dr. Muralani, Dr. Murase, Dr. O'Connell, and Dr. Terrall.

It was recommended to the Principal Medical Officer that several copies of Manual Section 150.1.1 be made for distribution among the members of the Medical Staff for their study.

It was emphasized that no profound changes in relationship between the Principal Medical Officer and the Staff were contemplated and that generally the same organization revolving mutual professional problems will obtain as heretofore. I called the attention of the Staff to the role that has been assigned to the Health Section in providing information to the Relocation Office in the case of people whose health problem presents an important factor in their relocation problems. The importance of this information as a factor in adequate planning for the people in question was stressed, as well as the necessity for gearing the

### Medical Staff (cont'd.)

professional activities towards that objective. The necessity for reporting communicable diseases, essentially tuberculosis and venereal diseases, to the appropriate state and county health departments was also pointed out, especially as it was a legal obligation on our part to advise health departments of the prospective arrival in their communities of such cases.

The question was brought up as to what our policy should be with respect to rehabilitating or correcting existing medical or surgical conditions which lend themselves to a correction before people relocate. The opinion was expressed by several members of the Staff that there is a feeling of insecurity and concern on the part of the residents that their medical or surgical ailments will not receive the attention that they have been accustomed to in the centers and that if it were at all possible to do this corrective work that it would be an aid to the residents in furthering the relocation plans. I advised the Staff insofar as facilities, time, and other pertinent factors permitted, that as much as this rehabilitation should be done either on the Project or off the Project as was possible. It was understood, of course, that such a program should not be carried through at the expense of acute medical and surgical services as they occurred from day to day.

### Dental Staff

The meeting with the Dental Staff was for the purpose also of introducing the new Principal Medical Officer and to comment on some unfortunate practices in the Dental Department. Participating in this discussion were: Dr. Imoto, Dr. Ito, Dr. Kato, Dr. Nakadate, Dr. Hamiki, Dr. Takeda, and Dr. Yoshimura.

Reports had been given me by the Welfare Department and the Medical Social Worker on the Project that people had been requested to pay for dental services, especially where it involved the processing of dental plates. Specifically there were three cases on record in the Welfare Department which indicated that people had been obliged to borrow anywhere from 80 to 100 dollars in order to pay for dentures. One case was of an old man who had been receiving public assistance grants who was obliged to borrow 80 dollars in order to get a set of teeth. These cases were brought to the attention of the Dental Staff with a reminder that WRA regulations provide for the furnishing of dental services including full or partial dentures, where indicated, free of cost to the residents. The particular section in the Administrative Manual relating to this subject was again read to the Staff as it had on several previous occasions. The Staff was also reminded that many many months previous to this they had been advised of this provision of WRA regulations, especially as the instruction in question was circulated among all members of the professional staff at the time of its issue. It was also pointed out that provisions had been made for the processing of such dentures on the Project, when possible, or by sending impressions out to dental laboratories when it was not feasible to complete the work in the Project Dental Laboratory. There was no dissent from these established factors, and no

### Dental Staff (cont'd.)

explanation was offered for the practice of charging a private fee for dental services. The Dentists were reminded that accepting fees for dental services in a Center beyond the cash allowance payed by the Government constituted private dental practice and as such was subject to the regulations of the Dental Practice Act of the State of Arizona. Any dentist carrying on such practice without such license in this State, therefore, placed himself in jeopardy of violating that law and possible prosecution.

The appeal to the Dentists was on the basis of their professional ethics in sense of obligation to the people of the Community, and they were requested to discontinue this private practice of dentistry forthwith. They were given to understand that the people of the Community will be made acquainted with WRA regulations offering free dental services, and any subsequent violation of these provisions would lead to drastic disciplinary action. There is reason to believe that the Dental Department will conform to WRA policy as regards dental services henceforth.

### Relocation

A conference was called by Dr. Powell to discuss the recently released Manual Section 150.1.1 and also the Manual Release on Medical Care in Connection with Relocation, Section 130.15.1. It was a joint discussion between the Health, Welfare, and Relocation Divisions, and was participated in by Mr. Corliss Carter and Miss Dorothy Stevick of the Relocation Division, Mr. Dollins of the Washington Office, Miss Butler of the Welfare Division, Miss Chertov and Mrs. Poole of the Medical Social Service Department, and Dr. Dunshes and myself. The discussion centered about the ways and means of providing adequate information to the Relocation and Welfare Divisions of such health problems as would require advance planning as a part of the relocation plan.

The following conclusions were reached: (1) That the Health Section provide the Relocation Division with a check list of tuberculosis cases and venereal disease cases so that our obligation to report these communicable diseases to the appropriate state health departments could be carried out effectively. (2) That in the case of tuberculosis patients a more comprehensive report on a form furnished by the San Francisco Office, which includes specific recommendations for future follow-up, be furnished to the Relocation Division from the records in the Hospital; that these reports are essentially of professional nature and should be made out by a physician. (3) That Relocation or Welfare Division refer significant health problems as they have been brought to their attention during family interviews to the Health Section for examination; that the Health Section submit an adequate professional report with specific recommendations, in such cases, back to the Relocation Division on appropriate forms to be developed by a joint committee of three sections. (4) In order that the above may be effectively carried out, it was

### Relocation (cont'd.)

suggested that the Principal Medical Officer designate one physician, who may be himself, whose duty it would be to make these examinations and render these reports. It was also felt that the scope and importance of this work might require the full time services of a physician and that all problems in connection with relocation requiring a medical recommendation should be channelled through that one source. It was also thought that a separate panel or review committee within the Health Section might be constituted to handle these reports and to review borderline cases. Such a committee will be composed of one physician, a medical social worker, public health nurse, or the Chief Nurse. The details and planning for this panel were to be left for the Principal Medical Officer's determination.

### Medical Social Service

With the arrival of the new Principal Medical Officer, it was deemed advisable to review the functions and the responsibilities of the Medical Social Service Department, to clear up some misunderstanding which have heretofore existed, and to establish and clarify some procedures in the handling of medical social work.

Discussions were, therefore, held with Miss Chertov, Mrs. Poole, and Dr. Dunshee. Outlines of the Medical Social Worker's functions and other procedures relating to her work were reviewed and clarified. In the handling of Off-Project medical care cases, the Medical Social Worker's responsibility consisted in discussing the case with the family, submitting appropriate reports on the case to the Principal Medical Officer, contacting the consulting physician or surgeon when requested to do so or when indicated, obtaining medical reports on the case from the physician in charge of the patient, and arranging to receive reports from the consulting physician or surgeon and accepting responsibility for continuing follow-up on the case after discharge back to the Center. Any difficulties with other members of the professional staff encountered in carrying out these functions were to be presented to the Principal Medical Officer for solution or appropriate action. It was felt that the Medical Social Worker was to look for guidance to the Principal Medical Officer.

The discussions of the previous day with Relocation and Welfare Division were further clarified, and the Medical Worker's role in that program was re-emphasized. It was felt that with Dr. Dunshee's previous experience, no fundamental difficulties will arise in this Department.

### Nursing Staff

In these discussions Miss Vickers, Miss Crawford, Mrs. Dunshee, and Dr. Dunshee participated. Attention was called to the new Manual Section

### Nursing Staff (cont'd.)

150.1.1 and the part the Health Section will play in the newly announced relocation program. Copies of these sections were to be made available to the Chief Nurse and the Assistant Chief Nurse.

It was emphasized that several public health reports will have to be made available either for reporting purposes or to enable or to make possible an adequate advance planning for medical care. It was suggested that Mrs. Dunshee be made acquainted with the public health nursing program as it operated at the present time and that in view of her experience in the public health nursing field that she assume some responsibility in this phase of the work.

It was pointed out that the Health Section would attempt to do as much rehabilitation work before the people relocated as it was possible, and that the Nursing Service should make appropriate plans to accomplish this objective. It was realized that this would entail further straining of already burdened Nursing Service but that everyone would have to give a little more of his time and effort to further this program.

### Hospital Administration

To acquaint the new Principal Medical Officer with the functions of the Hospital Administrator's office, a conference was held with Mr. Herbert Carter and Dr. Dunshee. Regulations regarding procurement, property control, inventories, off-project medical care, personnel policies, transportation, and other related problems were reviewed and clarified.

Emphasis was placed as to future policy on requisitioning of supplies and equipment in view of anticipated closing of the centers. It was stated that the inventory should be kept at a minimum consistent with essential needs and that non-expendable items of equipment and supplies should not be requisitioned without prior authority from the Washington office. It was felt that existing supplies of both expendable and non-expendable items were sufficient for continued operation of the hospital except as replacements might be required.

The matter of hospital transportation had previously been discussed with the Transportation Officer, Mr. Horn, and the Hospital Administrator was advised that the new arrangements contemplated placing the hospital transportation directly under his supervision and that there will be two pieces of equipment for transportation of patients, one piece of equipment for the Sanitarian, one for the Public Health Nurse, one passenger car to be assigned to the Principal Medical Officer which can be used by other members of the professional staff, as needed, with permission of the Principal Medical Officer. The matter of transporting hospital employees from the Hospital to their residence was brought up. It was pointed out that the Project provides bus transportation for workers from their place of work to their homes nearest to the established bus stops. This transportation is available to workers at about 4:45 P.M. As the work period in the Hospital is from 8 to 4 P.M., it was felt that Hospital workers would have to wait an unduly long time before getting back to their residence. To meet this problem it was agreed that the hospital ambulance

Hospital Administration (cont'd.)

department will transport Doctors, Dentists, and Nurse Aides, and other people if possible, if they present themselves at the ambulance platform not later than 4:30 P.M., that only one such trip will be made and that the people will be expected to alight at the established bus stops, that the hospital personnel be acquainted with this new arrangement, and that a notice outlining the same will be posted on the bulletin board. These arrangements were satisfactory to the Transportation Department.

A. Pressman, M. D.  
Chief Medical Officer

1942

SUGGESTED DIET FOR HEART CASES  
APPLICABLE IN GENERAL

The basic reason for diet in cases of heart disorders is to relieve work of the heart. Therefore, the most easily digested foods are recommended. As the time of digestion of practically all foods is definitely known, the foods which take a long time to digest must be deleted from the menu.

Heart cases should avoid foods which cause gas. Adequate bulk must be maintained for healthy intestinal conditions. Foods should be taken five or six times per day in small quantities.

It is suggested that all heart cases should have one cup of milk and one cup of cooked cereal with sugar for breakfast. At 10:00 a.m., they should have one cup of fruit juice. At noon, there should be some kind of soup: cream soup, miso-shiru, or kombu-shiru with or without eggs. At 3:00 p.m., they should have a cup of milk. At supper time, they should always have an egg with some kind of vegetable, and milk. Before going to bed, there should be a cup of milk.

In the majority of cases, two eggs per day should be allowed. Vegetables may also be used, both noon and night, but must be properly cooked. Jello is good. All cooked fruits are good. Meat should be used sparingly; no pork whatsoever. The milk should be figured at one quart per day for drinking. Canned milk may be used for the cereal at breakfast. Also, canned milk or powdered milk may be used for the cooking of custard.

I would recommend that the following items be served at least once per week: Plain Custard, Chawan-Mushi, Tamago-Kombu-Shiru, Tamago-Miso-

Shiru, Aona-Tofu, Tororo-Jiru, and Tamago-Tofu-Sumashi-Jiru.

Cereals recommended are: Rolled Oats, Farina, and Okayu. Also, one or two slices of buttered toast every day, and occasionally, a poached egg on buttered toast.

The amount of cereal, fruit juice, milk, eggs, and butter must not be reduced, as these people are forbidden so many of the regular foods.

Compiled by John L. E. Burdick  
For G. E. Snelson

*Dr. Sugino x  
Mrs. Quanni*

OPTOMETRY FUND COMMITTEE

Statement of Condition as of February 28, 1945  
(Customer's Service Bureau)

Balance as of January 31, 1945	\$2056.05
February Receipts	<u>1436.38</u>
	\$3492.43

Disbursements:

Lenscraft	\$259.30
Superior Optical Company	559.25
Southwest Optical Company	501.98
Mr. T. Todah - Meat grinder, etc. for hospital kitchen	124.44
Mr. M. J. Suzuki - Hospital Christmas Party expense	18.70
Postage and Office Supply	<u>11.86</u>

Total disbursements	<u>1475.53</u>
Balance	<u>\$2016.90*</u>

*Cash on hand	\$ 87.23
Bank Balance	<u>1929.67</u>
Total	<u>\$2016.90</u>

Balance on hand and in bank	\$2016.90
Less deduction as per supplementary statement	<u>688.75</u>
Net Worth	<u>\$1328.15</u>

INVENTORY - FEBRUARY 28, 1945

Camp	Glasses on Hand	Ear Eases		Optical Cases	Total
I	\$123.35	341 prs. @.20	\$68.20	198 @.25	\$241.05
II	201.73	40 " "	8.00	23 "	215.48
III	<u>149.44</u>	25 " "	<u>5.00</u>	9 "	<u>156.69</u>
	<u>\$474.52</u>		<u>\$81.20</u>	<u>\$57.50</u>	<u>\$613.22</u>

Accounts Payable - February 28, 1945

Southwest Optical Co. - February Statment	\$390.07
Less - Mdse. Not received - 2/28/45	<u>14.60</u>
Balance	\$ 375.47
Lenscraft - February Statement	\$410.65
Less - mdse. not received - 2/28/45	<u>88.45</u>
Balance	322.20
Superior Optical Co. - February Statement	\$825.45
Less - mdse. not received - 2/28/45	<u>221.15</u>
Balance	<u>604.30</u>
Total - Accounts Payable- Net	<u>\$1301.97</u>
Total amount of Accounts Payable	\$1301.97
Less Inventory on hand	<u>613.22</u>
Balance	<u>\$ 688.75</u>
Balance on hand	\$2016.90
Less deduction	<u>688.75</u>
Net Worth	<u>\$1328.15</u>

*Dr. Sugino  
and Mrs. Quami*

OPTOMETRY FUND COMMITTEE

Statement of Condition as of March 31, 1945  
(Customer's Service Bureau)

Balance as of February 28, 1945		\$2016.90
March Receipts		<u>1750.75</u>
		<u>\$3767.65</u>
Disbursements:		
Superior Optical Company	\$306.60	
Southwest Optical Company	417.67	
Lenscraft	410.65	
Postage & Office Supply	<u>10.42</u>	
	Total Disbursements	<u>1645.34</u>
	Balance	<u>\$2122.31*</u>
*Cash on hand	\$ 277.23	
Bank Balance	<u>1845.08</u>	
	Total	<u>\$2122.31</u>
Balance on hand and in bank		\$2122.31
Less deduction as per supplementary statement		<u>805.02</u>
	Net Worth	<u>\$1317.29</u>

INVENTORY --- MARCH 31, 1945

Camp	Glasses on Hand	Ear Cases		Optical Cases	Total	
I	\$ 63.37	291 prs. @.20	\$58.20	114 @.25	\$28.50	\$150.07
II	173.68	23 prs. @.20	4.60	21 @.25	5.25	183.53
III	<u>57.33</u>	2 prs. @.20	<u>.40</u>	3 @.25	<u>.75</u>	<u>38.48</u>
	<u>\$274.38</u>		<u>\$63.20</u>		<u>\$54.50</u>	<u>\$372.08</u>

Accounts Payable - March 31, 1945

Southwest Optical Co. - March Statement	\$403.80	
Less - Mdse. not received - 3/31/45	<u>8.55</u>	
Balance		\$395.25
Superior Optical Co. - March Statement	\$518.40	
Less - Mdse. not received - 3/31/45	<u>90.30</u>	
Balance		\$428.10
Lenscraft - March Statement	\$432.30	
Less - Mdse. not received - 3/31/45	<u>78.55</u>	
Balance		<u>\$353.75</u>
Total - Accounts Payable - Net		<u>\$1177.10</u>
Total amount of Accounts Payable		\$1177.10
Less Inventory on Hand		<u>372.08</u>
Balance		<u>\$ 805.02</u>
Balance on Hand		\$2122.31
Less Deduction		<u>805.02</u>
Net Worth		<u>\$1317.29</u>

E. & O. E.

*Approved*  
4/17/45  
*Fin. Com.*

OPTOMETRY FUND COMMITTEE

Statement of Condition as of April 30, 1945  
(Customer's Service Bureau)

Balance as of March 31, 1945	\$2122.31
April Receipts	<u>1158.37</u>
	<u>\$3280.68</u>

Disbursements:

Superior Optical Company	534.85	
Southwest Optical Company	395.25	
Lenscraft	379.45	
Postage & Office Supply	<u>14.98</u>	
Total Disbursements		<u>1334.53</u>
	Balance	<u>\$1956.15</u> *

*Cash on hand	\$ 516.21	<i>Bank Account:</i>
Bank Balance	<u>1439.94</u>	<i>Book Balance</i> _____
Total	<u>\$1956.15</u>	<i>Bank Statements</i> _____

Balance on hand and in Bank	\$1956.15
Less deduction as per supplementary statement	<u>633.83</u>
Net Worth	<u>\$1322.32</u>

Inventory --- April 30, 1945

Camp	Glasses on hand	Fitovers @ 2.60	Ear Eases @ .20	Optical cases @ .25	Total
I	\$183.97	11- \$28.60	174 prs.-34.80	375-\$93.75	\$341.13
II	73.97	1- 2.60	9 " - 1.80	32- 8.00	86.37
III	<u>89.81</u>	<u>          </u>	29 " - <u>5.80</u>	23- <u>5.75</u>	<u>101.36</u>
	<u>\$347.75</u>	<u>\$31.80</u>	<u>\$42.40</u>	<u>\$107.50</u>	<u>\$528.85</u>

Accounts Payable - April 30, 1945

Southwest Optical Co.- April Statement	500.13
Less - Mdee. not received 4/30/45	<u>84.10</u>
Balance	416.03
Superior Optical Co.- April Statement	813.75
Less - Mdee. not received 4/30/45	<u>262.85</u>
Balance	550.90
Lenscraft - April Statement	373.80
Less - Mdee. not received 4/30/45	<u>181.05</u>
Balance	<u>195.75</u>
Total - Accounts Payable-Net	<u>\$1162.68</u>
Total amount of Accounts Payable	\$1162.68
Less Inventory on hand	<u>528.85</u>
Balance	<u>633.83</u>
Balance on Hand	\$1956.15
Less deduction	<u>633.83</u>
Net Worth	<u>\$1322.32</u>

E. & O. E.

W

20  
6500

OPTOMETRY FUND COMMITTEE

Statement of Condition as of May 31, 1945  
(Customer's Service Bureau)

Balance as of April 30, 1945

May Receipts

1956.15  
1776.97  
3733.12

Disbursements:

Superior Optical Company

738.35

Southwest Optical Company

508.68

Lenscraft

346.10

Postage & Office Supply

14.12

Total Disbursements

1607.25

1607.25

Balance

\$2125.88

\*Cash on hand

321.83

Bank Balance

1804.05

Total 2125.88

Bank Account:

Book Balance

1804.05

Uncancelled checks

~~none~~

Bank Statement

1804.05

and  
Balance on hand/in Bank

2125.88

Less deduction as per supplementary statement

718. —

Net Worth

\$1407.88

1412.88

1995.90  
718. —  
1277.90

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Inventory --- May 31, 1945

Camp	Glasses on hand	Fitovers @2.60	Ear Eases @.20	Optical case @.25	Total
I	142.94	2 - 5.20	396 - 79.20	209 - 52.25	279.59
II	261.31	2 - 5.20	26 - 5.20	26 - 6.50	275.21
III	141.05	—	5 - 1.00	21 - 5.25	147.30
	<u>545.30</u>	<u>10.40</u>	<u>85.40</u>	<u>64.00</u>	<u>705.10</u>

Accounts Payable - May 31, 1945

Southwest Optical Co. - May Statement	670.41	
Less - Mdse. not received 5/31/45	<u>122.85</u>	
Balance		547.56
Superior Optical Co. - May Statement	779.55	
Less - Mdse. not received 5/31/45	<u>214.85</u>	
Balance		564.70
Lenscraft - May Statement	329.59	
Less - Mdse. not received 5/31/45	<u>23.75</u>	
Balance		305.84
Total - Accounts Payable-Net		<u>1418.10</u>
Total amount of Accounts Payable		1418.10
Less Inventory on hand		<u>705.10</u>
Balance		<u>713.00</u>
Balance on hand		2125.88
Less Deduction		713.00
Net Worth		<u>\$1412.88</u>

E. & O. E.

OPTOMETRY FUND COMMITTEE

Statement of Condition as of June 30, 1945  
(Customer's Service Bureau)

Balance as of May 31, 1945	\$2125.88
June Receipts	<u>1721.83</u>
	3847.71

Disbursements:

Superior Optical Company	\$831.30	
Southwest Optical Company	584.26	
Lenscraft	361.09	
Washington Inst. of Medicine	50.00	
Postage & Office Supply	<u>25.06</u>	
Total Disbursements	1851.71	<u>1851.71</u>

Balance	<u>\$1996.00</u>
---------	------------------

*Cash on hand	445.47
Bank Balance	<u>1550.53</u>
Total	\$1996.00

Bank Account:	
Book Balance	1550.53
Uncancelled checks	<u>None</u>
Bank Statement	\$1550.53

Balance on hand and in Bank	\$1996.00
Less deduction as per supplementary statement	<u>715.51</u>

Net Worth	<u>\$1280.49</u>
-----------	------------------

Inventory --- June 30, 1945

Camp	Glasses on hand	Fitovers @ 2.50	Ear Ease @ .20	Optical case @ .25	Total
I	96.91	3-7.50	360- 72.00	121- 30.25	206.66
II	473.80	-----	11- 2.20	6- 1.50	477.50
III	<u>76.00</u>	<u>-----</u>	<u>36- 7.20</u>	<u>-----</u>	<u>83.20</u>
	646.71	7.50	81.40	31.75	767.36

Accounts Payable

Southwest Optical Co.- June Statement	580.70	
Less - Mdse. not received 6/30/45	<u>103.90</u>	
Balance		476.80
Superior Optical Co. - June Statement	585.80	
Less - Mdse. not received 6/30/45	<u>114.25</u>	
Balance		471.55
Lenscraft - June Statement	579.42	
Less - Mdse. not received 6/30/45	<u>44.90</u>	
Balance		<u>534.52</u>
Total Acc'ts Payable - Net		<u>\$1482.87</u>
Total amount of Account Payable		1482.87
Less Inventory on hand		<u>767.36</u>
Balance		<u>\$715.51</u>
		\$1996.00
Balance on hand		<u>715.51</u>
Less reduction		<u>\$1380.49</u>
Net Worth		<u>\$1380.49</u>

Colorado River Relocation Center  
Poston, Arizona  
November 14, 1944

TO: Dr. R. S. O'Connell  
Acting Principal Medical Officer

FROM: R. N. Crawford  
Assistant Chief Nurse

SUBJECT: Monthly Activities Report, August, September  
and October 1944

Examination of Mess Hall Workers, June 1 - October 1, 1944

A total of 1,523 food handlers were given physical inspections. All the workers had chest x-rays. Almost 100 workers had Wasserman tests. Out of the large group examined only twenty-two people were rejected. The main cause for rejection was tuberculosis infection. The others were rejected because of general physical weakness, hypertension and those things which accompany old age. In Camps 2 and 3 the examination of mess hall workers has been a comparatively easy procedure because there the employment offices direct the food handlers to the clinic when they pick up their assignment sheets to go to work. In Camp 1, both letters and telephone calls have reminded the employment office that the above procedure (directing food handlers to the clinic for examination) would facilitate the handling of these workers; but for reasons unknown this is not being done. The Medical Director has recently written again to the employment office asking that this recommendation be considered. Such a procedure provides for the workers to come in to the clinic in small groups. The mess hall workers receive more thorough physicals. When we are obliged to take them in large groups, the physical inspection can only be complemented by the chest x-ray. The other disadvantages are that the clerks in the clinic and the steward's office must constantly exchange much written information as to who the new employees are and if they have been examined.

Rest Home

During the summer months the older workers in the Rest Home were relieved by school children. These girls were conspicuously young, inexperienced, and overly apprehensive about patients' conditions. They demanded a great deal of close supervision because of their immaturity. When school opened in September the pupils returned to school. In their places

came older women who need less supervision because of their maturity, and give better service to the patients because they can anticipate their needs.

The patients in the Rest Home receive considerable attention by community groups. Most of the patients are without relatives. The community has taken the initiative in providing for their entertainment and their personal needs. These patients receive from the Family Welfare \$3.50 per month. This is supposed to be a clothing allotment. Patients do not have to spend this allotment for clothes because they are provided by the hospital with pajamas and robes. Someone regularly supplies the men with cigarettes and pipe tobacco. The Block Managers and various recreational groups provide readings, recordings and parts of shibai. Their religious aid is given by the clergymen of the Protestant, Catholic and Buddhist faiths. The members of the Junior Red Cross have taken it upon themselves to visit the Rest Home, bringing with them English magazines with pictures and Japanese literature. Adult Education keeps the Rest Home supplied with paper flowers. The Agriculture Department has landscaped the area about the mess hall and the Rest Home. They have planted grass between the buildings, flowers for borders, and trees for shade. The grass and flowers made an immediate improvement. The trees will give shade at a later date.

#### Tuberculosis Control Program

Tuberculin testing was started in Camp 1 this September. On Tuesday and Friday afternoons the testing is done so that we can have the advice of Dr. Boardman as needed. Those people who have been tested to date represent two groups: (1) Those who have been advised to be tested by Dr. Boardman; (2) Those people 16 years of age and under, who are contacts of known tuberculosis cases.

We have sent notices out to the three principals in Poston asking them for the names and addresses of their tenth, eleventh and twelfth grade pupils and their school personnel. We hope to tuberculin test the senior high school students in the near future and have all those with positive tuberculin x-rayed. The school personnel will be given the benefit of chest x-rays without previous tuberculin testing.

Our tuberculosis group has become so large that it appears to be a physical impossibility for one person to carry out all the needs of this extensive problem. For future reference, all known and questionable tuberculosis cases have been tagged in red. By this means, one can find quickly those people who need close supervision. Before the charts were tagged, we had to rely upon workers' notes and powers of recall for information.

Tuberculosis Control Programa. X-Raying

We have recently gone over 3,041 x-ray readings in Camps 2 and 3. An interesting observation can be drawn. In Camp 3, a total of 1,874 chest x-rays were done. The entire group was tuberculin tested before chest x-rays were done. A total of 16.15 per cent had positive tuberculous findings. In Camp 2, a total of 1,167 chest x-rays were taken without previous tuberculin tests. In this group 5.57 per cent had positive tuberculous findings. This brings us to the conclusion that two out of every three films can be saved, if the groups x-rayed are tuberculin tested before x-ray examination. The cost of tuberculin testing is very small when compared with the cost of chest x-raying. In the future, we expect to do more tuberculin testing so that we can save both time and money.

b. Occupational Therapy

Several steps have been taken to provide occupational therapy for the tuberculous patients. Mrs. Boardman has diligently worked gathering both English and Japanese books, periodicals, and magazines for the patients in the hospital. She visits the wards twice a week trying to find out what the patients desire in the way of reading and attempts to provide their requests. Dr. and Mrs. Boardman have a very fine collection of recordings. These they have generously loaned to the patients for their use. Their records and the literature are kept circulating.

The women have been provided with wool and needles for knitting sweaters.

For the men, we have purchased coping saws, carving sets, water colors and lacquer. The steward's office has given broken apple and egg boxes. These were brought to the patients to be used in carving mostly birds. It has been suggested to the patients that they keep their birds so that we may have a bazaar and sell them to the community. In this way we could obtain more money for occupational materials. Up to this time many birds have been made, but none have been offered to us for the suggested bazaar. The birds have disappeared from the wards. What happened to them after that we have not found out up to this time. Human nature being such as it is, one would surmise that these birds constitute the patient's private enterprise. The demand for these birds has always been greater than the production; so the patients do not have to depend upon us to sell their products.

Through Mr. Conlin, Director of Adult Education, we have obtained the services of Mr. Roy Takahashi. He has classes in carving in Ward 7 every Tuesday and Thursday

morning from 9 to 11 a.m. Dr. Boardman allowed fifteen patients to attend these classes. Seven of the people attend regularly. The other eight attend occasionally.

Eye Clinics

In September, Dr. Franklin the eye specialist from Phoenix held clinic, which was attended by fifty-two people. Five of these patients were chosen for operation. Two had cataracts removed, four had pterygia.

In October, Dr. Alexander of the United States Public Health Service was visiting Poston. His specialty is eye work. After he discovered that we had many patients who needed further eye care which was not available here, he very kindly consented to have two eye clinics. He saw a total of fifty-five patients from Camps 1, 2 and 3.

cc Miss Vickers ✓

65

TO: Dr. Arthur L. Harris, Superintendent of Education  
FROM: Elma Rood, Guidance Counselor  
SUBJECT: Report on Activities December 1, 1944 to January 8, 1945  
DATE: January 19, 1945

General Aims:

To discover the special health needs of children on which constructive work might be done before the close of the schools in June, 1945, and to carry on related individual and community education to prepare parents to assume increasingly the responsibility for child health after leaving Poston.

To direct parents' attention to the importance of planning ahead for the child's education to be resumed in September, 1945 without unnecessary interruption.

Making an inventory of health problems.

During the month of December, 1944, clinic and hospital records of 1495 elementary children were reviewed, covering a period from May, 1942 to December, 1944. An abbreviated summary of each child's history is now available to teachers and for use in parent conferences. These also serve as a basis for selecting points for special emphasis in the education of parents.

A summary of the above inventory shows the following facts which are of interest:

1. 300 children out of 1495 have no record of illness over a period of 2½ years. In many instances this indicates that the child has been exceptionally well, and often the child's appearance bears this out. In other cases, the parents have taken care of minor illnesses without consulting the clinic.
2. 92 children have a record of exposure to tuberculosis over varying periods of time in their homes, the source of contact in these cases being definitely known.
3. 90 children have a record of a positive reaction to one or more tuberculin tests, indicating that the organism has invaded the body. The source of infection is not known in every case. According to parents' exposure in some cases dates back to California.
4. 26 children have shown by chest x-ray that the organism has made some impression on the chest. Parents are cautioned that these children should have medical supervision over a period of years, with special attention during the adolescent period.

004.4  
Edw.

5. 20 children have been diagnosed as having primary tuberculosis in varying stages from that of early or suspected infection to one of complete healing.

#### Parent understanding of tuberculosis

From conferences with parents there seems to be a great need for a better understanding of the following points.

1. That tuberculosis is "catching," not inherited
2. That the source is usually within the family
3. That "contact" does not mean that the child has the disease
4. That the tuberculin test is not a treatment, but a means of discovering whether the organism has gained entrance to the body.
5. That successive x-rays are taken to discover whether changes are being produced by activities of the organism.
6. That home and medical supervision over a period of time is needed by any child showing a positive reaction to the skin test or the x-ray.

Conferences with parents who are concerned with tuberculosis include the above points.

#### Individual conferences with parents.

As the result of the inventory, 339 children have been selected because of (1) important defects, (2) history of disorders of long standing, (3) record of exposure or infection to tuberculosis. Interviews with parents are being held for the purpose of making clear the child's condition and needs, to interpret the advice of the doctor and to emphasize ways in which the parents may help the child improve - now and when on the outside.

Appointment schedules for parent conferences have been made by the schools of the three units. Teachers have reviewed each child's history and have added their notes on classroom observations in terms of school attendance, frequency of illness, losses in weight, or any special difficulties which the child seems to have. Altogether, this presents a fair picture of the child which is proving very valuable in talking with parents.

Conferences held to date have shown the value of privacy in encouraging discussion or questions by the parent. All conferences bring in directly or indirectly:

1. Plans for the child's education to continue outside in September, 1945.
2. The value of the child's individual record to a new school.
3. The importance of early planning and facilities available on the relocation problem.

Thus far out of approximately 48 interviews only 3 parents have indicated quite definite plans for returning to their former homes in California.

#### Plans for testing vision of elementary children.

Realizing that two years have passed by since a routine vision test of all children, it was decided to enlist the help of classroom teachers in discovering children who were having vision difficulty. Accordingly in September, 1944, all teachers were given written instructions in the use of the Snellen chart and demonstrations of testing were given in all units.

Vision tests have now been completed for practically all elementary children. Those showing serious defects have been brought to the attention of parents. Parents have arranged for appointments at the eye clinic. Many of these children have now been fitted with glasses and several show marked improvement in their classroom work.

#### Survey of condition of 6 year molars.

Numerous cases of absence from school because of dental conditions have been reported by teachers, and defects of the 6 year molars have been found fairly frequently.

It was decided to survey the elementary schools to discover the condition of this important tooth and this survey is now in progress. The classroom teacher assists in every case, recording the findings after actually seeing the mouth condition.

The information gathered on each child is sent to the parents. The dental clinics are making every effort to arrange for repairs on the permanent teeth.

#### Activities of Women's Club of Poston

The Poston Women's club has taken a very active interest in health problems of children and of the community at large.

1. The club canvassed every block in Poston I and raised money through the Christmas Seal Sale.
2. The club is arranging educational programs on the following:
  - a. Dental health of children with emphasis upon teaching mothers about the 6 year molar. Nine quad meetings will be held featuring demonstrations of dental care in the home.
  - b. Nutrition of the family, including meal planning on low income, the use of the ration books, conserving vitamins by proper methods of cooking, etc.

A representative assembly of club women is to be held on January 23, to present these projects as a means for arousing interest throughout all blocks. This meeting will be addressed by Dr. Dunshee, emphasizing the value of lay cooperation, by Mrs. Bruner, on nutrition problems and by Elma Rood on plans for the dental educational program.

#### January - Infantile Paralysis Month.

An educational program to acquaint parents with the practical aspects of this disease will be given on January 30.

The Y. B. A. will sponsor a President's Birthday Ball. No other drive will be made for funds since approximately \$450.00 in the account in Valley National Bank is considered adequate to take care of ordinary needs.

#### Tuberculosis Seal Sale

An educational program featuring the purpose of the seal sale and the special need for occupational equipment for tuberculosis patients was held in each unit during the month of December.

Seals were placed in the hands of the Red Cross Chapter which planned and conducted the campaign for funds.

Returns from the Seal Sale are now totalled and the amount \$780 plus is in the hands of the Poston Chapter Red Cross.

One half this amount will be forwarded to the Arizona Anti-Tuberculosis Association, the remainder being used for special equipment for Poston patients.

#### Forecast

Much work should be done with high school students to acquaint them with their own health problems so that they will make individual effort to improve and to safe guard their health on the outside. This will be carried on as far as possible when the present work with elementary children is completed.

#### Special appreciation is due

1. To the principals, supervisors, and classroom teachers for the splendid cooperation given in the effort to put every child in the best condition possible before leaving Poston.

2. To the doctors, dentists, and optometrists and to the clinic workers for their untiring efforts to solve the problems of children who have been referred from the schools.

The improvements in child health that have resulted because of these efforts will have far-reaching effects on the satisfactory adjustment of Poston families to outside conditions, where health facilities are often very limited or entirely lacking due to war time restrictions on health services.

Elma Hood  
Guidance Counselor

cc: Dr. Powell  
Dr. Dunshee  
Medical & Clinic Staff

Colorado River Relocation Center  
Preston, Arizona

(4494)

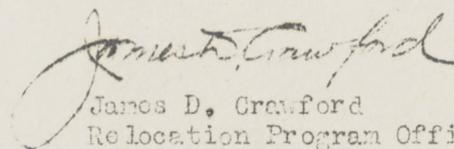
MEMO TO: All Who are Ordered to Report for Pre-induction Physical  
and Induction

SUBJECT: PENALTIES FOR SELECTIVE SERVICE VIOLATION (from the Selective  
Service Handbook)

I am quoting the following paragraph from the Selective Training  
Service Act of 1940, as amended:

"Any person charged as herein provided with the duty of carrying out any of the provisions of this Act, or the rules or regulations made or directions given thereunder, who shall knowingly fail or neglect to perform such duty, and any person charged with such duty, or having and exercising any authority under said Act, rules, regulations, or directions, who shall knowingly make, or be a party to the making, or any false, improper, or incorrect registration, classification, physical or mental examination, deferment, induction, enrollment, or master, and any person who shall knowingly make, or be a party to the making of, any false statement or certificate as to the fitness or unfitness or liability or nonliability of himself or any other person for service under the provisions of this Act, or rules, regulations, or directions made pursuant thereto, or knowingly counsels, aids, or abets another to evade registration or service in the land or naval forces or any of the requirements of this act, or of said rules, regulations or directions, or who in any manner shall knowingly fail or neglect to perform any duty required of him under or in the execution of this Act, or rules or regulations made pursuant to this Act, or any person or persons who shall knowingly hinder or interfere in any way by force or violence with the administration of this Act or the rules or regulations made pursuant thereto, or conspire to do so, shall, upon conviction in the district court of the United States having jurisdiction thereof, be punished by imprisonment for not more than five years or a fine of not more than \$10,000 or by both such fine and imprisonment."

This is for your information.

  
James D. Crawford  
Relocation Program Officer

Executive Board

October 1, 1943

SCHEDULE FOR MEDICAL EXAMINATION OF ALL SEGREGANTS

All those people who are leaving on Train No. 32, Oct. 5, 1943 will be examined at 8:00 A.M. on the day of departure.

- |           |   |
|-----------|---|
| Group I   | Blocks 2, 15, 16 and 18<br>Examination in Mess Hall 16          |
| Group II  | Blocks 3, 4, 13 and 14<br>Examination in Mess Hall 14           |
| Group III | Blocks 21, 22, 27, 28, 42 and 44<br>Examination in Mess Hall 27 |

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All those people who are leaving on Train No. 33, Oct. 7, 1943 will be examined at 8:00 A.M. on the day of departure.

- |           |  |
|-----------|--|
| Group I   | Blocks 53, 54, 59, 60, 44, 43 and 39<br>Examination in Mess Hall 43                    |
| Group II  | Blocks 38, 37, 26 and 28<br>Examination in Mess Hall 37                                |
| Group III | Blocks 2, 4, 5, 6, 11, 12, 21 and 22<br>Examination in Mess Hall 12                    |
| Group IV  | Blocks 13, 17, 18, 19, 30, 31, 32, 35,<br>36, 45 and 46<br>Examination in Mess Hall 30 |

**AMERICAN MEDICAL ASSOCIATION**  
**Council on Medical Education and Hospitals**  
 535 North Dearborn Street, Chicago, Ill.

**DUPLICATE**  
 TO BE RETAINED BY HOSPITAL

**ANNUAL CENSUS OF HOSPITALS**

To the Superintendent or Medical Director:

This is the regular Hospital Information Blank; therefore, a report is expected from all hospitals and sanatoriums of whatever size or type, and from all to whom this blank is sent. Your cooperation, and especially your promptness, will be appreciated.

Name of institution in full..... **Poston General Hospital** ..... Year established..... **1942**.  
 Street number..... City..... **Poston** ..... State..... **Ariz.**  
 Name of corporation, organization, or individual having control..... **Colo. River War Relocation Project**  
 Superintendent or administrative head..... **A. Pressman, M. D. - Director of Health & Sanitation**  
Add proper title, as M.D., R.N., Mr., Mrs., Miss.  
 Chairman, board of trustees..... **W. Wade Head** ..... Chairman of staff..... **Kazumi Kasuga, M. D.**  
Name and address **Poston, Arizona**

**A. Check types of patients admitted.**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Children                              | <input checked="" type="checkbox"/> Isolation    | <input type="checkbox"/> Epileptic          |
| <input checked="" type="checkbox"/> Chronic                               | <input checked="" type="checkbox"/> Medical      | <input type="checkbox"/> Alcoholic          |
| <input type="checkbox"/> Conv. & Rest                                     | <input checked="" type="checkbox"/> Maternity    | <input type="checkbox"/> Mentally Deficient |
| <input checked="" type="checkbox"/> Dermatologic                          | <input checked="" type="checkbox"/> Surgical     | <input type="checkbox"/> Drug               |
| <input checked="" type="checkbox"/> E. N. T. <input type="checkbox"/> Eye | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Neurologic         |
| <input checked="" type="checkbox"/> Industrial                            | <input checked="" type="checkbox"/> Tuberculosis | <input type="checkbox"/> Mental             |
| <input type="checkbox"/> Orthopedic                                       | <input checked="" type="checkbox"/> Venereal     | Other.....                                  |

**B. Check type of organization owning or controlling hospital.**

- |   |   |
|---|---|
| <b>GOVERNMENTAL</b>                         | <b>NONPROFIT ORGANIZATIONS</b>  |
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> Church related <input type="checkbox"/> Corporation not for profit |
| <input type="checkbox"/> State              | <input type="checkbox"/> Other nonprofit organization                                       |
| <input type="checkbox"/> County             |   |
| <input type="checkbox"/> City               | <b>PROPRIETARY</b>  |
| <input type="checkbox"/> City-County        | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership                    |
|   | <input type="checkbox"/> Corporation (Unrestricted as to profit)                            |

period ending **Jan. 31, 1943** Opened **June 1942**.

Give figures for 12 months ending Sept. 30, 1942 or latest 12 mo. period available. Do not use figures for calendar year 1941.

Number of beds (exclude bassinets)..... **200** ..... Number of bassinets..... **17** ..... Total births (total live babies born)..... **180**

Total patients admitted..... **1002** ..... Average daily census of patients in hospital..... **787**  
Exclude newborn and outpatients **110 major** Total patient days divided by 365. Exclude newborn and outpatients.

Indicate number of patients operated upon..... **108** ..... major **4** ..... minor **4** ..... Infections of clean surgical wounds..... **0**

What system of classifying records (disease nomenclature) is used?..... **U.S. Public Health Service**

Are hospital privileges limited strictly to qualified physicians having the M.D. degree? Yes  No

Number of staff conferences during year..... **9** ..... Average attendance..... **15** ..... Number recorded consultations..... **120**

Number of deaths (not counting stillbirths)..... **43** ..... Number of autopsies (not counting stillbirths)..... **10**

Is there a blood bank in hospital?..... **No** ..... Plasma bank?..... **Yes** ..... If not, are they readily available outside?..... **Yes** ..... Location..... **Donor list**

Has the hospital its own clinical laboratory? Yes  No  If so, who is the director?..... **Kazumi Kasuga, M. D.**  
Add proper title, as M.D., etc.

For what laboratory examinations is hospital equipped? Urinalysis.....  Hematology.....  Bacteriology.....  Biochemistry.....

Serology.....  Tissues..... **No** ..... Number surgical specimens removed..... **123** ..... Number examined grossly..... **156** ..... Microscopically..... **123**

Is any laboratory work sent out? Yes  No  To whom sent?..... **Tissues sent to National Institute of Health - Bethesda, Md.**  
Name and address

Has the hospital its own x-ray department? Yes  No  If so, who is the director?..... **Kazumi Kasuga, M. D.**  
Add proper title as M.D., etc.

For what radiologic service is hospital equipped? Roentgenography.....  Fluoroscopy.....  Roentgen therapy..... **No**

Is radiologic work referred? Yes  No  To whom sent?.....  
Name and address

Does the hospital maintain an outpatient department? Yes  No

Exclusive of emergency service and private practice of physicians.

**Technical and Nursing Personnel:**

Number of clinical laboratory technicians: Full time..... **4** ..... Part time..... **0** ..... X-ray technicians: Full time..... **5** ..... Part time..... **0**

Dietitians: Full time..... **1** ..... Part time..... **0** ..... Physical therapists: Full time..... **1** ..... Part time..... **0** ..... Pharmacists: Full time..... **9** ..... Part time..... **0**

Medical record librarians: Full time..... **1** ..... Part time..... **0** ..... Other librarians: Full time..... **0** ..... Part time..... **0**

Medical record stenographers: Full time..... **1** ..... Part time..... **0** ..... Occupational therapists: Full time..... **0** ..... Part time..... **0**

Dental hygienists: Full time..... **0** ..... Part time..... **0** ..... Social service workers: Salaried..... **2** ..... Voluntary..... **0**

Nurse anesthetists: Full time..... **0** ..... Part time..... **0**

Do you have a school of nursing? Yes  No  Number of student nurses now enrolled..... **7**  
Exclude affiliates from other hospitals, "practical" nurses and attendants.

Number of graduate nurses employed on nursing service..... **6** ..... "Practical" nurses..... **8\*** ..... Attendants..... **52\*** ..... Orderlies..... **5**

(SEE OTHER SIDE) **Student nurses** **Nurse Aides**

*004.4 Hosp.*

**STAFF**

Please give the full names of regular and courtesy staffs, consultants and all other physicians using hospital facilities in any way. Use additional paper if necessary.

Yorio Wakatake, MD	Hiroshi Shigeoka - Jr. Intern
Kazumi Kasuga, M.D	Sumiko Matsumoto - Jr. Intern
George Kawaichi, MD	Richard Iwata - Jr. Intern
Henry Kazato, MD	
Bunkuro Okanogi, MD	
George Wada, MD	
Teru Togasaki, MD	
Tsuneo Murakami, MD	
Masakazu Murase, MD	
Kawor Iseri, MD	
Harold Kushi, Intern	

Number of salaried dentists now employed? (Exclude interns)..... **18\*** How many other dentists worked at hospital during year? (Exclude interns)..... **18\*** \*Evacuee dentists Number dental interns provided for..... **0** Number now serving..... **0**

**RESIDENTS AND INTERNS**

RESIDENTS NOW EMPLOYED (FULL TIME)	Type of Service	MEDICAL COLLEGE ATTENDED	Year of Graduation	RESIDENCY	
				BEGAN Month—Day—Year	ENDS Month—Day—Year

RESIDENTS WHO HAVE LEFT DURING LAST 12 MONTHS	Type of Service	PRESENT OR HOME ADDRESS (If large city, give local address)	RESIDENCY	
			BEGAN Month—Day—Year	ENDED Month—Day—Year

INTERNS NOW EMPLOYED (FULL TIME)	MEDICAL COLLEGE ATTENDED	Year of Graduation	INTERNSHIP	
			BEGAN Month—Day—Year	ENDS Month—Day—Year
Harold Kushi	College of Medical Evangelists	1942		
Jr. Intern Hiroshi Shigeoka			Completed	
Jr. Intern Sumiko Matsumoto			3d yr.	
Jr. Intern Richard Iwata			2d yr.	

INTERNS WHO HAVE LEFT DURING LAST 12 MONTHS	PRESENT OR HOME ADDRESS (If large city, give local address)	INTERNSHIP	
		BEGAN Month—Day—Year	ENDED Month—Day—Year

Information furnished by... **A. Pressman, M. D.** Director of Health & Sanitation...  
 Name **A. Pressman** Superintendent or other authorized person  
 Date **3-6-43**

**AMERICAN MEDICAL ASSOCIATION**  
 Council on Medical Education and Hospitals  
 535 N. Dearborn Street, Chicago 10  
 and  
**AMERICAN COLLEGE OF SURGEONS**  
 40 East Erie Street, Chicago 11

**DUPLICATE**  
 TO BE RETAINED BY HOSPITAL

**ANNUAL CENSUS OF HOSPITALS**

To the Superintendent or Medical Director:

This is the regular Hospital Information Blank; therefore, a report is expected from all hospitals and sanatoriums of whatever size or type, and from all to whom this blank is sent. Your cooperation, and especially your promptness, will be appreciated.

Name of institution in full.....Poston General Hospital..... Year established.....1942.....  
 Street number..... City.....Poston..... Zone..... State.....Arizona  
 Name of corporation, organization, or individual having control.. Colo. River War Relocation Project ..  
 Superintendent or administrative head... A. Pressman, M. D. - Director of Health & Sanitation ..  
Add proper title, as M.D., R.N., Mr., Mrs., Miss.  
 Chairman of staff... Perry Sumida, M.D. ..

**A. Check types of patients admitted.**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Children                              | <input checked="" type="checkbox"/> Isolation    | <input type="checkbox"/> Epileptic          |
| <input checked="" type="checkbox"/> Chronic                               | <input checked="" type="checkbox"/> Medical      | <input type="checkbox"/> Alcoholic          |
| <input type="checkbox"/> Conv. & Rest                                     | <input checked="" type="checkbox"/> Maternity    | <input type="checkbox"/> Mentally Deficient |
| <input checked="" type="checkbox"/> Dermatologic                          | <input checked="" type="checkbox"/> Surgical     | <input type="checkbox"/> Drug               |
| <input checked="" type="checkbox"/> E. N. T. <input type="checkbox"/> Eye | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Neurologic         |
| <input checked="" type="checkbox"/> Industrial                            | <input checked="" type="checkbox"/> Tuberculosis | <input type="checkbox"/> Mental             |
| <input type="checkbox"/> Orthopedic                                       | <input checked="" type="checkbox"/> Venereal     | Other.....                                  |

**B. Check type of organization owning or controlling hospital.**

- |   |   |
|---|---|
| <b>GOVERNMENTAL</b>                         | <b>NONPROFIT ORGANIZATIONS</b>  |
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> Church related <input type="checkbox"/> Corporation not for profit |
| <input type="checkbox"/> State              | <input type="checkbox"/> Other nonprofit organization                                       |
| <input type="checkbox"/> County             |   |
| <input type="checkbox"/> City               | <b>PROPRIETARY</b>  |
| <input type="checkbox"/> City-County        | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership                    |
|   | <input type="checkbox"/> Corporation (Unrestricted as to profit)                            |

Give figures for 12 months ending From July 1, 1942 to June 30, 1943 or latest 12 mo. period available. Do not use figures for calendar year 1942.

Number of beds (exclude bassinets)....200.... Number of bassinets....17.... Total births (total live babies born)....283....

Total patients admitted....1637.... Average daily census of patients in hospital....98....  
Exclude newborn and outpatients. Total patient days divided by 365. Exclude newborn and outpatients.

Does hospital have facilities for contagious diseases? Yes  No  If so, how many beds?....26....  
Do not include tuberculosis

What system of classifying records (disease nomenclature) is used?....U. S. Public Health Service....

Are hospital privileges limited strictly to qualified physicians having the M.D. degree? Yes  No

Number of staff conferences during year...9..... Average attendance.....8.....

Number of deaths (not counting stillbirths)....88..... Number of autopsies (not counting stillbirths)....10 16.....

Has the hospital its own clinical laboratory? Yes  No  If so, who is the director?....Kazumi Kasuga, M.D.....  
Add proper title, as M.D., etc.

For what laboratory examinations is hospital equipped? Urinalysis...... Hematology...... Bacteriology...... Biochemistry......  
 Serology...... Tissues...no... Number surgical specimens removed..... Number examined grossly..... Microscopically.....  
Tissues sent to National Institute of Health, Bethesda, Md.

Has the hospital its own x-ray department? Yes  No  If so, who is the director?....Kazumi Kasuga, M.D.....  
Add proper title, as M.D., etc.

For what radiologic service is hospital equipped? Roentgenography...... Fluoroscopy...... Roentgen therapy...no...

Does the hospital maintain an outpatient department? Yes  No   
Exclusive of emergency service and private practice of physicians.

**Technical and Nursing Personnel in Employ at Time of This Report:**

Number of clinical laboratory technicians: Full time...4... Part time...0... X-ray technicians: Full time...8... Part time.....

Dietitians: Full time...2... Part time... Physical therapists: Full time... Part time... Pharmacists: Full time...5... Part time...

Medical record librarians: Full time...1... Part time...0... Other librarians: Full time... Part time.....

Medical record stenographers: Full time... Part time... Occupational therapists: Full time... Part time.....

Dental hygienists: Full time... Part time... Social service workers: Salaried... Voluntary.....

Nurse anesthetists: Full time... Part time.....

Do you have a state accredited school of nursing? Yes  No  If so, give number of student nurses now enrolled.....  
Exclude affiliates from other hospitals, "practical" nurses and attendants.

Number graduate nurses employed on nursing service at time of this report...7... Other graduate nurses employed.....

\*Japan Graduate Nurses' aides...55... Attendants... Orderlies...3...  
"Practical" nurses

(SEE OTHER SIDE)

*004,4 Hosp.*

**STAFF**

Please give the full names of regular and courtesy staffs, consultants and other physicians using hospital facilities in any way. Use additional paper if necessary.

Kazumi Kasuga, M. D.	
George Kawaizhi, M. D.	
Bunkuro Okanogi, M. D.	
George Wada, M. D.	
Teru Togasaki, M. D.	
Tsuneo Murakami, M. D.	
Masakazu Murase, M. D.	
Kaworu Teri, M. D.	
Richard Iwata, Jr. Intern	

**RESIDENTS AND INTERNS**

RESIDENTS NOW EMPLOYED (FULL TIME)	Type of Service	MEDICAL COLLEGE ATTENDED	Year of Graduation	RESIDENCY	
				BEGAN	ENDS
				Month—Day—Year	Month—Day—Year

RESIDENTS WHO HAVE LEFT DURING LAST 12 MONTHS	Type of Service	PRESENT OR HOME ADDRESS (If large city, give local address)	RESIDENCY	
			BEGAN	ENDED
			Month—Day—Year	Month—Day—Year

INTERNS NOW EMPLOYED (FULL TIME)	MEDICAL COLLEGE ATTENDED	Year of Graduation	INTERNSHIP	
			BEGAN	ENDS
			Month—Day—Year	Month—Day—Year
Richard Iwata, Jr. Intern			Completed 3rd year	

INTERNS WHO HAVE LEFT DURING LAST 12 MONTHS	PRESENT OR HOME ADDRESS (If large city, give local address)	INTERNSHIP	
		BEGAN	ENDED
		Month—Day—Year	Month—Day—Year
Harold Kushi	Joliet Silver Cross Hospl Ill.		
Jr. Intern Hiroshi Shigeoka	Washington U. St. Louis		
Dr. Intern Sumiko Matsumoto	Phila.		

Information furnished by..... **Director of Health & Sanit.**  
 Name..... Superintendent or other authorized person  
 Date ..... **10-6-43**

STATE

AMERICAN MEDICAL ASSOCIATION  
 Council on Medical Education and Hospitals  
 535 N. Dearborn Street, Chicago 10  
 and  
 AMERICAN COLLEGE OF SURGEONS  
 40 East Erie Street, Chicago 11

**DUPLICATE**  
 TO BE RETAINED BY HOSPITAL

**To the Superintendent or Medical Director:**

This is the regular Hospital Information Blank; therefore, a report is expected from all hospitals and sanatoriums of whatever size or type, and from all to whom this blank is sent. Your cooperation, and especially your promptness, will be appreciated.

Name of institution in full... Poston General Hospital ..... Year established... 1942 .....  
 Street number..... City Poston ..... Zone..... State Arizona .....  
 Name of corporation, organization, or individual having control... Federal .....  
 Superintendent or administrative head... Mr. O.L. Prather .....  
Add proper title, as M.D., R.N., Mr., Mrs., Miss.  
 Chairman of staff.....

**A. Check types of patients admitted.**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Children                              | <input checked="" type="checkbox"/> Isolation    | <input checked="" type="checkbox"/> Epileptic                    |
| <input checked="" type="checkbox"/> Chronic                               | <input checked="" type="checkbox"/> Medical      | <input type="checkbox"/> Alcoholic <input type="checkbox"/> Drug |
| <input checked="" type="checkbox"/> Conv. & Rest                          | <input checked="" type="checkbox"/> Maternity    | <input type="checkbox"/> Mentally Deficient                      |
| <input checked="" type="checkbox"/> Dermatologic                          | <input checked="" type="checkbox"/> Surgical     | <input checked="" type="checkbox"/> Neurologic                   |
| <input checked="" type="checkbox"/> E. N. T. <input type="checkbox"/> Eye | <input checked="" type="checkbox"/> Cancer       | <input checked="" type="checkbox"/> Mental                       |
| <input type="checkbox"/> Industrial                                       | <input checked="" type="checkbox"/> Tuberculosis | <input checked="" type="checkbox"/> Urologic                     |
| <input checked="" type="checkbox"/> Orthopedic                            | <input checked="" type="checkbox"/> Venereal     | Other.....   |

**B. Check type of organization owning or controlling hospital.**

- |   |  |
|---|--|
| <b>GOVERNMENTAL</b>                         | <b>NONPROFIT ORGANIZATIONS</b>   |
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> Church related <input type="checkbox"/> Corporation <i>not</i> for profit |
| <input type="checkbox"/> State              | <input type="checkbox"/> Other nonprofit organization  |
| <input type="checkbox"/> County             |  |
| <input type="checkbox"/> City               | <b>PROPRIETARY</b>   |
| <input type="checkbox"/> City-County        | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership                           |
|   | <input type="checkbox"/> Corporation (Unrestricted as to profit)                                   |

Give figures for 12 months ending Sept. 30, 1944 or latest 12 mo. period available. Do not use figures for calendar year 1943.

Total beds (exclude bassinets) 250 ..... Number of bassinets 10 ..... Total births (total live babies born) 242 .....

Total patients admitted 1349 ..... Average daily census of patients in hospital 107 .....  
Exclude newborn and outpatients. Total patient days divided by 365. Exclude newborn and outpatients.

Does the hospital maintain an outpatient department? Yes  No  Beds for children (exclude bassinets) 6 .....  
Exclusive of emergency service and private practice of physicians. Number regularly available.

What system of classifying records (disease nomenclature) is used? Numerical Name Alphabetical .....

Are hospital privileges limited strictly to qualified physicians having the M.D. degree? Yes  No

Number of staff conferences during year 52 ..... Average attendance 15 .....

Number of deaths (not counting stillbirths) 98 ..... Number of autopsies (not counting stillbirths) 22 .....

Has the hospital its own clinical laboratory? Yes  No  If so, who is the director? (Miss) Yoshi Takeiri .....  
Add proper title, as M.D., etc.

For what laboratory examinations is hospital equipped? Urinalysis yes Hematology yes Bacteriology yes Biochemistry yes .....

Serology yes Tissues none Number surgical specimens removed none Number examined grossly..... Microscopically.....

Has the hospital its own x-ray department? Yes  No  If so, who is the director? Mr. James J. Suzuki R.T. .....  
Add proper title, as M.D., etc.

For what radiologic service is hospital equipped? Roentgenography yes Fluoroscopy yes Roentgen therapy none .....

**Technical and Nursing Personnel in Employ at Time of This Report:**

Number of clinical laboratory technicians: Full time 1 Part time none X-ray technicians: Full time 1 Part time none .....

Dietitians: Full time 1 Part time none Physical therapists: Full time 1 Part time none Pharmacists: Full time 5 Part time none .....

Medical record librarians: Full time 1 Part time none Nurse anesthetists: Full time none Part time none .....

Medical record stenographers: Full time 3 Part time none Occupational therapists: Full time none Part time none .....

Do you have a state accredited school of nursing? Yes  No  If so, give number of student nurses now enrolled.....  
Exclude affiliates from other hospitals, "practical" nurses and attendants.

Total graduate nurses now employed 25 Of these how many are (a) Supt. of hospital....., of nurses....., of  
(exclude private duty nurses)

school of nursing..... (b) Full time instructors..... (c) Supervisors and asst. supervisors (day and night) 5 .....  
Charge of more than one ward unit

(d) Head nurses and asst. head nurses..... (e) Graduate general duty nurses: Full time 5 Part time.....  
Charge of one ward unit only

(f) Other graduates not classified above..... Private duty nurses..... Practical nurses, attendants, etc. 4 .....  
Exclude private duty nurses Number now in hospital Spend major time assisting with nursing duties

Vol. nurses' aides 53 Orderlies 4 Ward maids nor Total hospital employees 270 .....  
Exclude medical staff, interns, residents, private duty nurses

(SEE OTHER SIDE)

004.4  
Hospital



# AMERICAN HOSPITAL ASSOCIATION

18 East Division Street, Chicago 10, Illinois

## Hospital Directory Data

Name of Institution in full Poston General Hospital Year Established 1944  
 Street Number \_\_\_\_\_ City Poston Zone \_\_\_\_\_ State Ariz.

**A. Check type of organization operating hospital:**

- Governmental  
 Federal  
 State  
 County  
 City or Municipal  
 City-County

- Non-profit charitable  
 Religious organization  
 Corporation not for profit  
 Other non-profit organization

- Proprietary  
 Individual  
 Corporation  
 Partnership

**B. Check type of hospital:**

- General  
 Mental  
 Tuberculosis  
 Special

**If SPECIAL, check one of the following:**

- Children's  
 Chronic and Convalescent  
 E. E. N. & T.  
 Industrial  
 Institutional

- Isolation  
 Maternity  
 Orthopedic  
 Venereal  
 Other.....

**C. Check approvals applying to your institution:**

- Institutional Member  
 American Hospital Association  
 Member State Hospital Assn.  
 Approved Training School for Nurses

- Medical School Affiliation  
 Approved by American College of Surgeons  
 Blue Cross Participation

- AMA Approval for Internships  
 AMA Approval for Residencies  
 Canadian Medical Association  
 Approval for Internships

**D. Check following facilities existing in the Hospital:**

- Blood Bank  
 Cancer Clinic  
 Central Supply Room  
 Clinical Laboratory  
 Dental Department  
 Electrocardiograph  
 Electroencephalograph  
 Metabolism apparatus

- Occupational Therapy Dept.  
 Out-Patient Dept.  
 Pharmacy  
 Physical Therapy Dept.

- Medical Records Dept.  
 Social Service Dept.  
 X-ray Diagnostic  
 X-ray Therapeutic

ALL FIGURES ARE TO BE GIVEN FOR YEAR ENDING SEPTEMBER 30TH, 1944, OR MOST RECENT FISCAL YEAR, ENDED....., 1944

**E.** Total Number of Beds (Exclude Bassinets) 250 Average Census 107  
 Total Number of Bassinets 10 Average Census \_\_\_\_\_  
 Total Admissions 1349 Total Births (Live babies only) 242 Total Out-Patient Visits 31,720  
 Gross Valuation of Plant \$ 200,000.00 Payroll for year 27,130.67  
 Purchases of Supplies for year \$ 50,000.00 Purchases of Equipment for year \$ 17,800.00  
 (Include food and all supplies except equipment.) (New and Replacement)  
**G.** Full-time Personnel (Number) 270 (Include student nurses, interns and all regular personnel. Do not include volunteers.)

**H. Please furnish names of following members of staff, adding appropriate titles, such as M.D., R.N., Mr., Miss, or Mrs.:**

Chief Administrative Officer Mr. O. L. Prather  
 Title \_\_\_\_\_  
 Medical Director Dr. A. Pressman  
 (If other than Chief Administrative Officer or Chief of Staff)  
 Business Manager or Chief Accountant Miss Hide Takeiri  
 (If other than Chief Administrative Officer)  
 Assistant Administrators None  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Chairman, Board of Trustees none  
 Chief of Staff Dr. Richard O'Connell  
 Pathologist none  
 Radiologist none  
 Purchasing Agent Mr. O. L. Prather  
 \*Personnel Officer none  
 \*Public Relations Officer none  
 Directress of Nurses Miss Elizabeth Vickers R. N.  
 Operating Room Supervisor Mrs. Louise Bracken, R. N.  
 Chief Dietitian Mrs. Edith W. Bruner  
 Pharmacist Mr. R. Fukushima, Mr. R. Yagyu, Mr. S. Sakamoto, Mr. M. Matsumune  
 Medical Record Librarian Miss L. Inouye  
 Chief Engineer Mr. A. Bracken  
 Executive Housekeeper Mrs. Noda  
 Laundry Manager Mr. K. Ito

(Note: Write NONE where position is not specifically filled.)

(\*If full time is given to duties under this title.)

Date Oct. 17, 1944, 1944

By: \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Title)

PLEASE PRINT OR TYPE.

O. LEE PRATHER  
 HOSPITAL ADMINISTRATOR  
*O. L. Prather*

**DUPLICATE**  
 FOR YOUR FILES

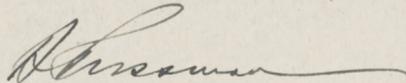
004.4  
 Hospital

COLORADO RIVER WAR  
RELOCATION PROJECT  
Poston, Arizona  
February 16, 1943

You are cordially invited to attend a medical and public health conference to be held tonight in the hospital auditorium at 7:30 p.m.

The attached program will afford some idea of the importance of the meeting and it is hoped that the discussions will prove of value to every other department of activity on this project.

I hope that you may find it possible to attend this meeting.



A. Pressman, M. D.  
Director of Health and Sanitation

POSTON MEDICAL AND PUBLIC HEALTH CONFERENCE

A Review of the Past Six Months and Outlook for the Future

Tuesday, February 16, 1943

7:30 p.m.

Hospital Auditorium, Ward 7

Introduction

A. Pressman, M. D.  
Director of Health  
and Sanitation

Moderator

Ralph B. Snavely, M. D.  
District Medical  
Director

A. Hospital Section

- |  |                        |
|--|------------------------|
| 1. Hospital Statistics                 | Mrs. Anna Knutson      |
| 2. Medical Services                    |                        |
| a. Surgery & Obstetrics                | Dr. Yorio Wakatake     |
| b. Internal Medicine                   | Dr. Kazumi Kasuga      |
| c. Ophthalmology                       | Dr. Perry Sumida       |
| d. Proctology                          | Dr. Tsuneo Murakami    |
| e. Eye, Ear, Nose, Throat              | Dr. Harold Kushi       |
| f. Out-Patient Clinic                  | Dr. Kawor Iseri        |
| (1) Optometry                          | Dr. Tetsuya Ishimaru   |
| g. Dental Department of<br>three units | Dr. Kazuichi Taniguchi |
| 3. Nursing Section                     | Miss Elizabeth Vickers |
| a. Operating Room                      | Mrs. Eiko Kikuchi      |
| b. Housekeeping<br>including Laundry   | Mrs. Minoli Mukaeda    |
| 4. Auxilliary Services                 |                        |
| a. X-Ray                               | Mr. James Suzuki       |
| b. Clinical Laboratory                 | Mr. Henry Sugiura      |
| c. Pharmacy                            | Mr. Ernest Takaki      |
| d. Medical Supply Dept.                | Mr. Yutaka Nakashima   |
| e. Home Call Service                   | Dr. Hiroshi Shigeoka   |
| f. Hospital Mess                       |                        |
| (1) Kitchen                            | Mr. Yasuo Okubo        |
| (2) Diet Kitchen                       | Miss Akiko Tashiro     |
| g. Transportation                      | Mr. Gilbert Kurihara   |
| h. Personnel                           | Mrs. Marie Doi         |

B. Dispensary Service

- |             |                  |
|-------------|------------------|
| 1. Unit II  | Dr. Henry Kazato |
| 2. Unit III | Dr. George Wada  |

C. Public Health Section

- |  |                       |
|--|-----------------------|
| 1. Administration - Communicable Disease Control | Dr. George Kawaichi   |
| 2. Tuberculosis Control                          | Dr. Kazumi Kasuga     |
| 3. Maternal & Child Health                       |                       |
| a. Unit II                                       | Dr. Henry Kazato      |
| b. Unit III                                      | Dr. Teru Togasaki     |
| 4. Public Health Education                       | Miss Sally Lucas Jean |
| 5. Nutrition                                     | Miss Ida G. Rees      |
| 6. Public Health Visiting Service                |                       |
| a. Miss Dorothy Matsumoto                        |                       |
| b. Miss Elma Rood                                |                       |
| 7. Sanitation - Reporting for the entire project | Mr. George S. Kido    |
| 8. Vital Statistics                              | Mr. Elmer Tanigoshi   |
| 9. School Health                                 |                       |
| a. Dr. George Kawaichi                           |                       |
| b. Miss Sally Lucas Jean                         |                       |
| 10. Dental Public Health                         | Dr. Toyo Shimizu      |

For the Division

Miss Nell Findley, Chief  
Community Services

Summary

Ralph B. Snavely, M. D.  
District Medical Director

Closing Remarks

A. Pressman, M. D.  
Director of Health  
and Sanitation