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REPORT OF NURSING CONSULTANT

WAR RELOCATION AUTHORITY

By Jean Sutherland



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OVER-ALL REPORT OF NURSING ACTIVITIES

of the

WAR RELOCATION AUTHORITY

SUBMITTED BY

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December 1, 1945

NURSE MEMBERS, WASHINGTON HEALTH SECTION

NURSING CONSULTANT

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OVERALL REPORT OF NURSING ACTIVITIES
War Relocation Authority

I

In June of 1942 a Nursing Consultant was added to the National staff of the War Relocation Authority to work with the Chief Medical Officer on problems pertaining to the health service in general and to the establishment of a hospital and public health nursing service in particular.

At this time relocation centers were being constructed. Nurses and nurse's aides of Japanese ancestry were rendering nursing service at the hospitals and infirmaries at the assembly centers. Health service organization at these centers was of a temporary nature, and it was realized by the Authority that when the relocation centers were put into operation, well-equipped and well-staffed hospitals would have to be available at each center to render adequate medical care to the evacuees.

One of the Nursing Consultant's first tasks was to study the available evacuee professional nursing personnel and request their assignment to various center hospitals according to their training and experience. As much as possible, the nurses were sent to the centers where evacuees from their home localities were scheduled to be sent. However, this was not always possible. For instance, three nurses trained as operating room supervisors could not go to the same center if that would leave other centers without such specially trained personnel. When it became necessary to assign a nurse to a

center away from her friends and neighbors, special arrangements were made to send her family with the nurse rather than separate the family. It was also necessary to plan for the nurses who were to accompany the various train movements from assembly to relocation centers; and for those who would have to be on hand at the relocation center when trains arrived, to assist with the health inspection of new arrivals, to render first aid and to arrange for infant feeding. In all assignments the evacuee nurses proved themselves equal to the responsibilities thrust upon them. Fortunately, a few other nurses had been recruited and were at the centers to greet the incoming trainloads of evacuees.

II

In the Authority's very early days, the presence of some 72 graduate and 79 student nurses of Japanese ancestry composed a nucleus around which it was planned to build an effective nursing service for the center hospitals. Even as early as 1942, the country as a whole was feeling the shortage of nurses, and difficulty in recruiting qualified registered nurses was anticipated. Because of this, the Health Section concluded it would be necessary to have a corps of auxiliary workers or nurse's aides trained to assist the graduate nurses with the care of patients.

Figuring the number of nurses and nurse's aides who would be needed to provide adequate care for the evacuees could not be done on an entirely scientific basis. A certain amount of guesswork was

involved since there were no records of previous illness which could be used for guidance. The total bed capacity of the hospitals was 2,005 which provided for somewhat less than 2 percent of the evacuees who numbered 110,000. A general rule is that one may expect 2 percent of a people to require hospitalization at any one time under normal conditions, not epidemics. Of course, without any similar experience as a guide it was necessary to keep this figure in mind when trying to plan for possible nursing needs.

There was no real way of knowing just what the occupancy of the War Relocation Authority hospital would be. It was reasonable to expect a higher occupancy than would be found in a normal community for the following reasons:

1. Complete hospital care including all medical and nursing service was provided without any charge to the residents. Ordinarily, an individual does not go to the hospital unless his physician considers it essential if he has to pay for the cost of his care himself.
2. The living quarters of the residents were such that except for minor illnesses, it would be difficult for them to receive adequate care at home. Lack of privacy, absence of running water and bathroom facilities, plus the lack of space made it most undesirable to try to care for acutely ill patients and awkward to care for

anyone who required constant bed rest.

3. The residents who were unhappy over displacement from their homes and normal living and insecure concerning their future might be expected to have an illness rate higher than that of a similar number of people in an ordinary community.
4. The physical layout of the centers together with the lack of transportation for individual doctors and nurses made it more economical of time and effort to admit patients to the hospital rather than to try to visit them at home and supervise their care.

Thus it can be seen that it was difficult to determine just what ratio of nurses to patients should be. The conclusion was reached that though a high occupancy of hospital beds could be expected, probably about half of the patients would not be severely ill and hence would not require much nursing care by professional nurses. This was another reason for the decision to train a group of nurse's aides in each hospital. Nevertheless, it remained true that both patients and aides would require competent supervision by registered nurses. Another factor which made it necessary to have rather a sizable staff of graduate nurses was the physical layout of the WRA hospitals. They were constructed on the regular army plan of wards opening off a long catwalk. The catwalks were nearly one-fifth of a mile long, hence there

was much territory to cover. Civilian hospitals are planned so as to minimize the amount of necessary walking by nurses to make it possible for fewer nurses to cover the same volume of work. This particular factor apparently was not considered in the planning for construction of the WRA hospitals. Still another reason for needing a good staff of graduate nurses was the sparsity of telephones allotted to the hospitals. Each ward did not have its own phone which gave rise to the possibility of serious consequences in the event that an emergency arose on a ward on which there was no nurse on duty and time was lost in locating one.

At first, the goal for staffing was one nurse to every five beds. But later, taking all the foregoing factors into consideration, it was decided that the hospitals could be operated with reasonable efficiency and safety with an average of one nurse for every 21 patients, during each 8 hour shift, and one nurse's aide to every five patients. Thus, a hospital with a potential bed occupancy of 150 patients would require to cover the hospital for 24 hours a day, 7 days a week, a total of 21 graduate nurses exclusive of the chief nurse and the public health nurse, plus a minimum of 104 nurse's aides (90 plus 15% more to relieve on days off). However, until a nurse's aide had her course of instruction and supervised practice, she could not be considered on the same basis as an experienced aide, hence two aides in training had to be counted as one.

Subsequent experience proved that the bed occupancy was quite a bit less than had been anticipated. The dreaded epidemics never did

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Subsequent experience proved that the bed occupancy was quite a bit less than had been anticipated. The dreaded epidemics never did

occur. The incidence of serious illness was not great. The birth rate at the centers was lower than that for the population of the United States as a whole which meant that the maternity service was not heavy (this with the exception of the Tule Lake Segregation Center). And the policy of holding elective surgery to a minimum helped to keep the number of surgical patients fairly low. Surgical patients usually require much skilled nursing care in the form of special treatments.

It may be said that the War Relocation Authority as well as the residents themselves benefited greatly by the favorable morbidity statistics. It has never been possible to recruit and appoint anywhere near the number of graduate nurses deemed essential to give minimum care. Had people been ill in the numbers and to the extent anticipated, the agency would have had to call for outside help from other government agencies, probably the Army and the United States Public Health Service, and from the American Red Cross Nursing Service. This undoubtedly would have resulted in unfavorable publicity for the Authority.

III

As has been stated earlier, the Health Section planned to start with the evacuee nursing staff of 151 graduate and student nurses and add to them enough appointive registered nurses to bring the total staff to the number which was estimated would be needed - 225 on the basis of 80% occupancy of the total bed capacity of 2000. The following classifications of nursing positions were approved by the Civil Service Commission for the relocation centers;

SP-8	Chief Nurse	\$2600	per annum
SP-7	Assistant Chief Nurse	\$2300	" "
SP-6	Supervising Nurse	\$2000	" "
SP-5	Senior Staff Nurse	\$1800	" "
SP-4	Junior Staff Nurse	\$1620	" "

NOTE: Job descriptions for these positions will be found in

Appendix: I.

First efforts were bent toward securing qualified chief nurses. Despite the philosophy that a professional nurse is a professional nurse regardless of her racial ancestry and that the evacuee nurses would be used in positions for which they qualified, the experience at the Manzanar Relocation Center, formerly the Manzanar Reception Center, demonstrated that the evacuee nursing staff did not respond well to an evacuee chief nurse no matter how well qualified she might be. For this reason, it was deemed imperative to find women of good professional background to head up the nursing service at each center. It

did not take long to discover this was a task of considerable magnitude. Nurses qualified in the field of nursing administration were not eager to leave cities for the isolation of the centers. In the quest for suitable chief nurse material, it was sometimes necessary to appoint a person not entirely qualified by experience or training in nursing administration to be Acting Chief Nurse, until a more qualified nurse could be secured. It was inevitable that a few of the nurses appointed to these positions should prove themselves unable to adapt to the peculiar conditions which prevailed. On the other hand, the Authority was fortunate enough to find some extremely capable women who remained at the centers for longer periods of employment than was dared to be hoped for.

In all, in the ten centers there were 31 assignments to the chief nurse position, of whom 6 were acting chief nurse. The average number of chief nurses appointed during the existence of a center was 3 though the Gila River center had 6. Jerome finished up with the original chief nurse, and Colorado River had the same chief nurse from its earliest days until the last two months of its existence.

In the spring of 1943 the Civil Service Commission approved the establishment of the position of Senior Chief Nurse, P-3, \$3200 per annum, for four centers.

1. Manzanar because the Authority proposed to establish a school for attendants there. Such a school would involve more than the usual amount of responsibility for the nurse in charge. (NOTE:

This project was dropped because the strides in the volume of relocation made it unlikely that very many evacuees beginning the course would remain at the center long enough to complete it).

2. Tule Lake, Gila River and Colorado River because of the large populations and additional nursing service in the multiple clinic departments which the chief nurse would administer and supervise.

The qualifications for the senior chief nurse position were higher than those for the chief nurse position, (See job description in Appendix I) and at the Gila River Center no appointment to the higher grade was ever made. It should be mentioned at this point that no center had both a senior chief nurse and a chief nurse.

At first, the Authority's recruitment efforts to secure appointive staff and supervising nurses met with what seemed fair success when compared with the poor results of later days. (See Appendix II for form letter sent to nurses certified by the Civil Service Commission). The Regional Office of the Civil Service Commission in San Francisco furnished the agency with many long lists of eligibles when recruitment was done on the West Coast. And, for a period of about three months, the Nursing Consultant could be somewhat selective in the nurses she approached to accept appointment. But this picture soon changed, and before long it became apparent that something in the way of special privilege had to be requested of the Civil Service Commission. Accordingly, after evidence of the War Relocation Authority's

need for doctors and nurses was compiled and presented to the Commission on March 19, 1943 the War Relocation Authority was given the privilege of recruiting staff nurses in specified grades, appointing them, and submitting their applications to the Commission for post-audit within a period of 60 days following appointment. (See Appendix II for this letter of Authority, and Appendix III for follow-up of this letter.)

This meant that nurses known personally to the Nursing Consultant, those referred to her from various sources as other nurses, nursing organizations, etc., and nurses whose husbands were employed at the projects, could now be approached to work for the Authority. Those who accepted appointment could be put on the payroll at once without waiting for them to be certified by the Civil Service Commission. Many of the chief nurses were secured this way as well as a number of other staff.

With reference to nurses whose families were in residence at the centers, those with children usually found it difficult to accept full time employment. But, it was possible to give them regular part-time employment if they so desired. A helpful arrangement whereby married nurses not desiring regular employment could be called upon in times of hospital emergency was the so-called WAF appointment whereby a nurse was employed by the day and paid for the time she actually worked. This arrangement was particularly useful when several nurses were sick at once, or when there was an unexpected gap in the nursing service.

Eventually experience demonstrated that it was usually unwise to have both husband and wife employed in the hospital at once, and that it made for complications to employ a woman as a nurse whose husband occupied an important administrative post at the center. There were notable exceptions, however, in the case of some nurses whose ethics were strong enough to keep them from mixing personal and professional matters.

As time went on, the Civil Service Commission registers proved increasingly unfruitful, and fewer nurses were referred from other sources. By the spring of 1944 it was necessary to accept the fact that the tremendous shortage of nurses for military and civilian needs would prevent the Authority from securing the staff needed to replace the evacuee nurses who had relocated. When appointive nurses resigned, new recruits could not be found. Among the evacuees themselves fewer and fewer nurse's aides were available. It became necessary to consolidate services within the hospital as the result of shortage of nursing service. Public health nursing programs had to be curtailed because the nurses formerly assigned to public health nursing duties had to work in the wards in order that the needs of acutely ill patients might be met. This caused some dissatisfaction among the nurses especially trained in public health nursing and a couple of them resigned for positions where they would do only public health nursing.

With reference to the above, it was always the policy of the War Relocation Authority to employ nurses for general assignment rather

than for some special type of service. At each center the nurse best qualified for operating room work or for maternity service would usually be assigned to such services though not always, the reason being that, once being assigned to a special service for any length of time, there was a tendency for some of the staff to exhibit unwillingness to serve elsewhere in the hospital when it was necessary to ask them to do so. This explains why there has been no classification of public health nurse, surgical supervisor, etc.

During the life of the War Relocation Authority approximately 1800 nurses were approached to consider appointment to the nursing staff of the Authority, the greatest number of whom were certified to the agency by the Civil Service Commission. 190 appointments were made in all grades. More than half of the nurses referred by the Civil Service Commission failed to reply to communications inquiring about their interest and availability. In addition there were many who had moved without leaving a forwarding address so that inquiries to them were returned undelivered. Among the reasons given for declining appointment were the following:

1. Prejudice against people of Japanese ancestry
2. Dissatisfaction with salary of position for which they qualified.
3. Inability to secure statement of release or availability

4. Unwillingness to work in any but certain localities
5. Unwillingness to work on any shift or any service
6. Lack of suitable school opportunities for children
7. Family problems which made it impossible to be so far from home
8. Disinclination to work in such isolated areas

Analysis of the records of the 143 nurses who resigned before November 1, 1945, reveals the following facts:

LENGTH OF SERVICE

53 remained less than 6 months
90 remained less than 1 year
53 remained more than 1 year
27 remained more than 18 months
12 remained more than 2 years

REASONS WHY THESE NURSES LEFT THE AUTHORITY

Transfer to other civilian Government agencies	15
Commission in the Army Nurse Corps	15
Marriage	7
New job opportunity	7
Family problems	12
Personal problems	30
Health	12
Continue with professional education	5
Dissatisfaction with job or working conditions	8
Involuntary terminations	2
Reason unknown (incomplete records)	30

YEARS IN WHICH THEIR RESIGNATIONS OCCURRED

1942 - 17
1943 - 41
1944 - 48
1945 - 37

STATES FROM WHICH THESE NURSES CAME

Arizona	5	Missouri	1
Arkansas	7	Montana	1
California	33	Nebraska	1
Colorado	7	Nevada	2
Connecticut	1	New Jersey	1
Florida	2	New Mexico	4
Idaho	1	New York	13
Illinois	4	Ohio	2
Indiana	1	Oklahoma	2
Iowa	2	Pennsylvania	8
Kansas	2	Texas	4
Kentucky	2	Utah	4
Maryland	3	Virginia	2
Massachusetts	1	Washington	2
Michigan	1	West Virginia	1
Minnesota	5	Wyoming	8
Mississippi	1	Puerto Rico	7
		Unknown	2

Total 143

As of November 1, 1945 there were still 47 graduate registered nurses on the War Relocation Authority staff including the two nursing consultants. By January 1, 1946 less than a dozen were expected to remain, these being assigned to the Tule Lake Segregation Center due to close February 1, 1946. As they were terminated because of reduction of force due to the closing of the centers, the nurses who were interested in remaining in Federal service were referred to such agencies as:

Bureau of State Services, Division of Venereal Disease Control, United States Public Health Service, for work in rapid treatment centers.

Bureau of Medical Services, United States Public Health Service, for work in marine hospitals.

Office of Indian Affairs, Department of the Interior, for hospital and public health work on Indian reservations.

Veterans' Administration for assignment to hospitals.

Panama Canal Office for assignment to hospitals in the Canal Zone.

United Nations Relief and Rehabilitation Administration for consideration for the Ethiopian and China Missions.

Office of Labor, Department of Agriculture, for opportunities in WFA migratory camps.

Office of the Coordinator of Inter-American Affairs for opportunities in Latin and South American countries.

At the writing of this report there are no figures on the number of nurses successful in securing transfers to other agencies.

Although the Health Section ventured once or twice to suggest employment of practical nurses, if any were available, as a means of supplying nursing power, the Authority held to the advisability of the evacuee group themselves furnishing employees not strictly of a professional or technical class. Hence, the only Civil Service employees on the nursing staff were graduate registered nurses of non-Japanese ancestry. On July 1, 1945, when graduate nurses and evacuee aides were both extremely scarce, approval was given for the establishment of an appointive nurse's aide position at the grade of SP-1. (See Appendix I for job description). Only two appointments to this position were ever made.

IV

The nurses assigned to public health nursing duties had varying amounts of training in this specialty. They carried on various activities which differed somewhat from center to center according to the policies laid down by the medical staff and depending on the degree to which their services were needed in the hospital. Some of these nurses supervised all clinic activities, spending very little of their time out in the field. Others in centers which had full time nursing supervisors in the outpatient departments were able to participate more fully in school health programs, make home visits to people for whom the physicians recommended such supervision and teaching, conduct well baby conferences, give demonstration baths to the mothers of newborn infants prior to discharge from the hospital, accompany patients to outside facilities for examination and care, interpreting the situation for the doctors at both ends, supervise the program for infant feeding, conduct special immunization clinics, follow-up discharged tuberculous patients, arrange for tuberculosis contacts to be examined, participate in the examination of food handlers, work with venereal disease patients, etc. These nurses worked closely with the medical social workers in the hospitals and with the Welfare Sections to bring about as nearly complete recovery of patients as possible. There was a tendency on the part of some of these nurses to assume more responsibility than was safe or necessary in their center activities. Physicians rarely saw the need of giving signed

standing orders so that the nurses frequently carried out verbal orders. Another problem was that they sometimes permitted the nurse's aides who were assigned to assist with public health nursing activities to assume more responsibility than was safe to give a non-professional worker. But on the whole, the public health program carried on at the centers by the nurses was effective and the results something for the agency to be proud of.

V

It is true that until relocation really got going the absence of the desired number of appointive nurses was not felt too keenly. The graduate nurses of Japanese ancestry were of high calibre and well qualified to supervise the nurse's aides. Many of the student nurses had had considerable training prior to evacuation and thus were able to assume duties in the center hospitals which were comparable to those carried by graduate nurses. But, the picture of adequate nursing care for the evacuees very soon changed. The need for graduate nurses in hospitals throughout the country opened up numerous relocation possibilities to the evacuee graduates. In less than six months after relocation was possible the staff of 72 nurses had dwindled to a dozen. These last remaining nurses had personal or family problems which precluded their early relocation or else they, too, would have left, for opportunities were many all over the Middle West and the East.

One particular instance of relocation is worthy of mention since it concerns the evacuee nurse who was employed by the Pacific Area of the American Red Cross as an itinerant instructor of hygiene and home nursing. The nurse who was selected for this appointment came from the Minidoka Relocation Center. While her duties took her to the various centers in the Pacific Area, she was under the supervision of the Red Cross and was in no way responsible to the Health Service of the Authority. Arrangements for her stay at each

center were made by the Center Red Cross. This nurse made a very worthwhile contribution to the health teaching of the evacuees especially since she spoke Japanese fluently and was able to reach many Issei men and women.

Had it been possible for American nurses of Japanese ancestry to be given Civil Service nursing appointments to the staff, many of them might not have relocated so quickly. But, since the Authority's policy was to encourage evacuees to get back into the swing of normal American living, it was considered inadvisable to employ any of them, whatever their qualifications and regardless of the need for their services at the centers under Civil Service. However, once away from a center any evacuee nurse who possessed the necessary qualifications, was free to apply to the Civil Service Commission for employment anywhere else. During the last months of the existence of the center hospitals, the restrictions against employing evacuees were eased but by that time there were no nurses either available or interested in staff appointments.

At this point, it should be mentioned that graduate nurses who were trained in Japan and not licensed in the United States, were classified as practical nurses in the War Relocation Authority classification system for evacuee personnel.

The big ambition of the student nurses was to finish their professional training. The National Japanese American Student Relocation Council and the National Nursing Council for War Service worked with the Nursing Consultant of the War Relocation Authority to open the way

for student nurses of Japanese ancestry to transfer to schools of nursing outside the restricted area. Results were most gratifying. Though it is true that many of the larger, better known schools felt that the patients whom they served would object to being cared for by nurses with Japanese features and for this reason closed their classes to Nisei, many excellent schools thought otherwise. In approximately six months after the campaign to secure acceptance was started, most of the students who desired to transfer were taken into other schools of nursing. Some few went into the first schools that would take them even though they were not of high standing and a few others gave up nursing altogether but for the most part the girls who were in earnest about nursing as a profession were placed satisfactorily. Reports from the accepting schools have always been most favorable. The Nisei were good students in the classroom and on the wards and there were no reports of lack of patient acceptance. Largely because the transferred students made such good records, many other young American girls of Japanese ancestry were accepted into schools of nursing to begin their professional training and more and more schools have admitted Nisei.

At the Manzanar center, students from the Los Angeles County Hospital who were seniors at the time of evacuation and had finished all their classwork, were allowed to count their ward work at the center hospital as part of their practical experience and thus were able to graduate. At the conclusion of this experience they took

their State Board examinations in Los Angeles and became registered professional nurses. Unfortunately, this same sort of arrangement could not be worked out with the other states where relocation centers were located. But, California was good about helping WRA to meet this particular problem at Manzanar and sent an inspector from the State Board of Nurse Examiners to evaluate the hospital and to give instructions regarding the standards of experience which had to be met in order for the senior students to get credit for their time in the Manzanar hospital. As a result of this plan, six student nurses had the opportunity to finish their training while with the War Relocation Authority, one of whom was transferred to Manzanar from Granada in order that she might take the advantage of this privilege.

The two student nurses at the Tule Lake Segregation Center who were not free to leave the center were eventually classified as practical nurses.

VI

Early in the operation of the health service at the various centers, plans were worked out to recruit and train young evacuees as nurse's aides and attendants. These workers, the majority of whom were girls, were usually just out of high school or perhaps a little older. While at first it was thought that the aides would be taught just those procedures ordinarily assigned to subsidiary workers in a hospital, the increasing shortage of professional nurses made it necessary to add more and more responsibility to the assignments given to nurse's aides. (See Appendix V for suggested outline for minimum classwork to be given nurse's aides and attendants.

Most of the hospitals planned for graduating exercises when group of aides completed the prescribed course of instruction at which time certificates of achievement were given to the aides. In a couple of instances the girls were given caps made of the striped uniform material and the boys arm bands as marks to distinguish them from workers who had not yet completed the course. Relatives and friends were invited to the ceremonies and refreshments were served.

In the beginning it was suggested to the Chief nurses that they build their course of instruction from material found in "The Textbook of Attendant Nursing" by Shepard and Lawrence (McMillan 1942). Copies of this textbook were made available to the aides and medical and nursing texts were purchased for the use of all interested hospital personnel, aides included.

It is worthy of mention that the boys were just as interested in learning as the girls. They insisted on having the same course of instruction so that even the classes in obstetrical nursing were given to them. The absence of false modesty among the Japanese is to be commended. Incidentally, in one or two of the hospitals, some of the boys were given experience in the nursery and they proved to be gentle and enthusiastic in their care of the new babies. The boys were especially adept in the operating rooms.

In cooperation with the high schools, interested students were given opportunity to have, under supervision, varying amounts of classwork and experience as nurse's aides for which they received school credit.

Except in the very first months at the centers it was difficult to keep the staff of aides to the level which was deemed desirable. The hospital work, while interesting, was harder physically than some other types of work which were available and the workers were required to put in their full 44 hours each week. Later on when appeals to the residents were made on behalf of aide recruitment, the people themselves made such suggestions as cutting the working day from 8 to 6 hours, and paying the aides at a higher rate than that for other project employees. In the last six months of the Authority, the salary for experienced aides was raised from \$16 to \$19 a month which was what evacuee physicians and registered nurses were paid.

With the increase of relocation opportunities the young people

were the first to go out, and it was not long before the most capable and promising of the Nisei aides had relocated. Replacements were increasingly hard to get. This meant that plans had to be developed for introducing the older Issei into the hospital as aides. The chief problems in this connection were their lack of familiarity with English, and their decreased physical endurance. This latter really meant that it took about five Issei to do the work of three Nisei. To overcome the language handicap, the services of evacuee nurses were enlisted to do the teaching whenever they were available. In some cases, signs printed in Japanese were placed on patients' beds giving certain important instructions, such as "omit breakfast," "force fluids," etc. This helped to assure that patients got their proper care and saved the time of the supervising nurses since they did not have to keep constantly chasing after the older aides.

Towards the end of the WRA program, the hospitals found it almost impossible to recruit enough aides, either Nisei or Issei, to take care of the patients. Where formerly there would be 60 or 70 aides on the payroll, now there were 20 and 25, some of whom were part time school girls. It was regrettable that the acute shortage of aides forced the hospitals to employ girls of 14 and 15 years of age.

It might reasonably be expected that young, non-professional workers would object to working in the hospital evenings and nights.

Of course, there were individuals who objected, but on the whole, there was very little trouble in this connection. The one real difficulty with the aides lay in trying to get them to accept assignment on the wards where tuberculous patients were given care. The Japanese attitude toward tuberculosis is that it is a social stigma to have it, consequently there is a great fear that one may be unfortunate enough to contract it. The objective of the hospital workers was to avoid contact with the disease. Hence, when an aide knew she was scheduled to be assigned to the tuberculosis service, the usual procedure was for her to report it to her parents, who in turn were more than likely to refuse permission for their daughter to work in the hospital any longer unless it was clearly understood that she would not have to care for tuberculous patients. Sometimes they would agree to a compromise. Often, the girl herself would protest that she was perfectly willing to take her turn working with these patients, but that she could not do so if her parents refused to permit her to accept the assignment. The point was eventually reached where aides were not employed, no matter how badly they were needed, unless they agreed to accept assignment wherever they were needed, and on any shift. This partially, though not entirely, solved the problem. Frequently the workers would agree to this but then when their turn to work on the tuberculosis wards came, the same old behavior pattern would be displayed.

Thus it can be seen that the nursing of patients with tuberculosis ~~was a very~~ real problem. One or two of the centers were

successful in interesting members of patients' families to go on the hospital payroll as nurse's aides, with assignment to this service. But the picture was not always so bright. In one hospital, for weeks at a time, there was no one on duty on the T. B. ward at night except when the night supervisor made her periodic rounds.

VII

During the first year the Nursing Consultant had to make many visits to the various centers. Pressure of many duties made it impossible for her to spend more than a couple of days at each center on a given visit. This meant that she could not give the amount of time desirable to the variety of problems which demanded her attention. On the one hand, the vast problem of recruiting nursing staff demanded that the Consultant be in the office to attend to the correspondence entailed and to arrange for personal interviews in the office and in areas throughout the country. On the other hand, were the numerous administrative and service problems at the center hospitals. It was finally realized that one person could not do justice to the volume of work, and in October, 1943 an assistant was appointed, who held the title of Associate Nursing Consultant. The addition of this person to the staff made it possible for one or the other of the Nursing Consultants to be in the office while the other was in the field. Only rarely were both of them in the field at the same time. In general, the Health Section tried to arrange for either one of the Nursing Consultants to visit each project about every three months. Visits were made to the relocation centers by the Nursing Consultants to

1. Survey hospital operations
2. Give consultation to the chief nurse and to the project medical officer
3. To interpret WRA policies in general and Health Section policies in particular to the nursing staff

4. To give guidance to the various staff nurses if so requested by the chief nurse or by the individual nurses.

Naturally, the Nursing Consultant spent most of her time while at a center with the chief nurse. Following is a sample of the topics covered during their many discussions - these according to the needs of the particular center.

1. Progress of all nurses - promotion possibilities
2. Adjustment of any new nurses to the staff
3. Work in special departments - OPD, surgery, public health nursing
4. Training of the nurse's aides and the aide situation in general
5. Relationships with the rest of the project personnel especially with the administrative staff
6. Relationships with the medical staff in general and with the project medical officers in particular
7. Staff education plans
8. Any other problems which the chief nurse wished to discuss such as living conditions, vacations, etc.

It was never the function of the Nursing Consultants to supervise the general nursing staff. That function belonged to the chief nurse. But the chief nurses were not qualified public health nurses so the Nursing Consultant, who was a trained public health nurse always planned to spend at least one half day of each center visit with the nurse assigned to public health nursing duties. This time was usually divided between one or two home visits with the nurse and observation of her activities at a clinic session. This gave a basis for a conference with nurse on her work. The Consultant gave her findings and recommendations to the chief nurse.

Before concluding her center visit, the Consultant tried to have

a joint conference with the project medical officer and chief nurse to summarize her findings and recommendations. Usually, there were some points brought up in this conference which had to be referred to the Washington Chief Medical Officer. The Project Director was visited, too, to inform him of the results of her visit together with any recommendations that might be of interest to him.

Other field activities of the Nursing Consultants included work with the National Japanese American Student Relocation Council and the National Nursing Council for War Service on the problem of securing admission of Nisei girls into schools of nursing; visits to the regional offices of the Civil Service Commission to recruit staff nurses for the hospitals; visits to the nursing directors of the State Departments of Health in states where the centers were located in order to establish good cooperative relationships; visits to university and professional nursing placement services to recruit staff; interviews with prospective nursing staff in cities that lay along the route of official field trips.

Relationships with other Federal agencies in Washington have been good. The Nursing Consultant of the War Relocation Authority was a member of the Council of Directors of Federal Nursing Services which meets once a month to discuss common nursing problems and those peculiar to the Federal nursing services.

Close cooperation was given by the Nursing Consultant of the Civil Service Commission, who was most helpful in furnishing informa-

tion concerning available nurses, answering specific questions about individual nurses, etc.

VIII

CONCLUSION

Time and time again, the nurses at the centers have said to the Nursing Consultant, "I wouldn't take anything in the world for this center experience;" "Working with the evacuees has been fun." "I hate to think of what I would have missed if I hadn't taken this job;" "Life at this center has been a wonderful experience;" "I am so thankful that I've had this opportunity to learn more about Japanese people. If I hadn't come with WRA, I'd be as ignorant about them as most of the people in the United States are," and so on.

The wide geographical distribution of the relocation centers made it impossible for the Nursing Consultant to visit the hospitals in the developing period of the Authority as often and for as long as was really necessary. This was particularly unfortunate because of the fact that in some cases the chief nurses really needed more help in organizing their nursing services and developing policies than could be made available to them.

The newness of the program, the necessity for staffing entirely new hospitals with personnel of quite different backgrounds, the

presence of personnel who knew nothing of the customs and problems of the evacuees, the insecurity of the evacuees themselves, the impossibility of being selective in choosing nurses for the staff because of the general shortage, the fact that some chief nurses had to be given more responsibility than they were fitted for by training, the barrenness of the projects themselves, the isolated living - all these pointed to the need for really intensive help and guidance to assure that a sound beginning was made in each hospital.

To the Nursing Consultant fell many duties of organization and administration, such as:

1. Planning for uniforms for the various hospital workers and running down sources of supply for the materials needed
2. Determining the kinds and amounts of certain hospital supplies needed which would not be furnished by the Army Medical Depots
3. Participating in developing hospital record forms and a record system
4. Acting for the Chief Medical Officer during his absence from the Washington office, etc.

These and related responsibilities took from her the time and energy which should have been devoted to matters more purely nursing in scope. Too much had to be left to the chief nurses, consequently there was wide divergence of custom in each hospital which made for confusion when it became necessary to transfer nurses from one center to another.

The system of rotation of ward assignment, plans for training nurse's aides and recording their experience, consistency in hospital

nursing practice, uniform nursing manuals, etc., really should have received more attention from the Nursing Consultant before undesirable and sometimes inefficient methods became fixed in the hospitals. As it was, by the time that the consultant was free to devote herself more intensively to the varied aspects of the nursing program, the centers had become accustomed to certain routines which they were reluctant to change.

It would have been very helpful had it been possible to bring the chief nurses together for a series of conferences and discussions on mutual problems. Many times during the course of field visits was this need for opportunity to discuss their difficulties with other chief nurses mentioned. In the long run, it would have been a time-saving device as well as a procedure which would have contributed to the general efficiency of the hospitals. The chief nurses could have pointed out their own mistakes and helped to prevent others from making the same ones in addition to sharing their successes. Together they could have developed a really good system for training and rotating aides. Together they might have been able to work out a successful formula for providing good care for the tuberculous patients. Together it would have been easier to bring them to an acceptance of their place in the hospitals and on the centers in relation to departments other than nursing. Since the chief nurses were greatly interested in what was going on at the other center hospitals, they would have enjoyed as well as profited from the re-

counting of each other's experience. Their complaint always was that anyone who had not worked at a center could not understand their problems - which was probably more than half true.

There certainly should have been a standard plan for the introduction of new nurses to the staff. As it was, at some centers a new nurse would be given enormous responsibility at once while in others she would be eased into her new situation more or less gradually. Again, lack of time was responsible for failure to work out some such plan. Something definite in the way of staff education was needed by those chief nurses to whom this phase of their work was new. Concrete suggestions for the use and frequency of staff meetings might have produced more professional growth in the nursing staff.

The appointive staff at a couple of the centers definitely needed help in developing better working relationships with members of the evacuee staff. Had the Nursing Consultant been able to be around more to see for herself where these lacks in good relationships lay, much friction and hard feeling might have been avoided in several specific instances. On the other hand, in most cases the evacuee and appointive personnel both medical and nursing, worked together in harmony and mutual understanding. Long after some of the evacuee doctors, nurses and nurse's aides had relocated they wrote back to their friends among the appointive nurses. The appointive nurses who stayed long enough to become really acquainted

with the evacuees liked them tremendously and often expressed enjoyment of them as patients and as co-workers. Within each hospital there grew a morale which caused the nurses to think that that hospital and that center was the most desirable in which to work. This was strikingly evidenced each time a nurse was transferred. Even when she came from a center which was obviously less attractive and from a hospital which was less well run, the nurse as a general rule, compared the new hospital and center unfavorably with the other one. Months after a nurse would arrive at her new post of assignment she would refer nostalgically to "what we did at _____."

It is to the everlasting credit of those pioneer chief nurses that each hospital did have a good nursing organization which met the immediate needs of that particular hospital. They had to work out their own methods without much help other than that available from their nursing staff. Undoubtedly, even had the Nursing Consultant been able to spend more time at each hospital, complete standardization of method and procedure would not have been possible because of differences in each local situation.

In view of the handicaps under which the nursing service of the Authority was developed and in spite of the mistakes which were made it seems justifiable for this subsection of the Health Section to claim a reasonable share of credit for the success with which the Authority's goal of providing satisfactory medical service for the evacuees was met.

APPENDIX I

Standard Job Descriptions

for

Nurses, Practical Nurses

and Nurses' Aides

Appointive and Evacuee

STANDARD POSITION DESCRIPTION

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2bA3. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: SENIOR CHIEF NURSE
Class Title: Associate Nurse Supervisor

P-3

Description:

Under the supervision of the Principal Medical Officer, is in charge of the nursing program and activities for a particularly large and important medical program, whose special importance is evidenced either by the size of the center, the division of the center into two or more camps, the presence of infirmaries and dispensaries as well as a large general hospital on the center, the provision of a large special service, such as, a tuberculosis service, or the establishment of an approved training school for hospital attendants.

Supervises and is responsible for a large nursing staff consisting of nurses, nurses aides, public health nurses, public health nurses aides, attendants, home nurses, dietary aides, employed in the hospital, out-patient department or public health service. Is responsible to the Principal Medical Officer for providing adequate nursing services at all times and for maintaining professional nursing standards.

Supervises the preparation of necessary reports and service records for the staff. Supervises hospital housekeeping, which includes the care and maintenance of supplies and equipment, as well as the maintenance of an adequate stock of supplies by informing the Hospital Administrator when replacements or additions are required.

Sets standards of inspection, determining whether the nurses and nurses aides and the rest of the nursing staff are maintaining special standards. From time to time independently inspects or participates in the inspection of all services supervised and makes the necessary adjustments to maintain standards. Plans, directs, and participates in a constant in-service training program for the trained staff. Supervises training courses for untrained nurses aides, public health nurses aides, home nurses, and dietary aides. May direct an approved school for hospital attendants.

After clearance with the Principal Medical Officer, establishes such professional contacts as would be necessary and advisable with local and state nursing services.

STANDARD POSITION DESCRIPTION

(Continued)

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2bA3. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: SENIOR CHIEF NURSE
Class Title: Associate Nurse Supervisor

P-3

Minimum Qualifications:

Education:

1. Graduation from an accredited school of nursing.
2. Bachelor's degree with a major in nursing education or a bachelor's degree with any major plus six semester hours in nursing education.

Experience:

Three years experience in nursing, two of which must have been in one or more of the following types of positions: head nurse, supervisor of nurses, instructor of nurses, assistant director of nursing, or director of nursing in a hospital having an average daily patient census of fifty or more.

Registration:

Registration as a nurse.

STANDARD POSITION DESCRIPTION

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2bC8. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: CHIEF NURSE
Class Title: Chief Nurse

SP-8

Description:

Under the supervision of the Principal Medical Officer, is in charge of the nursing program and activities of the medical program for a relocation center. Supervises and is responsible for a nursing staff consisting of nurses, nurses aides, attendants, public health nurses aides, home nurses, and dietary aides, and the services rendered by them in the hospital, outpatients department, or the public health service. Is responsible to the Principal Medical Officer for providing adequate nursing services at all times and for maintaining professional nursing standards.

Supervises the preparation of necessary reports and service records of the staff. Supervises hospital housekeeping, which includes the care and maintenance of supplies and equipment, as well as the maintenance of an adequate stock thereof, reporting deficiencies to Hospital Administrator.

Sets standards of inspection to determine whether the nurses and nurses aides are maintaining required nursing standards. From time to time independently inspects or participates in the inspection of all these services.

Plans, directs, and participates in an in-service educational program for the trained staff. Supervises training courses for untrained nurses aides, public health nurses aides, home nurses, and dietary aides.

After clearance with the Principal Medical Officer establishes such professional contacts as would be necessary and advisable with local and state nursing services.

Minimum Qualifications:

Education: Graduation from an accredited school of nursing.

Experience: One of the following:

1. Five years nursing experience, three of which must have been in a supervisory capacity in a hospital, or

STANDARD POSITION DESCRIPTION

(Continued)

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2bC8. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: CHIEF NURSE
Class Title: Chief Nurse

SP-8

Experience: (Continued)

2. Four years nursing experience in a hospital in a supervisory capacity, or
3. Three years nursing experience, one of which must have been in a supervisory capacity and a course in public health nursing at a recognized school, or
4. A bachelor's degree in nursing, plus two years of nursing experience, one year to have been in a supervisory capacity.

Note:

A recognized post graduate course in any nursing specialty may be substituted for six months supervisory experience required in any of the above.

Registration:

Registration as a nurse.

STANDARD POSITION DESCRIPTION

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2bC7. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: ASSISTANT CHIEF NURSE
Class Title: Head Nurse

SP-7

Description:

Under the supervision of a Senior Chief Nurse or a Chief Nurse, serves as an immediate assistant with responsibilities for nursing and related services in a particular sphere of activity. May be assigned the general responsibility for teaching courses for any or all of the following: nurses aides, attendants, public health nurses aides, home nurses, and dietary aides. Follows up, checks on, and consults with immediate supervisors of the above students.

May be assigned the supervision of a generalized public health nursing program. Such a public health nursing program includes establishing and assisting a physician in conducting clinics for child health, maternity, crippled children, immunization. Makes home visits, and/or supervises the making of home visits to follow-up hospital releases and other cases referred to the nurse by a physician, such as antepartum and postpartum cases. Assists with and participates in health educational activities of school and community. Carries on other activities associated with the generalized public health nursing program.

In the event of an emergency the incumbent assumes the duties of a Head Nurse as required.

In the absence of the Chief or Senior Staff Nurse may act in her capacity.

Minimum Qualifications:

Education: Graduation from an accredited nurses training school.

Experience: One of the following:

1. Three years hospital nursing experience, one of which has been in a supervisory capacity in a hospital, or
2. Two years nursing experience in a hospital in a supervisory capacity, or

STANDARD POSITION DESCRIPTION

(Cont'd.)

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: = 2b07. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: ASSISTANT CHIEF NURSE
Class Title: Head Nurse

SP-7

Experience: (Cont'd.)

3. Two years nursing experience, one in a supervisory capacity and a course in public health nursing at a recognized school, or
4. A bachelor's degree in nursing plus one year of supervisory experience in a hospital.

Note: A recognized post graduate course in any nursing specialty may be substituted for six months supervisory experience in any of the above.

Registration: Registration as a nurse.

STANDARD POSITION DESCRIPTION

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2b06. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: SUPERVISING NURSE
Class Title: Principal Nurse

SP-6

Description:

Under the supervision of the Chief Nurse or the Assistant Chief Nurse, is in charge of the nursing service in one or more units such as outpatient, public health, surgery or any large ward such as, maternity, pediatrics, isolation, medical or surgical. Supervises nurses, nurses aides, attendants, home nurses, public health nurses aides, and dietary aides in the performance of their duties.

As the nurse in charge of a particular ward or clinic is responsible for the general operation of that ward or clinic. Supervises nursing care given patients and the administering of medicine. Supervises preparation of reports and records insofar as they apply to nursing. Supervises ward or clinic housekeeping functions including the care and maintenance of equipment and supplies, and the ordering of supplies as needed, through the proper channels. Personally attends the physician when special nursing skill is required.

May serve as head nurse in charge of public health nursing on an average size center. This includes the supervision and performance of generalized public health nursing including the establishment and conduct of such clinics as child health, maternity care, crippled children, immunization, etc. Makes or supervises the making of home visits to patients under the care of hospital or clinic.

Teaches public health nurses aides, home nurses aides and dietary aides. Assists with the planning, organization, and operation of health and educational activities in the school and community. Carries on other assignments associated with generalized public health program.

May be assigned to serve as Assistant Chief Nurse in her absence.

Minimum Qualifications:

Education: Graduate of an accredited nurses training school.

Experience: One of the following:

1. Two years of nursing experience, one of which was in a

STANDARD POSITION DESCRIPTION

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2b06. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: SUPERVISING NURSE
Class Title: Principal Nurse

SP-6

Experience:
(continued)

supervisory capacity in a hospital.

2. Two years of nursing experience with a post-graduate course in specialized field of nursing.

Registration: Registration as a nurse.

STANDARD POSITION DESCRIPTION

Department of the Interior
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Date Allocated: May 13, 1943

Title: SENIOR STAFF NURSE

SP-5

Description:

Under the general supervision of the Head Nurse, does responsible nursing in hospital wards and clinics and supervises junior staff nurses and attendants in the care of hospital patients. Directs, supervises, and instructs nurses and attendants in the administration of treatments prescribed by physicians, changing of dressings, bathing and feeding of patients, etc. Is responsible for seeing that physician's orders affecting patients are properly and promptly carried out. Constantly observes condition of patients and notifies physician in case of danger. Within the general rules laid down by physicians in charge may take any emergency steps necessary affecting the safety of patients. May serve as Head Nurse in her absence.

Desirable Qualifications:

Education: Graduation from an accredited nurses training school.

Experience: One year of graduate nursing experience.

Registration: Registration as a nurse.

rerun

OM-1574

STANDARD POSITION DESCRIPTION

Office For Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: - 2bC4. -
Date Allocated: May 13, 1943
C.S.C. Standard: _____
Date Promulgated: _____

Organization Title: JUNIOR STAFF NURSE
Class Title: Nurse

SP-4

Description:

Under the immediate supervision of the Head Nurse or Senior Staff Nurse, performs routine and general nursing care of hospital patients and gives treatment and medication as may be prescribed by the medical officer in charge. Performs related work as assigned under supervision.

Performs such general nursing functions in hospital wards as observing symptoms and taking and recording temperature, pulse, and respiration. Gives medicines and treatments, and carries out nursing procedures as prescribed by the physician. Changes dressings and sterilizes surgical instruments and equipment. Serves meals or other types of nourishment and feeds helpless patients. Supervises housekeeping work and other work of attendants and aides.

Performs more responsible nursing work under the supervision and check of the Senior Staff Nurse.

Is responsible for bedside nursing care of the patients, administering of medicine and treatment as ordered by the physician, and carrying out of any other nursing assignments given.

Minimum Qualifications:

Education: 1. Graduation from an accredited nurses training school.

Registration: Registration as a nurse.

STANDARD POSITION DESCRIPTION

Department of the Interior
War Relocation Authority
Community Management Division
Health Section

Allocation Date: 7-1-45

TITLE: NURSES' AIDE

SP-1

Under the general supervision of the Chief Nurse and the immediate supervision of a registered nurse on duty, generally assists in the rendering of professional services or as assigned, carries out simple or routine sub-professional duties in hospital wards, and patient clinics.

Gives bed-side care, bed baths, alcohol rubs, makes beds. Gives simple treatments in accordance with detailed instructions and occasionally upon specific instructions gives medications. Answers patients call bells. Supplies ice caps and hot water bottles. Prepares surgical supplies.

Desirable Qualifications:

High school graduation plus completion of the Red Cross course in Hygiene and Home Nursing or the equivalent thereof

Experience:

High school course in Home Nursing
or

Three years of High school plus six months as practical nurse or attendant.

STANDARD POSITION DESCRIPTION

(Evacuee Only)

Department of the Interior
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: 2-b-556
Date Approved: 1-1-44
Salary: \$19

Title: PRACTICAL NURSE

Description:

Under the supervision of a registered nurse, does general nursing in the hospital wards and clinics. Gives bedside care such as bathing, feeding, changing of minor dressings and simple treatments.

After demonstrating proficiency to the nurse in charge, may pour and administer all medications except narcotics; may give hypodermic injections not requiring special precautions; may give more complex treatments; may do dressings requiring aseptic technique.

May, occasion, be responsible for assisting in the supervision of new nurses' aides. Performs related duties as assigned.

Minimum Qualifications:

- a. At least nine months of training in a recognized school of nursing.
(or)
- b. Graduation from a recognized school of practical nursing or hospital attendants.
(or)
- c. Graduation from a school of nursing in this or other country which does not meet nurse registration standards, but does give training in certain fundamentals of nursing care.

STANDARD POSITION DESCRIPTION

(Evacuee Only)

Office for Emergency Management
War Relocation Authority
Relocation Center
Community Management Division
Health Section

Position Code: 2-b-535
Date Approved: 7-1-43
Salary: \$16

Title: NURSES AIDE AND ATTENDANT

Description:

Under general supervision of the Chief Nurse and the immediate supervision of a registered nurse on duty, generally assists in the rendering of professional services or carries out simple or routine subprofessional duties in hospital wards, out-patient clinics, surgery, public health and home nursing services as assigned.

Gives bedside care, bed baths, alcohol rubs; makes beds. Gives simple treatment in accordance with detailed instruction and occasionally upon specific instructions gives medications. Answers patients call bell. Supplies ice caps and hot water bottles. Assists in maintaining order in ward or clinic. Assists in lifting and transporting patients. Prepares surgical supplies. Assists in preparation for operations. Assists at operations. Prepares clinic set ups and assists in their operation. Assists physicians in patient examinations and treatments. Makes home visits for clinic patients as directed, including prenatal, postpartum, infant welfare, school health, and other clinic services. Gives home care to patients with minor illness after specific instruction. Assists with public health educational programs. Performs related duties as assigned.

Description:

Under general supervision of the Chief Nurse and the immediate supervision of a registered nurse on duty, generally assists in the rendering of professional services or carries out simple or routine subprofessional duties in hospital wards, out-patient clinics, surgery, public health and home nursing services as assigned.

Gives bedside care, bed baths, alcohol rubs; makes beds. Gives simple treatment in accordance with detailed instruction and occasionally upon specific instructions gives medications. Answers patients call bell. Supplies ice caps and hot water bottles. Assists in maintaining order in ward or clinic. Assists in lifting and transporting patients. Prepares surgical supplies. Assists in preparation for operations. Assists at operations. Prepares clinic set ups and assists in their operation. Assists physicians in patient examinations and treatments. Makes home visits for clinic patients as directed, including prenatal, postpartum, infant welfare, school health, and other clinic services. Gives home care to patients with minor illness after specific instruction. Assists with public health educational programs. Performs related duties as assigned.

APPENDIX II

Form letter sent to Nurses
certified by the
U. S. Civil Service Commission

(Original and Revision)

WAR RELOCATION AUTHORITY
Washington, 25, D. C.

910 Seventeenth St., N.W.

Date

Name
Address

Your name has been certified by the Civil Service Commission for a position on the nursing staff of the War Relocation Authority, the agency responsible for the care of people of Japanese ancestry who were evacuated from the West Coast States and who are now living in relocation centers located in seven states: California, Idaho, Wyoming, Utah, Colorado, Arizona and Arkansas.

Appointments are for the duration of the war and six months thereafter, and positions are open in the following grades:

Chief Nurse	\$2600	per annum
Asst. Chief Nurse	2300	" "
Head Nurse - Supervising	2000	" "
Head Nurse - Surgical	2000	" "
Graduate Nurse, Sr. Staff	1800	" "
*Graduate Nurse, Jr. Staff	1620	" "

The above salaries do not include the government overtime supplement of approximately 20% given all Federal employees working the 48 hour week.

If you would be interested in one of these positions will you write to Miss Jean E. Sutherland, our Nursing Consultant, at this address? She will be glad to give you full details regarding location of projects, nursing duties at the project hospital, living conditions, etc.

May we have your reply as soon as possible.

Sincerely yours,

Duncan Mills
Personnel Officer

*This position later abolished by the Civil Service Commission.

OM-252

WAR RELOCATION AUTHORITY
Washington, (25) D.C.

Date

Name

Address

Your name has been certified by the Civil Service Commission for a position on the nursing staff of the War Relocation Authority.

The War Relocation Authority is the agency responsible for the care of those persons of Japanese ancestry who were evacuated from Pacific Coast states through military orders. Nine relocation centers built on army cantonment lines are maintained in Arizona, Arkansas, California, Colorado, Idaho, Utah and Wyoming. One segregation center is maintained in California for those who by their acts have indicated that their loyalties do not lie with the United States. Altogether there are about 100,000 persons of whom approximately 80% are American citizens by birth.

Each center has its own hospital, out-patient and public health departments. The health program as a whole is administered by the Chief Medical Officer but the nursing service is directed and supervised by the Chief Nurse.

The grade at which a nurse is appointed depends upon her qualifications at the time of appointment. Salaries for the various grades are arranged as follows: From \$2600 for the Chief Nurse to \$1800 for staff nurses plus the 20% wartime supplement approved by the government for federal employees working a 48 hour week. This means that the actual salary range is \$3160 to \$2160. Maintenance is not included but it can be provided at the center for approximately \$40 - \$45 per month.

The nurses' quarters are usually in a wing of the hospital. The rooms are reasonably comfortable but not luxurious. Meals are taken either at the administrative or hospital mess depending on the local situation.

Nursing at one of the WRA hospitals is definitely a war service. We have on our staff a number of people who have been rejected for the Army and Navy Nurse Corps because of age or some disqualifying physical condition and who choose this as their way of contributing to the total war effort.

As you can imagine, each one of the WRA employees has a great responsibility to help maintain good morale and good working relationship both among the staff and patients. This is most important for in rendering medical care; ancestral background cannot be taken into consideration.

Appointments are for the duration of the war and six months thereafter. They are on a Civil Service basis and the regular Civil Service applications are required.

If you are interested, we shall be glad to send you the necessary application forms and to answer any further questions you may have.

Sincerely yours,

Jean E. Sutherland

Jean E. Sutherland,
Nursing Consultant

APPENDIX III

Letter of Special Authority

from the

U. S. Civil Service Commission

UNITED STATES CIVIL SERVICE COMMISSION

Washington, D. C.

March 19, 1943

APPENDIX

Mr. D. S. Myer, Director
War Relocation Authority
Washington, D. C.

Dear Sir:

The Commission acknowledges your letter, in connection with your desire to recruit Doctors and Nurses for immediate appointment to War Relocation Projects.

The Commission appreciates your difficulty in obtaining persons who are willing to accept appointment to your Services, and the fact that they are needed for immediate duty. Therefore, authority is granted to appoint qualified nurses in the grades of Junior Graduate Nurse, SP-4; Graduate Nurse, SP-5; Head Nurse, SP-6; Assistant Chief Nurse, SP-7; Chief Nurse, SP-8; and Principal Medical Officer, P-6, in the Federal Service of the War Relocation Authority, under Section V of the War Service Regulations, as may be necessary to meet the needs of the Service, subject to the receipt of the necessary application forms for post audit by the Commission.

These nurses and doctors may be appointed to immediate duty when secured by the War Relocation Authority and their application forms submitted to the Commission at a later date, which date should not exceed 60 days from the date of appointment. This authority will not be utilized by the War Relocation Authority until it has ascertained definitely that the Commission has no eligibles or that the eligibles on the Commission's lists cannot report for duty at the time they are needed and that the persons to be appointed by the War Relocation Authority will report by such time.

In accordance with the Directives of the War Manpower Commission, and as agreed to by the Commission, all Medical Officers must be declared available by the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians before they may be appointed to a Federal position.

By direction of the Commission:

Very respectfully,

L. A. Meyer
Executive Director
and Chief Examiner

APPENDIX IV

Follow-up of
Letter of Special Authority
from the
U. S. Civil Service Commission

COPY

UNITED STATES CIVIL SERVICE COMMISSION

Washington, D. C.

May 14, 1943

APPENDIX

Mr. E. M. Rowalt
Acting Director
War Relocation Authority
Washington, D. C.

Dear Sir:

Reference is made to your letter of April 15, requesting the extension of the authority granted to you by the Civil Service Commission on March 19, 1943, to appoint qualified Medical Technicians, SP-6, and Medical Officers, P-5 under the same terms. The Commission, therefore grants authority to appoint qualified Medical Technicians, SP-6 and Medical Officers, P-5 in the Federal Service of the War Relocation Authority under Section V of the War Service Regulations, subject to the receipt of the necessary application forms for post-audit by the Commission. The Doctors declared available by the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians and Medical Technicians may be appointed to immediate duty when secured by the War Relocation Authority, and their application forms submitted to the Commission at a later date, which date should not exceed 60 days from the date of appointment. This authority will not be utilized by the War Relocation Authority until it has ascertained definitely that the Commission has no eligibles or that the eligibles on the Commission's lists cannot report for duty at the time they are needed, and that the persons to be appointed by the War Relocation Authority will report by such time.

As you were informed in the Commission's letter of March 19, File M:RJ:FP, in accordance with the directives of the War Manpower Commission, and as agreed to by the Commission, all Medical Officers must be declared available by the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians before they may be appointed to a Federal position.

All efforts directed toward developing potential sources of personnel will be carried on in accordance with the directives and policies of the War Manpower Commission and under the immediate control of the Civil Service Commission. Publicity through the press, in periodicals, or over the radio will not be made without express prior approval of the Commission, and after such approval, only in accordance with the applicable directives and procedures of the Office of War Information.

Recruitment activities listed in the Commission's letter of March 19, 1943, and as above, have been assigned program identification symbol, "M:94:JR-1". It would be appreciated if all correspondence regarding this program bears this specific symbol.

By direction of the Commission:

Very respectfully,

L. A. Meyer
Executive Director
and Chief Examiner

APPENDIX V

Suggested Outline for Minimum Classwork to be given to
Nurses' Aides and Attendants

Suggested Outline for Minimum Classwork to be given to
Nurses Aides and Attendants

APPENDIX

It is believed most practical to alternate a class in science with a class in practical nursing procedure. The science material to be presented should in so far as possible correlate with the nursing subject matter to be presented in a given week or other period of time.

- I. Hospital Ethics - 1 hour
- II. Anatomy and Physiology - 6 hours
 - A. Skeletal and Muscular Systems
 - B. Nervous System
 - C. Circulatory System and Respiratory System
 - D. Gastro-intestinal System
 - E. Reproductive and Genito-urinary Systems
- III. Bacteriology - 2 hours
 - A. Common pathogenic organisms
 - B. Laboratory tests
- IV. Personal Hygiene - 1 hour (Much of this material will have been presented in high school)
 - A. Review
- V. General Nursing Procedures - Lecture and Demonstration - each class 2 hours; total 20 hours.
 - A. Admitting and discharging a patient
 - B. Bed making - various types
 - C. Bed bath - mouth care
 - D. Lifting and moving patients
 - E. Giving bedpan and urinal - collection of specimens
 - F. Cleansing enema - other types if desired
 - G. Preparation and application of ice cap and hot water bag
 - H. Care of equipment
 - I. Prevention of pressure sores and orthopedic deformities
 - J. Isolation technique - medical asepsis
 - K. Surgical asepsis - dressing technique
 - L. Pre-operative care
 - M. Post-operative care
 - N. Feeding a patient - serving diets
 - O. Medications - preparation and administration of a subcutaneous injection
 - P. How to assist the doctor - physical examination, etc.
 - Q. Recording symptoms - objective and subjective; reaction to treatment - anything reported to doctor
 - N.B. Special procedures can be taught in the classroom or on the wards as desired.

VI. Tuberculosis Nursing - 2 hours

- A. The disease
- B. Care of the patient in the hospital and at home
- C. Protection of workers

VII. Obstetrical Nursing - 2 hours

- A. Care of mother during labor
- B. Immediate aftercare of mother
- C. Nursing care of newborn infant