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From D. Kitagawa - Oct., 1943
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Mr. Karasawa, patient in the Base Hospital (Ward B), was designated to go to Granada Center but was firmly determined to remain here. He was informed that regardless of his personal choice, he must be transferred because his physical condition was good enough for travel.

He did everything he could think of to make the case for him not to be transferred. When I was asked by him to have it arranged that he might not be removed, my answer was that I, as a layman in medicine, could not say anything about his physical condition, and it was entirely up to his physician. If the doctor diagnosed him to be able to move, then it would be advisable for him to take the doctor's word and go to Granada because by remaining here he would not gain anything.

About a week before the date of his departure, he asked another prominent member of the community^(A) to take up his case, who was of the same opinion as mine and contacted the Medical Social Worker on the matter.

When the day of his departure came, Karasawa was frantic in attempt to get hold of A but being unable to do so, he finally walked out of his Ward and went to the Red Cross office. Meanwhile, Dr. Pedicord with Dr. Jacoby went to the hospital after Karasawa several times. Unable to find him, they asked the patients where K might be, and they told him K went out looking for A. Miss D. Nishimura, the head-nurse of Wards A and B happened to be around and Dr. Pedicord right there discharged her on the grounds that she permitted K to leave the ward. Later he sent termination paper to her.

I was asked by one of the patients in Ward B to make effort to have Miss Nishimura reinstated, and the above stated account was obtained from him and several other patients. They all agreed that Karasawa had been extremely stubborn and in many respects unreasonable too. And they were positive that Miss Nishimura did never permit anybody to leave the Ward under any circumstances.

When I talked with Dr. Pedicord, his story was a bit different. He frankly admitted that Miss Nishimura was a grand person and he misses her tremendously. By terminating her, he and the hospital suffer more than she does. Then he went on to say that Karasawa incident was not the reason for her termination. He says Miss Nishimura is too tender-hearted and cannot enforce the doctor's orders to the patients. The patients do whatever they please and consequently the Wards A and B are most filthy, disordered, and unsanitary, keeping patients from quick recovery. Patients take advantage of her good-nature and tenderheartedness, and she cannot control them. So his conclusion was it was better for her and for the patients that she be removed from the duty in those two Wards, and if and when she feels she would like to come back to the hospital, he would gladly accept her but put her to some other wards.

Dr. Pedicord also mentioned that because of her tender-heartedness, Miss Nishimura used to tell the patients that they did not need to be transferred if they did not want to, instead of telling them that they should comply with the WRA regulations, and in many instances she asked him to permit some of the patients to stay here. Dr. Pedicord sounded as if she was the bottleneck, who encouraged Mr. Karasawa and others to resist. But this is not the case at all. The fact is that the T. B. patients by their nature being selfish or highly subjective to say the least, had

all sorts of complaints and demand as to the segregation, but unable to have direct access to Dr. Pedicord, used to ask Miss Nishimura to take them up with him. She could not refuse them because some of the complaints were quite reasonable. This act of mediating between Dr. Pedicord and the patients was misinterpreted by Dr. Pedicord.

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By the advice of Dr. Hashiba, it has been decided that Miss Nishimura should take a couple of weeks off and then be reinstated. By so doing, both the patients and Dr. Pedicord will be made to realize what sort of service she has been rendering for them.

PUBLIC HEALTH

Despite a decrease in the hospital staff, increased efficiency has been obtained. The program for examining teeth of school children was well underway the close of the quarter. The daily number of patients in the hospital averaged about 140, a substantial reduction in the number who were admitted during the winter and spring months. The death rate for this colony is far below the figures established by the largest insurance company. There have been no epidemics of any kind during this quarter.

HOSPITAL STATISTICS FOR THE QUARTER ARE:

	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>
Admissions to Hospital.....	252	246	202	700
Patients seen in Out-Patient Clinics.	4577	3761	3561	11899
Patients seen in Dental Clinic.....	2020	1628	1733	5381
Number of Operations.....	69	96	52	217
Births.....	20	28	38	86
Deaths.....	5	11	9	25
Calls made by Public Health Dept.....	2154	2054	2030	6238
Laboratory Examinations made.....	<u>4577</u>	<u>3761</u>	<u>3561</u>	<u>11899</u>
Grand Total.....				<u>36445</u>

UNITED STATES
DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY

Tule Lake Center
Nowell, California

In reply, please
refer to:

Health Department

Policy governing the treatment of appointed personnel is broadly covered in the following abstracts which are quoted from WRA Administrative Instruction Manual:

"30.2.7 -- Although it is not WRA policy to use center health facilities for treatment of the appointed staff and their families the facilities may be so used under certain circumstances, provided the Government is given fair compensation."

"50.2.20 -- Appointed employees should utilize the services of physicians and hospitals in neighboring communities. In emergencies or when facilities or personnel for such medical or hospital care in any particular instance are at such a distance that delay or movement would be detrimental to the welfare of the individual or the operation of the center, such medical or hospital care shall be made available at the center hospital."

"50.2.21 -- All injuries to appointed personnel which are compensable under the United States Employees' Compensation Act shall be treated at the center hospitals and by the center physicians. The regulations of the United States Compensation Commission should be consulted for the procedure for the treatment of compensable injuries, at the expense of the Government where the facilities at the centers are inadequate or unavailable."

"50.2.22 -- Center health services made available to appointed personnel and their families shall be provided under the same conditions and regulations as apply to the evacuees, except that all such services, which are not furnished under the United States Employees Compensation Act, shall be paid for by employees on the fee schedule established by the War Relocation Authority. No charge shall be made for the treatment of injuries compensable under the Compensation Act."

Charges for medical care are fixed according to the Schedule of Charges as outlined in the Administrative Manual under Section 50.2.23, a copy of which is attached.

As in the case of all items contained in the Manual the policies and procedures as listed are general information for the guidance of all Centers and the practical operation of the Health Program in accordance with the policy is left to the individual Centers. In order to effect a smooth working program both for evacuees and appointed personnel alike when medical service by the hospital is necessary certain fundamental procedures have been adopted at this Center and are outlined below for your information and guidance.

Home Calls

In general no home calls will be made by the doctors on either evacuees or appointed personnel. All persons who are too sick to come to the hospital during the regular Outpatient Clinic hours will be picked up by ambulance and brought to the hospital for examination and treatment. If hospitalization is found necessary the patient will be admitted following his examination. If the patient can be taken care of at home he will be sent home. If subsequent attention is needed at home, the doctor examining may make his own arrangements for home visits. Should a patient while under treatment at home feel the need for further medical attention the hospital should be contacted. (Tel 4503) The only exception to the above home call procedure is in those cases who have a generalized body rash in which infectious disease is suspected. When the hospital is contacted relative to those patients the family will be visited. Do not bring patients (children) to the hospital with rashes which are suspected of being contagious disease.

Proper Procedure for Obtaining Medical Care on the Project

Come to the Outpatient Department of the hospital between 8:00 and 11:00 any morning except Sunday. If the patient is unable to walk or be transported to the Outpatient Department a request should be made by telephone or in person to the Outpatient Department giving name and address and chief complaints of the person who is sick. The information will be turned over to the ambulance service and patient will be "picked up" and brought to the hospital for examination as soon as it is possible to do so. In all instances where medical service is needed the Outpatient Department of the Hospital should be contacted. (Tel. 4503) Do not contact anybody else, it upsets hospital operation. Ambulance "pick up" service is free of charge.

Which Doctor to See or Ask For

All doctors at the hospital including the Chief Medical Officer work on a rotating schedule doing particular phases of the work. Therefore, the doctor who treats a particular individual depends on what doctor is on duty at the time the person applies. By applying at the Outpatient Department and stating what is wrong with an individual the receptionist will arrange for the patient to be seen by the doctor. All individuals treated at the Outpatient Department are handled in the order in which they come. PLEASE DO NOT GO TO A DOCTOR'S HOME SEEKING MEDICAL ADVICE OR SERVICE. WHEN OFF DUTY THE DOCTORS MUST BE GIVEN AN OPPORTUNITY TO RELAX AND REST.

Emergency Night Calls

If medical attention is needed at night the Outpatient Department Receptionist should be contacted in person or by phone. (Tel.4503) This is the same procedure as operates in the daytime. If the patient is unable to come directly to the Outpatient Department an ambulance will be dispatched to pick up the patient when requested and necessary. Since there is only one doctor on duty at night some delay in response to a night call is to be expected.

Dental Service

In view of the tremendous volume of dental work needed it is only possible to provide emergency dental service. This will be done by applying through the Outpatient Department as in case of a request for medical service.

Prescriptions and Pharmacy

Where a prescription is ordered for an outpatient following his being seen by a doctor it may be filled at the Hospital Pharmacy which is located in the Outpatient Department Reception Room.

The Pharmacy is authorized to fill only prescriptions which are signed by a physician and to make refills on previously issued prescriptions when these refills have been authorized by a doctor. The Pharmacy has been contacted directly for the purchase of aspirin tablets and a variety of ointments and medicines, as might be done in an ordinary drugstore. Since the Pharmacy only renders prescription service it is not possible to fill such "drugstore" requests.

Schedule of Clinic Hours

Daily 8:00 to 11:00 AM except Sunday at the Outpatient Department.

Charges for Medical Services

Charges for medical services will be made on WRA form entitled "Invoice for Medical Services." These invoices will be prepared in an original and two copies, the original for the patient, one copy for the Finance Office and one copy to be retained in the Hospital. The patient, upon receipt of the invoice, should contact the Finance Office regarding payment.

Loan of Equipment

On several occasions requests have been made of the hospital to loan bed pans, hot water bottles, ice bags, and other pieces of equipment for use in the homes. With the limited equipment available it is not possible to loan out hospital equipment.

Public Health

The immediate responsibility for the public health of the Center is vested in the hands of the Chief Medical Officer. Since this project is located in the State of California the public health laws of the State of California are therefore applicable to this Center. Public health measures as regards isolation, quarantine and other regulations governing the control of communicable disease

when instituted by the Chief Medical Officer should be strictly observed. Such regulations are for the protection of the health of the entire community and indirectly the health of other residents of the State of California. The Chief Medical Officer, as Public Health Officer for the community, is obliged to investigate cases of communicable diseases when reported to him. Where the public health nurse or a physician is required to make any necessary public health examination or investigation your cooperation in assisting in every way possible is essential. Where home visits are made by the public health nurse or physician for the purpose of investigating cases of communicable disease or other public health matters, no charge is made. Where, however, the public health nurse or physician carries out actual treatment of medical conditions, regular professional fees will be charged. The operation of a public health service on the project is for the protection of the health of all people, residents here, and the cooperation of all in assisting the Chief Medical Officer in carrying out his public health duties, will not only be rendering a service to the community but is essential for the protection of the public health.

Complaints

It is imperative that all complaints relative to medical service rendered at this Center be brought to the Chief Medical Officer. In the past complaints have been taken to other individuals with the net result that considerable misunderstanding and hard feeling has resulted without an opportunity being given the

hospital to investigate circumstances and make necessary adjustment of difficulties encountered. Complaints can be better attended to if submitted in writing showing pertinent facts.

General Statement

The Hospital Staff has and will continue to do its utmost to take care of the health needs of the Project to the best of its ability. It must be realized that the same shortage of doctors, nurses, dentists, and medical equipment that exists outside the Center also exists here. We can in no sense give peace-time service. However, there is no reason why anyone should suffer from lack of necessary emergency medical attention and such can be done if the procedures as outlined above are observed. Your faith in the hospital staff and its service will materially aid us in the discharging of our obligations and duties.

Fee Schedule From Administrative Manual, Section 50.2.23

1. Per Diem Hospital Rates

Ward Rate	\$3.00
2-Bed Ward without Toilet, Rate	3.50
2-Bed ward with Toilet, Rate	4.50
Single Room without Toilet, Rate	4.00
Single Room with Toilet, Rate	5.00

Above rates include general duty nursing, commonly used medicines, and diet. Special medications and prescriptions, X-rays, laboratory work, special therapy, and physicians and surgeon fees are extra charges.

2. Professional Service

a) Hospital Patients

Admission history and physical examination for any one illness (unless completed in OPD)	\$2.50-4.00
Surgery Cases - after 15th day in hospital	1.00 per day
Medical Cases - from 2nd thru 10th day in hospital	2.00 " "
after 10th day in hospital	1.00 " "

b) Outpatient Department

Physicians

Initial visit with history, physical examination for any one illness, and report including necessary treatment not specifically listed elsewhere in this fee schedule as a separate charge	\$2.50-4.00
Successive visits for same illness	1.50
Special treatment or diagnostic service - according to service (see under proper heading hereafter.	

Dentists

According to Service (see Page 4)

Optical

Examination (with or without mydriatics) and report \$2.50

Prescription for lenses (filled off Center at patient's own handling and expense) No Charge

c) House Calls

Day \$3.50

Night 5.00

d) Surgical Fees Including Fractures

Minor Cases \$5.00-35.00

Major Cases 50.00-125.00

Above fees include one day's post-operative professional service for dressings and routine care for each \$5.00 of the fee charged up to fifteen days.

e) Fee for Medical and Surgical Diagnostic or Therapeutic Procedures

(Special drugs, serums, etc. required in these procedures are extra)

Spinal punctures, cystoscopy, bronchoscopy, proctoscopy, etc. \$5.00-35.00

Venipuncture, hypodermic, hypodermoclysis
If other charge is made for laboratory work, OPD visit, or hospital per diem No Charge

f) Obstetrical Fees

Normal delivery \$35.00

Instrumental, manipulative or surgical delivery 50.00-100.00

Above fees include one day's post-operative professional service for dressings and routing care for each \$5.00 of the fee charged up to fifteen days.

g) Anaesthesia Fees - All Types

Major Surgery	\$7.50
Minor Surgery	3.75
Obstetrical	3.00-7.00
Local	No charge

h) Operating Room and Delivery Room Fee

Major Surgery	\$10.00
Minor Surgery	5.00
Obstetrics	5.00-10.00

i) X-Rays

Fluoroscopy without film	\$2.00
Single 14x17, each	4.00
Additional 14x17, each	1.75
Single 10x12	3.25
Additional 10x12, each	1.25
Single 8x10	2.50
Additional 8x10, each	1.00
Complete Serial Examination	10.00-15.00
Teeth, Single	1.50
Teeth, each additional up to 5	1.00
Teeth, 5 films up to and including full mouth	5.50

j) Dental Fees

Examination and report	No Charge
Prophylaxis	\$2.50-5.00
Emergency Palliative	1.00

Extractions	\$1.00-3.00
Fillings	
Amalgam	1.00-3.00
Gold	2.50-8.00
Silicate Cement	1.00
Crowns	
Porcelain	7.50-12.00
Gold	5.00-8.00
Extirpation of pulp and root canal	1.00-3.00
Bridgework	3.00-8.00
Dentures	12.00-21.00
Repairs	1.00-9.00
k) <u>Physiotherapy</u>	
Minimum - any treatment	\$1.00
Maximum - any one day	2.50
l) <u>Laboratory Examination</u>	
Urinalysis, routine chemical and microscopical	\$1.00
routine partial	.50
Blood Count, routine, complete	2.50
, " , hemoglobin	.75
, " , R.B.C.	.75
, " , W.B.C.	.75
, " , differential	1.00

Bacteriology

Microscopic slide examination	\$.75-1.50
Cultural examination	2.50-5.00
Animal inoculation and preparation of autogenous vaccine	7.50

Serology

Complement fixation tests	\$2.50
Precipitation tests	1.50

Chemistry

Blood, spinal fluids, urine (except routine) gastric contents, other body fluids, etc.	\$2.00-5.00
Minimum for single determination for single specimen	2.00
Maximum for 3 or more determinations for single specimen or for single determination 3 or more specimens in series (Ex. Glucose tolerance test)	5.00

Allergic Tests

Per test up to 10 at one visit	\$.25
Each additional 10 tests at same visit	1.00

Special Instrument Tests

Electrocardiogram, basal metabolism rate, etc.	\$5.00
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m) Ambulance Service

Per mile, one way (Minimum charge - \$1.00)	\$.25
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n) Prescriptions

Cost plus 10% - Minimum	.50
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o) Dressings

Cost of material plus 10% for outpatient cases. No charge if hospital inpatient and per diem rate paid.

3. Off-Project Service Charges

When any work is sent off-project to be done by a private source, the fee charges by that private source shall determine the service cost.

/signed
E. M. Rowalt
Acting Director