WAR RELOCATION AUTHORITY
W.R.A. Hospital
Amache, Colorado

In reply, please refer to:

May 13, 1943

MEMORANDUM

JGL

To: Mr. James G. Lindley, Project Director

From: W. T. Carstarphen, Chief Medical Officer

Subject: Medical Service to the 335th Military Escort Guard

The problem of medical services that the W.R.A. can render to the military stationed here has been discussed on numerous occasions with the principles involved, namely Capt. Karpen, Col. Allen, yourself and the writer.

I note also a memoranda issued May 8 and the discussion therein issued on March 12 to the Surgeon General by Mr. Myer, in which he states in paragraph 2 that the W.R.A. is not in position to guarantee caucasion staff medical service, nor could it guarantee private rooms in the hospital or caucasian nursing service. In the following paragraph 3 he states, "All necessary medical service, including daily sick call amd inspection, can be provided by W.R.A." These two paragraphs are, to my reading, contradictory. In any event, awaiting further orders, I have suggested to Capt. Karpen and his present contracting surgeon, Dr. Lapan of Lamar, who have been in conference with me over this matter again, that I will offer the facilities of this hospital to any of the soldiers requiring hospitalization and if ordered hospitalized by Dr. Lapan. It is agreed by Dr. Lapan and Capt. Karpen that Dr. Lapan will assume the responsibility of treatment in such cases as are hospitalized. We, on the other hand, will furnish the food, quarters, drugs and whatever other armamentaria is required. It is my understanding that Dr. Lapan will continue to hold his sick call at the military infirmary. I further offered my personal assistance to Dr. Lapan in a medical way whenever he deems it necessary for such consultation.

As to dental facilities; at the present time it is impossible for me to make any commitment on that score in as much as radical changes are in progress here now with our own dental department. As soon as those changes are completed and perfected it is hoped that I can offer dental facil-

ities, through the Company's itinerant dentist, to use a dental set-up.

This, in brief, is our first move towards servicing in a medical way the military police stationed at this Center. If this beginning meets with your approval I shall be glad to comply with the afore mentioned schema of service as outlined.

W. T. Carstarphen
Chief Medical Officer

WTCarstarphen/mm

cc Capt. Karpen

Can be filed
until we get
some further
action.

Jello (2)

Milk Cream

Broth
Milk
Orange Juice
Jello

Broth Cracker
Baked Sweet Potato
Puree Carrots
Toast Jelly
Soft Boiled Eggs (2)
Milk Cream
Jello

Broth
Milk

Broth Cracker
Creamed Potato

WAR RELOCATION AUTHORITY

GRANADA PROJECT

OFFICE MEMORANDUM

To: Dr. W. T. Carstarphen Date: Aug. 5, 1943

From: Chief Nurse

Subject: Attached - Health Service Charges

I am attaching samples only of the Health Service Supplement #2 as you requested. Since these are only temporary setups, if there are any changes which you wish made, I should be glad to have them added.

Alma K. Folda

ALMA K. FOLDA
CHIEF NURSE

AKF:mn

WRA HOSPITAL
AMACHE, COLORADO

August 5, 1943

MEMORANDUM

TO: Out-Patient Department

FROM: W. T. Carstarphen, Chief Medical Officer

SUBJECT: Health Service in Relocation Centers
(Administrative Instruction No. 54 Supplement No. 2
Revised July 20, 1943)
Section IV Health Facilities for Appointed Personnel
and their Families (including the Military)

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).

House Calls		
	Day	3.50
	Night	5.00

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.

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

Anaesthesia Fees - All Types		
	Major Surgery	7.50
	Minor Surgery	3.75
	Obstetrical	3.00-7.00
	Local	No charge

Ambulance Service

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

Prescriptions

Cost plus 10% - Minimum	.50

Dressings

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

August 5, 1943

MEMORANDUM

TO: Dental Department

FROM: Chief Medical Officer

SUBJECT: Health Service in Relocation Centers
(Administrative Instruction No. 54 Supplement No. 2
Revised July 20, 1943)
Section IV Health Facilities for Appointed Personnel
and their Families (including the Military)

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

August 5, 1943

MEMORANDUM

TO: Optical Department

FROM: Chief Medical Officer

SUBJECT: Health Service in Relocation Center
(Adm. Instruction No. 54 Supplement No. 2
Revised July 20, 1943)
Section IV Health Facilities for Appointed Personnel
and their Families (including the Military)

Optical

Examination (with or without mydriatics) and Report	$2.50
Prescription for lenses (filled off Center at patient'sown handling and expense	No charge

August 5, 1943

MEMORANDUM

TO: X-Ray Department

FROM: Chief Medical Officer

SUBJECT:

X-Rays:	Fluroscopy without film	$2.00
	Single 14x17	4.00
	Additional 14x17, each	1.75
	Single 10x12	3.25
	Additional 10x12, each	1.25
	Single 8x10	2.50
	Additional 8x12, 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
Physiotherapy:		
	Minimum - any treatment	$1.00
	Maximum - any one day	2.50

August 5, 1943

MEMORANDUM

TO: Laboratory Department

FROM: Chief Medical Officer

SUBJECT:

Laboratory Examination

Urinalysis,	routine chemical and microscopical	$1.00
	routine partial	.50
Blood Count,	routine, complete	2.50
	routine, hemoglobin	.75
	routine, R.B.C.	.75
	routine, W.B.C.	.75
	routine, differential	1.00
Bacteriology		
	Microscopic slide examination	$ .75-1.50
	Cultural examination	2.50-5.00
	Animal innoculation 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

August 5, 1943

MEMORANDUM

TO: STANDARD WARDS, ISOLATION WARD, CHART ROOM

FROM: CHIEF MEDICAL OFFICER

SUBJECT:

Per Diem Hospital Rates

Ward Rate	$3.00
2-Bed Ward without Toilet, Rate	3.50
2-Bed with Toilet, Rate	4.00
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.

Professional Service

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 " "

Medical Cases - after 10th day in hospital 1.00 " "

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.

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

August 5, 1943

MEMORANDUM

TO: Obstetrical Department

FROM: Chief Medical Officer

SUBJECT:

Per Diem Hospital Rates

Ward Rate	$3.00
2-Bed Ward without Toilet, Rate	3.50
2-Bed with Toilet, Rate	4.00
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.

Professional Service

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 " "
Medical Cases - after 10th day in hospital	1.00 " "

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

Obstetrical Fees

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 routine care for each $5.00 of the fee charged up to fifteen days.

Anaesthesia Fees - All Types	
Major Surgery	$ 7.50
Minor Surgery	3.75
Obstetrical	3.00-7.00
Local	No charge
Operating Room and Delivery Room Fee	
Major Surgery	$10.00
Minor Surgery	5.00
Obstetrics	5.00-10.00

Dressings

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

August 5, 1943

MEMORANDUM

TO: SURGERY

FROM: CHIEF MEDICAL OFFICER

SUBJECT: HEALTH SERVICE IN RELOCATION CENTERS (Adm. Instr. 54 Supplement No. 2 Revised July 20, 1943)
SECTION IV Health Facilities for Appointed Personnel and their Families (including the Military)

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.

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

Anaesthesia Fee - All Types

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

Operating Room and Delivery Room Fee

Major Surgery	$10.00
Minor Surgery	5.00
Obstetrics	5.00-10.00

HOSPITAL ANNOUNCEMENT

Only mothers who have already made an appointment will report to the Well-Baby clinic with their babies this coming Wednesday, October 28, 1942 at 9 A.M. sharp.

As soon as accommodations are made to handle a larger number of babies at the Well-Baby clinic, mothers whose babies have not as yet been seen by the clinic doctors will in due time be given notice for such appointment. It will be delivered by the Well-Baby Department.

G. A. Duffy,
Chief Medical Officer

育児相談部からお母さま方へ

病院の育児相談部（ウエル・ベビー・クリニック）に先約（アポイントメント）なさったお母さま方は来る十月二十八日（水）午前正〇九〇時に赤ちゃんをお連れになって下さい。多數の赤ちゃんを取扱ふ設備が出來上り次第、まだ赤ちゃんを當病院のドクターに診て貰はないお母さま方に對して、育児相談部から順次診察の日時をお知らせします。

十月二十六日

医務主任 G.A.ダッフイ

520

WRA HOSPITAL
AMACHE, COLORADO

GR:HL:AKF
520.01

August 16, 1943

Mr. Robert G. Greve
Assistant Director
University Hospital
University of Michigan
Ann Arbor, Michigan

Dear Mr. Greve:

Your inquiry regarding the course given to Nurses Aides in the Center Hospital has been referred to me for reply.

I am attaching a copy of the subject matter and hours given most recently to Nurses Aides and Orderlies, who primarily are to work in our Hospital until they relocate. As you will note there is a statement as to who taught these classes, and the procedures which are also attached are applicable to the Hospital situation here. It has been the comment of the staff Nurses that those who have been prepared under this plan are able to meet the nursing needs as they arise here readily and with assurance. I am sure you will find the attached material helpful in evaluating their preparation.

Should any Nurses Aide or Orderly from this Center write you in regard to employment, I am sure we can give them all recommendations, because from my observations and the comments of the Staff Nurses, they do very very well.

Sincerely,

W. T. Carstarphen
Chief Medical Officer

by Alma K. Folda
Chief Nurse

AKF:mn
Enc. 2
cc: Mr. James G. Lindley
Project Director

WRA HOSPITAL
AMACHE, COLORADO

NURSES AIDES AND ORDERLIES TRAINING COURSE

The course was outlined and taught by the Chief Medical Officer, the Chief Nurse, members of the Medical and Nursing Staff and other Hospital Departmental Supervisors, and extended from June 28 to July 29, 1943.

SUBJECT MATTER:

Basic scientific background (including Anatomy and Physiology, Bacteriology, Materia Medica and inter-related material)	25 hours
Nursing Procedures (especially adapted to the Project Hospital requirements	16 hours
Supervised Ward Practice	95 hours
Public Health	1 hour
Sanitation	1 hour
Obstetrics	1 hour
Obstetrical Nursing	2 hours
Medical Nursing	1 hour
Clinical Charting	2 hours
Out-Patient Service	1 hour
Surgical Diseases	1 hour
Surgical Nursing	1 hour
Tuberculosis	2 hours
Venereal Diseases	1 hour
TOTAL	151 hours

Textbook used: Shepard and Lawrence, The Textbook of Attendant Nursing.

AKF:mn
July 30, 1943

520

WAR RELOCATION AUTHORITY
Granada Project
Amache, Colorado

October 7, 1943

M E M O R A N D U M

TO: ALL PROJECT PERSONNEL

FROM: James G. Lindley

SUBJECT: Health Service in Relocation Center

Appointed employees and their families should utilize the services of physicians and hospitals in neighboring communities. However, in emergencies or when facilities for such medical or hospital care are at such a distance that delay or movement is detrimental to the welfare of the individual, such medical or hospital care will be made available at the Center hospital.

If need arises for medical attention as outlined above, home service within the confines of the Project (which includes appointed personnel living at the Koen Ranch) may be obtained by calling the business office at the hospital, Extension 45 between the hours of 8 a.m. and 4:30 p.m. At all other times call the outpatient ward, Extension 44. State the nature of the illness and the doctor on call will respond. Office calls may be made at the Center hospital from 10 a.m. to 11 a.m., Monday through Saturday.

The medical facilities in this Center are similar to those in most of the other communities throughout the country, in that the work load is taxing the country of the doctors, nurses, and hospital facilities. Every effort will be made to give our personnel the best available service possible. However, the Administrative personnel should not request any special services.

Collections for services rendered will be made in cash by the Finance Office. The following schedule will govern thepayment of billing:

Bills up to $10 -- Payment to be made within 10 days of receipt of bill. Billings will be made on the first of each month after services are rendered.

Bills of $10 to $20 -- Payment to be made not less than 2 equal installments to be paid during the month following the service rendered.

Bills of $20 to $50 -- Payment to be made in full within 2 months following the services rendered.

Bills of $50 and over- Special arrangements may be made with the Finance Office relative to the payment of such bills.

There is attached hereto the schedule of rates covering the various medical and hospital services.

James G. Lindley

James G. Lindley
Project Director

MEDICAL CARE CHARGES FOR APPOINTED PERSONNEL

1. Per Diem Hospital Rates

Ward Rate	$3.00
2-Bed Ward without Toilet, Rate	3.50
2-Bed Ward with Toilet, Rate	4.00
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 thereapy, 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 through 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 Thereapeutic 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 routine 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

Fluroscopy without film	$2.00
Single 14 x 17	4.00
Additional 14 x 17, each	1.75
Single 10 x12	3.25
Additional 10 x 12, each	1.25
Single 8 x 10	2.50
Additional 8 x 10, 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	
Procelain	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) Physiotherapy

Minimum - any treatment	$1.00
Maximum - any one day	2.50

l) Laboratory Examination

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 innoculation 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 speciments 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

m) Ambulance Service

Per mile, one way (minimum charge - $1.00)	.25

n) Prescriptions

Cost plus 10% - Minimum	.50

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.

B

Public Health

February 26, 1944

Mr. J. G. Lindley
Project Director
Granada Relocation Center
Amache, Colorado

ATTENTION: Chief Medical Officer, Sanitarian and Laboratory Technician

Dear Mr. Lindley:

As there has been considerable inquiry about the equipment and procedure for laboratory tests for sanitation reports, Robert P. Lowe, Sanitary Engineer has prepared the more detailed information given in this letter. Some changes have been made from original plans due to lack of laboratory equipment and also due to the variation in size of the centers.

In general, laboratory work is necessary on water, milk and sewage. U. S. Public Health Service standards are the basis for water and milk safety. The more specific requirements of the War Department for milk are also followed.

Water:

On January 15, 1943 revised drinking water standards were issued by the U. S. Public Health Service. Two important requirements are given for certification of the supply. The first requires that a minimum number of samples be taken from the distribution system for bacteriological examination. For practical purposes each center should examine at least four samples per week, and each sample should have five 10 c.c. portions tested. This means the examination of a minimum of twenty 10 c.c. portions per week. The second requirement states that of all the 10 c.c. portions examined per month in accordance with the specific procedure, not more than ten percent shall show the presence of organisms of the coliform (coli-aerogenes) group. The formation of gas in a standard lactose broth (Army Medical Department Catalog item 1K92000) fermentation tube at any time within 48 hours after incubation at 37°C. followed by a specified confirmation test or the completed test is considered to be satisfactory evidence of the presence of members of the coliform group. The above specified confirmation test is made with brilliant green bile lactose broth, 2 percent, (item 1K90075) for the confirmatory medium. The

proper procedure for this bacteriological examination is given in the 1936 edition of "Standard Methods for the Examination of Water and Sewage", by the American Public Health Association (item B000210). Proper attention should be given to the instructions on page 286 for the preparation of sodium thiosulfate (item 14490) treated sample bottles for neutralization of chlorine when a residual is held in the distribution system.

Milk:

The U. S. Public Health Service milk standards are given in its "Milk Ordinance and Code", printed by the U. S. Government Printing office, Washington, D. C. (35 cents). The table on page 31 of this ordinance and code gives the requirements for the various grades of milk. Circular Letter No. 377, dated October 5, 1942, Office of the Quartermaster General of the U. S. Army, requires that the lowest grade milk, Type III, acceptable for army camps shall have a bacterial plate count of not over 1,000,000 colonies per c.c. before pasteurization and of not over 50,000 after pasteurization. Even though these counts are the same as for grade "B" pasteurized milk under the U. S. Public Health Service standards, it is of a lower grade, since the producers' requirements are less stringent.

A minimum of two samples from different containers should be taken each week. More samples should especially be taken in the warm weather period. Due to the difficulty in obtaining laboratory equipment the butterfat content test that is called for in Form WRA-225, "Weekly Project Sanitation Report", may be necessarily omitted. Butterfat content is not a test to determine the safety of a milk supply. Finally, it is extremely important that all centers arrange to receive their milk at a temperature below 50°F. and keep it below 50°F. on the center. Milk project arrival temperatures should be taken at least three times a week and preferably oftener in warm weather. Proper procedure for taking temperatures, sampling, and making plate counts is given in "Standard Methods for the Examination of Dairy Products," by the American Public Health Association, (item B000211).

Sewage:

Sewage samples should be taken once per week, and it is important that the samples are always taken at the same time of day from a representative flow of sewage. They should preferably be taken in mid-morning. And each sampling should consist of one raw sewage sample that is taken before treatment and one sample on the effluent from the treatment plant. "Standard Methods for the Examination of Water and Sewage" should be followed for the total

suspended solids and biochemical oxygen demand (B.O.D.) tests. Detailed laboratory procedure for these two tests is given in the "Laboratory Manual for Chemical and Bacteriological Analysis of Water and Sewage" by Theroux, Eldridge and Mallmann, published by the McGraw-Hill Book Company, New York City. As the hospital laboratory incubator is kept at 37°C., the "5 day 20°C. B.O.D." may be changed to a "2 day 37°C B.O.D." test. However, the "5 day 20°C B.O.D." test should be adhered to if such an incubator is already available at the center. And finally, close attention should be paid to the requirements that are given in the "Standard Methods" for dilution water for the B.O.D. test.

All of the main apparatus and most chemicals for the above laboratory work are standard equipment in the Health Section Laboratory in the center hospital and are listed in the Army Medical Department Supply Catalog. Only a few chemicals and minor apparatus need to be procured as non-standard items.

At a few centers a separate sewage laboratory has been proposed or set up. This obviously requires duplication of certain laboratory equipment which under war conditions is scarce and subject to War Production Board limitation orders. Therefore, it is most desirable to arrange all laboratory work under the Health Section laboratory in the center hospital. In this connection the center sanitarian would take necessary samples, make arrangements for the tests with the laboratory, and secure the laboratory report on water, milk and sewage.

The attached list of publications will be valuable to the center sanitarian and laboratory staff. It is suggested that they be secured if not already on hand. Several have been referred to above.

If difficulty is encountered in carrying out the laboratory or sanitation work, please feel free to inquire through the Health Section in Washington at any time for any assistance we can give.

Sincerely yours,

G. D. Carlyle Thompson, M. D.
Chief Medical Officer

CC: Malcolm E. Pitts

GDThompson:atlvm

SUGGESTED PUBLICATIONS RELATED TO SANITATION
FOR USE OF CENTER HEALTH STAFF

"Laboratory Manual" Army Medical Department Catalog item B000130 (currently being issued is "Todd & Sanford")

"Difco Manual" Army Medical Department Catalog item B000131

"Standard Methods for the Examination of Water and Sewage" by the American Public Health Association, Army Medical Department Catalog item B000210

"Standard Methods for the Examination of Dairy Products" by the American Public Health Association, Army Medical Department Catalog item B000211

"Military Preventive Medicine" Army Medical Department Catalog item B000240 (currently being issued is "Dunham") 2 copies (1 Hosp 1 San)

"Technical Manual - Methods for Laboratory Technicians", War Department TM8-227, by the Office of the Surgeon General; Superintendent of Documents, Washington, D. C. ✓ ordered 3/27

"Sanitary Inspectors Manual" by Ben Freedman, M.D.; Peerless Printing Company, New Orleans — Cancelled out of print ✓ "

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Robert P. Lowe, Sanitary Engineer
Health Section, WRA
February 24, 1944

OM-890

History of:
WRA HOSPITAL
AMACHE, COLORADO

Preparation for establishing a Clinic was begun August 24, 1942, to accomodate any emergencies that might arise among the Japanese evacuees. It was opened August 27, 1942, the day the first contingent arrived.

One block (6G) was set aside for medical purposes, the end barrack (F) was used as the clinic and the next, as a waiting room. The adjoining two (C & D) were made ready with beds for Chronic invalids to be taken while their families were taken through induction and housing secured. The remaining two barracks were set up a little later as a temporary dental clinic.

On the opening date, the staff consisted of: Dr. G. A. Duffy, Chief Medical Officer; Wanda Oliver, R.N., Chief Nurse; and June Laverick, R. N., Staff Nurse.

The first contingent brought anumber of professional people, including a dentist, Dr. Kajimoto; one registered nurse, M. Yasuhira; and one Japanese trained nurse, S. Honda.

All work done at the Clinic was in the nature of first aid: such as, treatment of colds, minor cuts and bruises, removing small foreign bodies from the eye, etc.

There were some cases of dysentary, but not a sufficient number to consider it an epidemic. All such cases responded readily to treatment.

Since we had no facilities to do any work of a surgical nature, arrangements were made to take such cases into Lamar Hospital. To date there have been three surgical cases - appendectomies (Sept. 10, Sept. 28, and Nov. 9).

There was one delivery at the Clinic, Sept. 22, 1942. The mother and baby were removed to their home the following day.

The project was divided into eight districts in regard to the handling of the infant foods - each district having a station. Each station is open at a designated time each day. Supplies and information concerning infant feeding are dispensed by girls who have been trained for this work by one of the Japanese R. N.'s, Y. Yuge.

On October 4, 1942, the Clinic was moved to the Isolation Building. Offices were set up and wards for twelve patients were made available. Four patients were

GRANADA PROJECT
AMACHE, COLORADO
PUBLIC WELFARE SECTION
Report For Quarter Ending December 30, 1942

I. Analysis

The writer of this report assumed the duties of Head of the Public Welfare Section, or Counselor, on December 1. Because of his having only one month's acquaintance with the department, the report may not be as comprehensive or as accurate as might be expected of later reports.

A. Objectives

Since assuming these duties, our attention has been directed principally toward analyzing the needs which can be met most effectively by this department, observing the functioning of the entire Center and attempting to orient the Public Welfare Section to the total Project; this, along with performing the day to day tasks which have presented themselves.

As we now see our task, it is a two-fold one; on the one hand, administering material help through clothing allowances and Public Assistance Grants; on the other, assisting people with various personal problems or performing the function of Counseling.

The department was at first relieved of and then again given the responsibility for investigating situations requiring transfers and visits. Other applications for leaves have been transferred from the department.

The department becomes, therefore, a combination Relief and Family Welfare agency, with the responsibility of performing the mechanical work of preparing clothing allowances and also of handling up to a certain point case involving the need of specialized skills such as child welfare, medical and psychiatric case work.

In any such situation, there is a danger that the handling of material needs will assume a position out of proportion to its real importance and exert an undue possessiveness of time and energy, keeping the personnel involved from making their more positive contribution toward adjustments, relationships and attitudes. This is all the more true because of the common error of thinking of all social work as relief.

Up to this moment, we feel that the department is open to the above criticism. Our central objective, however, is to perform all of our functions equally well; to determine eligibility for grants of money efficiently, but also to build our services upon the broader base of helping correct other human maladjustments. Our determination in this respect is strengthened by the knowledge of the frustrations, anxieties and conflicts that exist among the Japanese population of the Center due to the radical dislocations to which they have been subjected. To get these problems into the open and to deal with them skilfully would seem to us to be of basic importance to the mental health of the community and to the avoidance of possible emotional disorders and physical ailments as well as fights and riots.

At this point it may be of value to raise a question relative to the fundamental structure of the W.R.A. It has best been stated in the expression of fears by case workers and others acquainted with the work of the department that we were fostering an attitude of dependence in a previously independent and self-sustaining people. Specifically such questions arise as these: Since the clothing allowance is based upon employment, why should this not be taken into account in the payment of the basic wage without resorting to a relief procedure which may foster pauperization? Is the Public Assistance Grant procedure not a return to the experimental methods of the early 1930's in meeting family needs? Is it true that the evident philosophy underlying this aspect of the Welfare Section's work is not in harmony with other forward-looking aspects of the W.R.A. program?

B. <u>Steps Toward Attaining Objectives</u>

In implementing the above objectives, four more immediate steps seem to be necessary:

1. Perfection of the organization of the department.
2. Acquiring an adequate staff.
3. Educating the community as to the function of this department.
4. Establishing relationships with other specialized agencies in the state to which certain cases can be turned, which are beyond our training or equipment to handle.

1. In regard to the first of these, we are organized as follows in terms of personnel and division of responsibilities.

Counselor --
Head of Section. Responsible for general supervision of all work of the department, and for special problems such as delinquency, etc.

Case Workers --
One Caucasian - Responsible for a certain district excepting Japanese speaking cases, and for transfers and reports.

Two Japanese - Responsible for certain districts plus Japanese speaking cases, and excepting transfers.

Case Work Stenographers --
Responsible for typing and dictation relating to case work.

Receptionist --
Responsible for receiving and routing requests, scheduling case workers, handling in-coming and out-going mail, and stenographic work of the Counselor.

File Clerk --
Responsible for all filing.

Six Clerks --
One with two assistants responsible for Basic Family Cards, and
One with two assistants responsible for clothing sub-vouchers.

In this regard there is a question as to the correctness of the division of responsibilities for the case workers by district rather than specific responsibility.

Also one of the most difficult problems encountered to date has been the creation of an adequate filing system to fit our diversified and somewhat complex functions. This problem is of immediate concern.

2. We are fortunate in the quality of our entire personnel, especially those persons responsible for case work. One Caucasian worker has had undergraduate training in Social Work and five years experience in Relief and Family Welfare agencies. One Japanese worker has had one year of graduate training in Social Work and the other Japanese worker has completed the requirements for an M. A. degree in Social Work with the exception of her thesis. Each of these persons is superior from the point of view of personal qualifications for this work.

It is also apparent, however, that with any increase in volume of work, or with the loss of any of these persons, the department's efficient functioning would be impaired. In anticipation of these possibilities, two steps are proposed:

(1. The immediate assignment of a junior case worker to assist each of these three workers, with especial emphasis being placed on the training of these assistants.

(2. Setting up a training course in cooperation with the Denver University School of Social Work. A promise of help and suggestions at this point have been received from Miss Florence Hutsimplillar, Director of the Denver University School of Social Work. It may be possible to obtain undergraduate or graduate credit for those taking such a course.

(3. Satisfactory procedures have been worked out with other departments involving information necessary to making clothing allowances. No work has been done on other phases of community education. Three steps are contemplated in the near future; first, informing the Block Managers concerning the functions of the department and securing their active cooperation; second, interviews with the heads of other departments by the Counselor personally in order to work out cooperative relationships (this should be especially important as between this department and the Schools, Hospital and Police Department); and third, the creation of a lay Japanese Advisory Board.

In the process of community education, special emphasis will be placed on the type of situation to be referred and the manner of referral.

(4. A good relationship has been established with the State Child Welfare Department, the Florence Crittenton Home in Denver and the Colorado General Hospital on the basis of handling one case of illegitimacy. These relationships will be strengthened through the proposed visit of Miss Smith, Director of the State Child Welfare Department. Other immediate cases at hand will involve these agencies as well as the Colorado Psychopathic Hospital, and the State School for the Deaf.

II. Statistics as to Types of Service

A. Clothing

Clothing allowances have been made covering the period of July, August and September. They are now being paid. A summary as of December 17 follows:

	For Employment	For Other Reasons	Total Number	Total Amount
No. Families Approved July to September, inc. or Part of Period	204	1681	1885	$68,868.90
No. Individuals Approved July to September, inc. or Part of Period	547	610	1157	8,519.50
Clothing Allowances for July to September, inc. Paid in Advance				
A. Families	1	17	18	837.75
B. Individuals		4	4	52.50
Total No. Clothing Allowances	752	2312	3064	$78,278.65
Total Amount, Clothing Allowances				$78,278.65

Work has started on the October allowances and it is hoped that the preparation of clothing allowances will become current about February 1.

B. Public Assistance Grants

	Total No. Persons Dependent on Grants	Total No. Family Units Receiving Grants	Total Amt. of Grants Approved For Payment
October	------	------	------
November	16	4	$65.50
December	145	34	881.07
Total			$946.57

The above is an inadequate picture due to the large number of grants being made for the purchase of spectacles and the fact that a number of travel allowances are also included. We expect to be able to have a more detailed report at this point in the future.

The most pressing problems relating to Public Assistance Grants are the consideration of outside resources, and the basis upon which a grant is to be allowed, particularly in relation to applications for assistance in securing glasses. It is our understanding that evacuee resources accumulated outside the Center before evacuation are not to enter into our determination of eligibility. The Project Director is seeking further clarification on this from the Washington Office. If this situation remains, it might be possible to make a determination on the following basis:

1. Find the total family income by adding the wage of the family head to half the wage of any working children.

2. Figure the total budget allowable for Public Assistance.

3. Compare these two and take into consideration any other modifying circumstances such as special diets and other unusual expenses.

4. Aside from these special considerations, the amount of the family income over the Public Assistance Budget would be the amount the family should pay for optical services, etc.

C. Other Services

	November	December	Total
Indefinite Leaves	28		28
Temporary Leaves	84		84
Transfers	94	94	188
Out of Center Inquiries	8	2	10
Service Cases (Not P.A. Grants)	32	48	80
Cases Involving P.A. Grants	4	54	58
	250	198	448

Respectfully Submitted,

John J. O. Moore
Counselor
Public Welfare Section

o p y .

WAR RELOCATION AUTHORITY

WRA HOSPITAL

AMACHE, COLORADO

QUARTERLY REPORT

October, November, December, 1942

CONTENTS

DIVISION REPORTS:

HOSPITAL BUILDING OPENED

The temporary clinic was moved on October 4, 1942 from the barracks on Block 6-G to the Isolation Wing of the new hospital building. Pending completion of the rest of the hospital, space in the Isolation Ward was then set aside to accomodate the administrative office, reception room and general clinic treatment rooms, laboratory, diet kitchen, pharmacy, nurse's quarters, and wards for 12 in-patients. On October 5th, the following day, four patients were admitted to the new hospital.

Since that time, other wings of the hospital were completed and the buildings now in use include all but the Isolation Ward, Pediatrics Ward, and the laundry room. (See attached diagram of hospital). Standard Ward No. 1 is at present being used for isolation cases.

Buildings now in use therefore are as follows:

Administrative offices
Doctors' Quarters
Nurses' quarters
Out-patient building
Obstetrics Ward
Surgery
2 Standard Wards
Dental Clinic
3 Warehouses
Mess Hall

OUT-PATIENT BUILDING

The Out-Patient Building has been, with the possible exception of the Dental Clinic, the busiest place in the hospital as it has had to accomodate the X-ray Department, Optometry Clinic, Pharmacy, laboratory, and staff doctors' office, as well as the general and special clinics.

The number of out-patients treated during the quarterly period is 6,048. Average number of out-patient treated daily for this period has been 66 persons.

CLINIC SCHEDULE

Regular clinic hours have been between 9:30 and 11:30 AM and 2 to 4 PM on week days and 9:30-11:30 AM on Saturdays. In addition to regular clinic, week day mornings have been set aside for special clinics as follows:

Monday.....venereal disease

Tuesday.....Chest

Wednesday.....Well-baby

Thursday.....Gynecology

Friday.....Prenatal

Starting 1943, general clinic in the mornings will be discontinued however and mornings will be devoted solely to the special clinic schedule listed above. General clinics will be held in the afternoons only on week days and on Saturday mornings as usual.

MEDICAL STAFF

The medical staff now consists of six doctors including Dr. G. A. Duffy, Chief Medical Officer; one interne; 10 registered nurses including Chief Nurse Wanda Oliver, R.N.; and 2 student nurses. The five evacuee doctors work on 24-hour call every five days and report for clinic duty on other days. Staff medical meetings to discuss problems and procedure, as well as staff ward rounds, are conducted weekly.

HOME CALLS AND EMERGENCIES

There are two ambulances and a passenger Chevrolet sedan assigned to the hospital to be used for home calls and emergency cases.

Because of limited personnel and transportation, project people have been asked to cooperate in the matter of home calls by making such requests before 10 AM in order that the doctor on home call can be given a list before he goes out. This saves much time which would otherwise be expended commuting between the hospital and the various homes as the calls come in.

Installation of fire phones throughout the project has greatly facilitated speedy contact with the hospital, as people are now able to use such phones to report cases of real emergency.

FIRST AID KITS

On October 25, 1942, first aid kits were distributed to all the mess halls and notice appeared in the Pioneer Newspaper in order that residents might take advantage of such kits in emergencies where first aid might be needed.

REFERAL OF CASE TO MAXWELL HOSPITAL

There was one appendectomy case referred to the Maxwell Hospital in Lamar on November 9, 1942 because of lack of facilities here. Since that time, the Surgery Building has been completed here and the project hospital is now ready for surgical cases. There have been no major operations since the Surgery Building was completed however.

HOSPITAL BED CAPACITY

Hospital Bed capacity is at present between 100 to 150. Average number of beds occupied daily during the quarterly period

h

has been 20.

FOOD HANDLERS' EXAMINATIONS

Physical examinations and Wassermann tests have been given to mess hall workers to determine whether or not they are physically qualified to handle food. To date a total of 890 mess workers have been examined. It is estimated that there remain about 150 persons working in mess halls who must yet report for examination. This compulsory examination of mess workers was conducted in accordance with the Colorado State Board of Health laws and regulations.

BLOOD DONORS

On November 14, 1942, appeal was made through the Pioneer Newspaper for blood donors. Volunteers were asked to report to the hospital for Wassermann tests and blood typing. Response was good and by November 28th, seventy-five persons had reported to the laboratory to be registered as possible donors.

There have been seven blood transfusions to date. Five of those donors came from the list of volunteer blood donors.

CHICKENPOX

The latter part of November and the month of December brought many chickenpox cases. For safety measures, quarantine although not required by State Law was placed on homes of the sick children. A total of 40 cases were reported during this period.

ARMY APPLICANTS EXAMINED

The early part of December, nineteen applicants for the Army Intelligence School were given physical examinations by our evacuee doctors upon request by Army officials.

SANITARY CORPS

Beginning December 1, 1942, a Sanitary Corps composed of 10 evacuee members was organized under Dr. Duffy, Chief Medical Officer. In the interests of project community health, these members were instructed by Dr. Duffy to conduct periodic inspections of all mess halls, latrines, school buildings, block areas, recreation halls, laundry rooms, and all other places pertinent to the health, sanitary and hygienic conditions of this project.

Mess hall tours have included inspection of general mess hall cleanliness and tidiness, screening facilities, cleaned dishes and silverware, dishwashing facilities, ice box, and cooks' equipment. The Sanitary Corps works directly under the Chief Medical Officer and makes all reports to him.

HOSPITAL MESS HALL

On November 11, 1942, the first meal was served in the Hospital cafeteria. At present, nearly 200 are served the noon meal, forty for breakfast, and approximately seventy for the evening meal.

Meals for patients are prepared in the main kitchen and served from the diet kitchen in the respective wards. There is one diabetic patient now reporting to the hospital mess hall for special diet which is served him on a tray.

HOSPITAL WAREHOUSES AND PROPERTY DIVISION

The receipt of the initial shipment of equipment and medical supplies from the U.S. Army Medical Depot in St. Louis, Mo., on September 18, 1942 marked the beginning of the Hospital Warehouse

and Property Division. The organization and systematic functioning of the warehouse division was worked out by a crew of 7 men and women. The activities and responsibilities of the Property Crew increased in proportion to the rapid opening of the many sections within the hospital, however, and the warehouse personnel was soon increased to 12 members.

The amount of supplies necessary for this hospital soon brought about a need for more space. The property division now utilizes three wings of the hospital for storage of supplies which are divided as follows:

Warehouse No. 1 - Drugs and chemicals

Warehouse No. 2 - Linen, general hospital supplies, heavy articles

Warehouse No. 3 - Laboratory supplies, kitchen supplies and baby foods

After supplies are checked into the respective hospital warehouses, they must be properly requisitioned before they can be issued to the various departments including the medical and dental department, pharmacy, surgery, O.B. Ward, and Isolation Ward. Such requisitions must first be approved by the Chief Medical Officer, Chief Nurse or the Business Manager.

Hospital equipment and supplies are necessarily costly and many times fragile, requiring much precaution and strict observance of warehouse rulings. Persons allowed to enter any of the warehouses are restricted to members of the warehouse crew, Chief Medical Officer, Chief Nurse, and the Business Manager

The Property personnel is responsible for receiving of shipments, accurate account of supplies, maintenence of equipment, and supplying of equipment and supplies throughout

the hospital. A monthly inventory is taken in addition to constant checking which has kept losses at a minimum.

SCHOOL NURSE

A Japanese evacuee registered nurse was assigned as School Nurse on November 1, 1942. Her reports for the months of November and December are as follows:

	NOVEMBER	DECEMBER	TOTAL
First Aid	67	65	132
Treatments	26	70	96
Readmission to School	96	264	360
Referals:			
Eye	6	2	8
Hospital	7	8	15
Dental	5	3	8
Home	6	25	31

Included in the School Nurse's program is a plan whereby groups of school pupils are taken to the Dental Clinic for periodic examination of teeth. Thus far, 165 students have had their teeth checked through this system of cooperation between the School Nurse and the Dental Clinic.

QUARTERLY REPORT - BABY FOOD STATIONS
Quarter ending Dec. 31, 1942

Distribution of baby foods to infants started at the Granada Relocation Center when the second contingent arrived on September 1, 1942. One hundred and ninety-eight infants, whose ages varied from newborn to eighteen months, were registered as they arrived here. At the present time there are two hundred and twenty-four registered infants.

Formulae were made for infants until such time as mothers were able to get their own hot plates, sterilizers, and other equipment to enable them to make their own formulae.

Babies were first fed on ten cases of complimentary S.M.A. - a form of powdered milk - received from an agent in Denver. When this supply was depleted, babies were changed to various kinds of evaporated milk until the first requisitioned shipment of S.M.A. arrived.

Since then, mothers have been supplied with S.M.A. or evaporated milk, depending on the kind of milk best suited for the child. Hypo-allergic or Protein S.M.A. are also dispensed when doctors' prescriptions are presented.

The babies who are not breast fed at the time of their birth are supplied S.M.A. or evaporated milk. In addition, at two months they are given orange juice in amounts which are gradually increased until they are five months of age. At this time strained foods, eggs, and pablum are added to their menu. At ten months of age, they are put on fresh milk, and two months later they are graduated to chopped foods with zweibach toast or graham crackers to help cut their teeth.

Chux (disposable diapers) were distributed in the beginning in instances when diarrhea was prevalent or when no water was available for laundering.

Eight stations, which are located at strategic positions throughout the camp, were started on the 21st of September. All these stations with the exception of one are still operating. Formula girls make daily rounds with the exception of Sundays, to these seven stations to dispense whatever baby foods are required.

Mothers are given three days' supplies of baby foods during the warmer days, but during the winter, food is dispensed by the week as there is less chance of spoilage.

Fresh milk distribution for infants started in the latter part of October. Milk was taken to each mess hall, allowing two pints per child. This bottled milk was given out only to infants who had a written order from Miss Yuriko Yuge, R.N., Supervisor of Baby Food Station. Later milk was delivered to the homes of the

the infants between the ages of ten to eighteen months unless they had special written prescriptions from doctors stating otherwise. This step had to be taken because the center was allotted only two hundred pints of bottled milk daily, which is not enough to take care of all children requiring bottled milk.

Irregular train schedules made the milk delivery very difficult, especially during the cold nights. Milk would often freeze in the bottles before the milk was delivered to the infants. Because of frequent delay in milk delivery, mothers were given powdered milk for substitution when whole milk did not arrive. This when diluted with water has the same nutritional value as pasteurized bottled milk.

Powdered milk was purchased from the Quartermaster Corps Depot in bulk form (two hundred pound barrels) and delivered to the hospital warehouse. This had to be repacked in emptied S.M.A. cans which formula girls washed and sterilized before repacking. The refilled cans were redistributed to Baby Foods Stations to be given out in case fresh milk was not delivered.

Interval nourishment for children from 18 months to six years of age was started on December 7, 1942. Each child, providing he did not attend pre-school nursery or kindergarden, received an apple, orange, egg and a cookie a day. When interval feeding was first started, 384 children were registered.

This system was later discontinued because of general dissatisfaction among mothers who complained of unfairness and who later threatened to have their children discontinue school because the children in pre-school nursery and kindergarten received only a glass of milk and a cookie for nourishment. Foods are now given to children up to 4 years of age only, regardless of whether they are attending school or not. Older school and non-school children are provided with these foods from the Baby Stations only when the doctors deem it necessary. In these cases, a prescription is given them to present to the formula girls. At the present, 276 children are being cared for through the Baby Foods Stations.

QUARTERLY REPORT - OPTOMETRY CLINIC

The Optometry Clinic has been allotted two rooms in the Out-patient Building. It is considered a definite part of the hospital and patients desiring optical services must first go through the general medical clinic and be referred to optometrist by a physician.

The Optometry Clinic is charging for services and money received from same is turned over to Community Enterprises. Optical patients who state they are unable to meet the expense of needed glasses or services may make application on special forms to Community Services requesting free service. Such persons are checked as to financial status and must receive a certification as to medical need from the Chief Medical Officer before request can be granted.

QUARTERLY REPORT - OPTOMETRY CLINIC
October, November, December, 1942

	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Refractions	47	46	150	243
New Lenses prescribed	29	32	97	158
Duplication jobs	40	48	79	167
Adjustments	7	14	33	54
Refractions & prescriptions for new glasses	1	15	13	29

	OCTOBER	NOVEMBER	DECEMBER	TOTAL
TOTAL NUMBER OF PATIENTS	89	140	273	502

Note: First optical patient reported on October 8, 1942.

WRA HOSPITAL
AMACHE, COLORADO

QUARTERLY REPORT

October, November, December, 1942

VITAL STATISTICS

BIRTHS:

Boys ------- 13
Girls ------ 10
Still birth- 1

TOTAL BIRTHS-----24

DEATHS:

Male ------- 6*
Female ----- 5*
Children
under 18--- 2

TOTAL DEATHS------13

Note:

* 4 male deaths were not hospital cases

* 2 female deaths were not hospital cases

QUARTERLY REPORT

WRA HOSPITAL
AMACHE, COLORADO

1945

MAJOR SURGERY

Type of Surgery	January	February	March	Total
Appendectomy	2	3	0	5
Excision of Post-op Fistula	0	0	1	1
Gastroenterostomy	1	0	1	2
Hernioplasty	3	3	1	7
Total---------	6	6	3	15

MINOR SURGERY

Biopsy	0	1	0	1
Circumcision	3	1	2	6
Colporrhaphy	0	1	0	1
Dilatation and Curretage	0	1	1	2
Hemorrhoidectomy	0	0	2	2
Phrenemphraxis	1	3	1	5
Pneumolysis	1	0	0	1
Tonsillectomy	12	12	12	36
Transfusion	3	0	2	5
Total---------	20	19	20	59

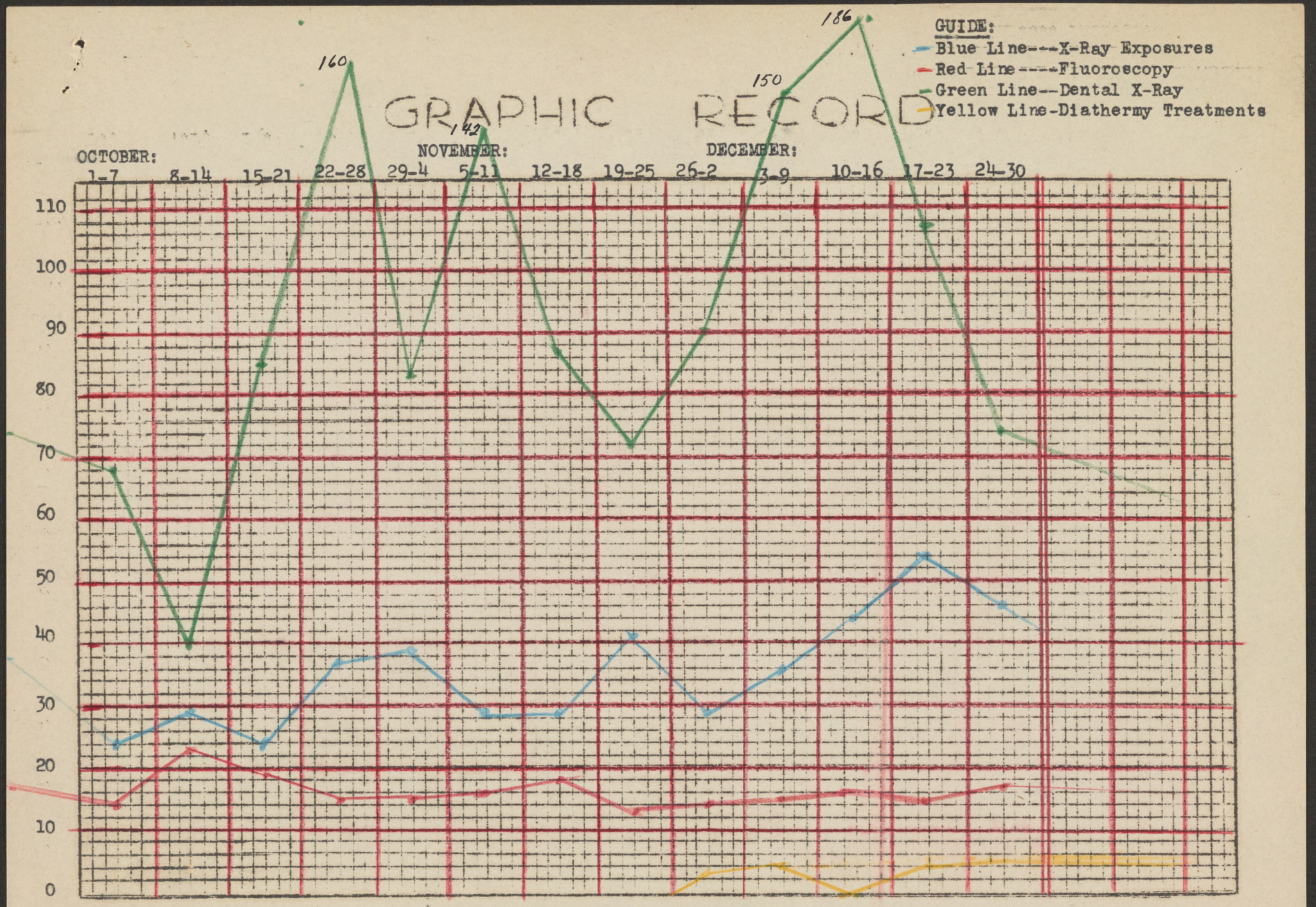
WAR RELOCATION AUTHORITY
GRANADA PROJECT
HOSPITAL DIVISION
X-RAY DEPARTMENT
QUARTERLY REPORT ENDING DECEMBER 31, 1944

WAR RELOCATION AUTHORITY
GRANADA PROJECT
HOSPITAL DIVISION
X-RAY DEPARTMENT
QUARTERLY REPORT ENDING DECEMBER 31, 1944

DATE:	NO. X-RAY EXPOSURES TAKEN:	FLUOROSCOPIES MADE:	DENTAL X-RAYS TAKEN:	DIATHERMY TREATMENTS GIVEN:
OCTOBER:				
1-7	24	14	68	
8-14	29	23	40	
15-21	24	19	85	
22-28	37	15	160	
29-Nov. 4	39	15	83	
NOVEMBER:				
5-11	29	16	142	
12-18	29	18	87	
19-25	41	13	72	
26-Dec. 2	29	14	90	3
DECEMBER:				
3-9	36	15	150	4
10-16	44	16	186	
17-23	54	15	107	4
24-30	46	17	74	5
TOTAL----------	461	210	1344	16

Submitted by: M S Bohon
M. S. Bohon
Sr. Technician
X-Ray Department

MSB:yt



WAR RELOCATION AUTHORITY
GRANADA PROJECT--HOSPITAL DIVISION
X-RAY DEPARTMENT

Mrs. Johnson

B

CONVALESCENT ANNEX
WARD 3
GRANADA RELOCATION CENTER HOSPITAL
AMACHE, COLORADO
September 22, 1944

Following a brief conference with Dr. Neher, Acting Chief Medical Officer, Mr. Chamberlain, Business Manager, Mr. Gerrild, Miss Means, Miss Pirrone and Miss Brown, followed by a personal conference with Mrs. Parks, Superintendent of Nurses, the following next steps were agreed upon in developing the services for the, Convalescent Annex which was generously extended by Dr. Carstarphen two months ago.

A Convalescent Annex is available in Ward 3, Center Hospital for the care of patients not in need of hospital care who would be discharged to their family homes under ordinary circumstances.

With Dr. Carstarphen's analysis of the situation, he asked that here in Granada Relocation Center, the Welfare Section accept the responsibility for employing the necessary attendants for the Convalescent Annex, in view of the fact that the patients present social problems rather than problems requiring medical care. With this as a backlog, there was agreement that:

1. The Welfare Section for the time being and, as an experiment, would undertake to secure four personal attendants and one house attendant, and put them on the Welfare pay roll. Mr. Chamberlain reports equipment, laundry, and food is now ready.

2. A job analysis or description of duties required of the minimum four personal attendants and one house attendant would be made and distributed with a fool proof interpretation so that there could be no misunderstanding as to the service required.

3. Routine supervision would continue to be a responsibility of the Hospital Staff. For instance, the work of the personal attendants would stem through the Nursing Staff responsible to the Superintendent of Nurses. The service of the house attendant would stem through the Hospital Staff member who is responsible for keeping the Annex clean.

4. Miss Pirrone, Medical Social Worker, will serve as liaison person between the medical and social services as in other areas of need. She has secured a list of eleven patients now ready to be returned to their homes or continued for convalescent care in the Annex.

5. Since Dr. Carstarphen is on vacation, it was agreed to prepare for opening of the Convalescent Annex on his return, October 16, and that the attendants would be employed by the Welfare Section beginning, Oct. 15.

6. Meanwhile, the Case Work Staff of the Welfare Section, including the Medical Social Worker will develop plans for each of the eleven patients on an individual basis.

7. Attached is a summary of progress to date, as far as the patients are concerned.

SUMMARY OF THE ELEVEN PATIENTS
September 22, 1944

I. Miss Pirrone, Medical Social Worker, is responsible for follow-up with these situations:

1. Reverand Baba will stay in the hospital as a private pay patient until plans develop otherwise.

2. Motoshita, Kiyomatsu, 8F-7-B, will be discharged September 22. Return to his home with a full-time housekeeping aide for the one month until the convalescent annex opens.

3. Hamura, Raku, 7F-6-F, alone, will stay in the hospital until the convalescent annex opens.

4. Odama, Riye, 8K-2B, alone, son has family of small children. Will stay in the hospital until the convalescent annex opens.

5. Watanabe, Naburo J., 12G-11E, alone.
Miss Pirrone is consulting the physician regarding the possibility of Mr. Watanabe working at least part-time as house attendant in the convalescent annex. Meanwhile, it may be necessary for him to stay in the hospital unless he is able to take care of himself in the bachelor quarters.

6. Yamasaki, Kuni, 6F-3-F, alone.
Will stay in the hospital until the convalescent annex opens.

7. Yoshino, Heigoro, 9F-11-B.
Miss Pirrone will investigate Mr. Yoshino's termination of employment and confer further with Mrs. Yoshino's physician. Mrs. Yoshino requires constant care.

II. Miss Margaret Means, Assistant Counselor, is following through on these situations:

1. Sugimoto, Misao, 11G-2-E.
Since members of the family are now working, we are asking the wife to come on our staff October 15 as one of the personal attendants or, terminate her present employment and care for her husband at home. Medically, he requires strict diet which can be secured only at the hospital.

2. Tabata, Jenji.
It will be necessary for Mr. Tabata to be cared for at his son's home since the children are grown. The son's family is working and the entire family has applied for repatriation and expatriation. Mr. Lindley has no definite information as to when the family will transfer to Tule Lake.

3. Tanita, Eikichi.
Since members of the family are working, it will be necessary for Mrs. Tanita to accept appointment as one of our four personal attendants beginning October 15 or to terminate her employment and care for Mr. Tanita in the family home.

4. Watanabe, Hakuzo.
Since the husband and daughter are both working, the husband will be asked to accept appointment as one of our personal attendents in the Convalescent Annex beginning October 15. Otherwise, it may be necessary for him to terminate his employment and care for his wife at home.

Sara A. Brown, Associate Counselor
Public Welfare Section

CONVALESCENT ANNEX
WARD 3
GRANADA RELOCATION CENTER HOSPITAL

September 26, 1944

SECOND CONFERENCE

The Welfare Case Work Staff requested a conference with Dr. Neher, Acting Chief Medical Officer, Mr. Chamberlin, Business Manager, and Mrs. Parks, Superintendent of Nurses, before Mrs. Parks left for her vacation September 27, 1944.

The Welfare Staff suggested for consideration the following:

1. Is there agreement that we are now ready to go forward in thinking through possible plans in keeping with Dr. Carstarphen's offer of Ward #3 as a Convalescent Annex. The purpose generally stated to care for aged and disabled persons not in need of nursing and medical service in the Hospital's Medical Ward yet in need of care not available in the family apartment under conditions in the Center.

   Also, the purpose to relieve persons who are taking care of the sick and make available beds in the Medical Ward for the sick.

2. Need for a clearly defined, "fool-proof" description of the work required of each attendant. A job description, in other words, of what home care would require.

3. The responsibility of the Medical Social Worker to serve as the laision persons, making social reports to the Chief Medical Officer and medical reports to the Welfare Counselor.

4. The responsibility of the Chief Medical Officer for admissions and dismissals.

   Also, when a resident of the Annex is in need of medical or nursing care the Chief Medical Officer should approve his transfer to the Medical Ward.

5. Personnel required at the start.

6. Schedule of Hours.

7. Schedule of meals for residents and for attendants.

8. Timekeepers - who?

9. Transportation to and from Hospital for the attendants.

10. Use of the Welfare Advisory Board as an arm of cooperation

and interpretation in the community from the family Welfare point of view.

At the conference those present were Dr. Neher, Mrs. Parks, Mr. Chamberlin, Miss Pirrone, Mr. Gerrild, Miss Brown and Miss Means.

Out of the group's discussion there was agreement that a number of matters might be prepared for Dr. Carstarphen's official consideration on his return October 16th.

1. The above statement of general purpose seems adequate.

2. Mrs. Parks will prepare a "job description" for all attendants.

3. The Medical Social Worker, Miss Pirrone, will continue to report to Chief Medical Officer on social and family aspects of each person considered by the Medical Staff as needing care in the Convalescent Annex.

4. Admissions transfers and dismissals will continue the responsibility of the Medical Staff on approval of the Chief Medical Officer.

5. Personnel required as a minimum service to begin with include:

   1 Chief Personal Attendant
   4 Personal attendants
   1 House attendant

6. Schedule of hours probably should be identical with other employees.

   The personal attendants working on 8 hour shifts, 8 A.M. to 4 P.M.: 4 P.M. to 12 midnight: 12 midnight to 8 A.M.

   The Chief Attendant and the House Attendant probably from 8 A.M. to 4 P.M.

7. The Attendant personnel should be responsible to the Superintendent of Nurses.

8. If Dr. Carstarphen approves Welfare might employ the attendants as of October 15th with a period for instruction and orientation and the Annex to open for business as soon thereafter as practical -- probably November First.

Sara A. Brown, Associate Counselor
Public Welfare Section

病院ヨリ特別オ願ヒ

1. 危急ノ病人以外ハ診察時間ヲオ守リ下サイ。特ニ土曜、日曜ノ場合翌日迄待チル人ハ何卒オ待ケ下サイ。

2. 家庭訪問診察ヲ必要トスル場合ハ何卒午前中ニ病人ノ親族ニヨリ願出テ下サイ。

3. 一般病人ニ公平ヲ保ツタメニ、往診(家庭訪問)中ノ医者ヲ捕ヘテ其ノ近クノ病人ノ診察ヲ乞ハナイ様ニ願ヒマス。

4. 医者ノ家庭訪ヲ願ヒ出ル場合、病人ガ是非診察ヲ要必要トスルカ、ドウカ良ク考ヘタ上デ願出テ下サイ。各個人ガ注意シテ下サルト医者ノ方デモ順ヲ追ツテ運レズニ往診ヲ全フスルコトガ出来マス。

5. 診察時間表

花柳病	月曜日	午前九時半ヨリ十一時半迄
子供	水曜日	午前九時半ヨリ十一時半迄
妊婦	金曜日	午前九時半ヨリ十一時半迄

此ノ他ノ特別診察時間ハ設備ト場所ガ整ヒ次第行ヒマス。

ドクター・ダフイ

SPECIAL HOSPITAL REQUESTS

1. Only emergency cases are seen after clinic hours, Saturday afternoon and Sundays. These do not include cases of minor nature and cases which may be safely seen the following day.

2. Requests for home visits should be made before noon, and should be made by a member of immediate family.

3. A doctor making a special home call should not be asked to see another case in the vicinity. All deserving calls must be reported to the clinic first. It is only fair for all concerned to wait for their turn.

4. Careful consideration should be given in each case before request for home visits are made in order to facilitate this service and to help out the already overburdened doctor on duty.

5. Following special clinics are scheduled:

Venereal	on Mondays	from	9:30 - 11:30 A.M.
Well-baby	on Wednesdays	"	9:30 - 11:30 A.M.
Pre-natal	on Fridays	"	9:30 - 11:30 A.M.

Other special clinics will be held as more facilities and working space are available.

Dr. G. A. Duffy
Medical Officer In Charge

To be announced at all mess halls.

BY-LAWS OF THE AMACHE DOCTORS' KOEN KWAI

Health B

ARTICLE I

Name and Location

Section 1. The name of this organization shall be Amache Doctors' Koen Kwai.

Section 2. The place of this organization shall be Amache, Colorado.

ARTICLE II

Membership

The members of the organization shall be all the evacuee residents inducted at the center regardless of age and sex; included are persons on short-term and seasonal leaves, who are in sympathy with the purposes and work of this organization.

ARTICLE III

Purpose

The purpose of this organization shall be to promote the general health and morale of the evacuee residents in this center and to work out plans to express appreciation for evacuee doctors.

ARTICLE IV

Officers and Election

The Central Committee composed of seventeen individuals from various organizations and districts shall be selected from each organization and district. The committee shall be selected from the following organizations and districts:

3	from	Community Council
3	"	Block Managers Assembly
1	"	Red Cross
1	"	Blue Star Service Club
1	"	Women Federation
1	"	Buddhist Organization
1	"	Christian Organization
1	"	Hospital
5	"	5 districts at large

The following officers shall be elected from the committee:

1 Chairman
2 Vice Chairman
2 Treasurer
2 Auditing committee
2 Secretaries

ARTICLE V

Block Koen Kwai Committee

The Block Koen Kwai Committee shall consist of one Block Manager and 2 duly elected residents of the block. The duty of the committee shall be to assist the Central Committee. This committee shall collect all the funds from the block residents.

ARTICLE VI

The terms of the officers and committees

The term for the Central Committee and Block Committees shall be for a period of six months and without compensation.

ARTICLE VII

Meetings

The Central Committee shall meet at least once a month. The Block Committees shall meet at least once every six months or upon request by the Central Committee or by the majority of the Block Committees.

ARTICLE VIII

Revenue

In order to maintain an adequate fund for the organization, the following methods may be used:

a. Contribution of 5¢ per month from every resident who is inducted in the center including persons on short-term and seasonal leaves.

b. Donations from returning residents on seasonal leave or short-term leave.

c. Donations from patients returning from hospital and persons recovered from illness.

d. Recreational programs, especially staged for this purpose, whenever possible.

e. Donations from other individuals and organizations.

ARTICLE IX

Disbursement of funds

The funds of this organization shall be disbursed at the discretion of the Central Committee in accordance with the purpose of this organization.

ARTICLE X

Amendment

These by-laws may be amended, repealed or otherwise changed by a majority of block committees.

ARTICLE XI

Advisory Board

The Central Committee may create a "Board of Advisors" from the appointed personnel of the War Relocation Authority. If such Board of Advisors is created such appointments shall be limited to Project Director, Chief Medical Officer and Chief of Community Management. The purpose of this Board would be to act as consultant and advisor to the Central Committee.

B

WAR RELOCATION AUTHORITY

Granada Project

Amache, Colorado

November 21, 1942

From Medical Officer

ORGANIZATION OF THE SANITARY CORPS

PURPOSE

The Sanitary Corps was organized for the purpose of:

1. Carrying out detailed, systematic inspections of mess halls, latrines, ironing rooms, laundry rooms, recreation halls and other facilities associated with public community health.

2. To make tactful and opportune suggestions wherever necessary or requested to improve sanitary conditions.

3. By virtue of its organization, to promote and maintain the highest standards of health possible in community.

ORGANIZATION

The total facilities to be inspected are roughly divided into four groups. These are:

I. Mess hall inspection, garbage inspection.

II. Latrine inspection, laundry and ironing rooms.

III. Canteen, barber shop, shoe shop, and other enterprises.

IV. Public schools and recreation hall inspection.

V. Streets etc.

At the outset the Sanitary Corps is given one of the above groups to be inspected at a time. A new facility is given each day until all groups have been covered once in detail. This one-group-a-day-plan is followed until 2 Or 3 complete inspections have been made. After this group 1 and 2 are inspected together, and 3 and 4 inspected together, etc., the inspections being carried out on alternate days.

Detailed outline of the points covered under each group follows:

I. Mess hall inspection

Under mess hall inspection 7 principal points are covered.

A. General Cleanliness and tidiness

The mess hall buildings are inspected inside and out for accumulations of rubbish and debris. Floors and tables are examined and noted on the general appearance.

B. Screening facilities

The screening facilities on all doors and windows are inspected for adequacy in fly protection; locks, springs, and other accessories used to keep doors and windows closed are examined. Any holes or spaces found in the screening which will allow flies to enter are noted.

C. Dish and silverware inspections

The inspector walks through the mess hall and picks up dishes and silverware here and there and examines them for grease stains and other evidence of inadequate cleaning. He notes whether the cleaned dishes are placed upside down on tables, or if stacked in piles, notes whether they are adequately covered with towels. He inquires whether there are sufficient dishes to adequately serve those eating at the mess hall.

D. Dishwashing facilities

Under dishwashing facilities the following factors are ascertained:

1. Is adequate provision made for initial cleaning of garbage, soilage, and left-over food from the dishes?

2. What is the type of soap used? Is it in powder form, and in sufficient quantity?

3. The general cleanliness of the washing tubs in which the dishes are washed is noted.

4. How is rinsing of dishes conducted? Is the hot water used in the rinse hot enough temperature to be adequate for rinse purposes? If so, are rinse racks provided since it is impossible for a person's hands to be placed

in water hot enough for adequate rinsing. If a hot water rinse is not used, is chlorine disinfectant available for use in the rinse water?

5. Are sufficient towels provided for drying of dishes? Are they clean and sanitary?

E. Ice box

Each door of the ice box should be opened once to inspect for the following:

1. Over crowding of stored materials
2. Inadequate sorting
3. If thermometer can be provided, ice box temperature should be checked. To be adequate readings should be 50°F. or below.

F. Cooks' equipment

1. Knives, saws, pots and pans should be carefully looked over for evidences of grease stains or stale food particles left on them.
2. Chopping blocks should be carefully scrutinized for any evidence of sour particles of food which may have been left in any of the cracks on the blocks.

G. Mess Hall personnel

The mess hall personnel should be inspected daily by the chief cook or some person appointed by him. He can very easily carry out the following:

1. Inspect the hands of all persons working in the mess hall.
2. Question them as to whether or not they have any cold or cough.
3. Question them as to whether or not they have any stomach ache or intestinal upset.
4. Insist that all members of his crew thoroughly wash their hands after visiting the latrine before resuming work in the mess hall.

It is advisable that the above instructions on mess hall personnel be given to the chief cooks by holding a special meeting of all the chief cooks at a designated time and place whereby these instructions can be given to them in both English and Japanese.

II. Latrine inspection

Under latrine inspection five general headings are considered:

A. General cleanliness and tidiness

Inspectors will note the general cleanliness and tidiness of latrine buildings inside and out. Loose rubbish should be noted. Are containers for rubbish provided? Is adequate ventillation present to avoid odor, and are there accumulations of water on the floor?

B. Individual inspection of the following:

1. Toilets

a. Are toilet seats and bowls scrubbed daily with soap and water? Lids should be lifted for this inspection. Are containers provided in the women's toilets for the disposal of sanitary napkins?

2. Urinal troughs

Is there a continuous cold water flush system maintained at all times? Are the troughs being washed and scoured once daily? Has any extraneous material been thrown into the urinal troughs?

3. Washing troughs

Are the washing troughs cleaned? Has soap scum been allowed to collect around the troughs? Are they being cleaned and scoured each day? Has any extraneous material been thrown into the troughs?

4. Shower baths

Are the floors, floor racks, and walls being adequately cleaned and scrubbed so as to avoid any accumulations of soap and scum? Are hot water pipes labeled so as to prevent burns? Are the racks being put outside for airing and drying? Are foot baths provided to prevent spread of ringworm infections?

C. Screening facilities

Windows and door screening facilities should be inspected as outline under mess hall screening inspection.

D. Disinfectant facilities

Is any disinfectant being used in the cleaning of the floors, toilets, bowls, washing troughs, and shower room floors? Is any disinfectant being used to wipe off toilet seats, faucet handles, and shower bath nozzles?

E. Accessory untilities

Have the block managers provide accessory utilities, such clothing benches, hooks, etc., for dressing purposes, and are these clean? Have signs been posted in the latrines warning against throwing extraneous material into urinal and washing troughs; against wasting hot water; against spitting on the floor; against urinating in the shower baths?

III. Garbage inspection

Under garbage inspection six points are considered:

A. Rubbish

Are there any collections of rubbish and extraneous material left lying around the garbage cans and garbage can covers?

B. Soilage

Has care been taken in emptying of garbage into the cans so as to prevent slopping of waste garbage around the sides of the cans and on the floor surrounding the cans?

C. Flies

Are the screening facilities around the garbage cans adequate? Are flies present in any quantity around the cans? If so, estimate approximate number.

D. Garbage Handling

Has there been proper sortage of garbage so that the wet garbage has been separated from more combustible materials? Are the garbage cans kept covered? Are enough garbage cans provided?

E. Tin Cans

Are tin cans being rinsed immediately following removal of food? Are they being kept in a separate container and are the bottoms being removed and sides flattened to conform with tin salvage regulations?

F. Miscellaneous notes

IV. Laundry, ironing rooms, and recreation halls

Following the above three inspections the members of the Sanitary Corps were asked to inspect the above facilities in a general way based on the outlines given them for mess hall, latrine, and garbage inspections.

When the men are sent out to make the first inspection they are given an "Authorization form" signed by the Chief Medical Office instructing them to carry out the inspection. These forms all follow a similar pattern. The details of one "authorization form" being given below:

In the interest of Project Community Health, I have instructed members of the Sanitary Corps to conduct periodic Mess Hall inspections on the following:

1. General mess hall cleanliness and tidiness.
2. Screening facilities
3. Clean dishes and silverware
4. Dishwashing facilities
5. Ice box
6. Cooks' equipment

(Signed) _____

Chief Medical Officer

N.B.: This notice should be shown to the Chief Cook before each inspection is started.

The N.B. in the case of laundrys, ironing rooms, and recreation halls would be shown to the block manager instead of the chief cook as shown in the above form. This form besides acting as an authorization, also forms the outline from which the Sanitary Corps members write up their inspection reports in detail.

When all the reports from an individual inspection have been completed, they are turned over to the head of the Sanitary Corps group. On the basis of the information contained in the reports, each mess hall is graded by him on each item appearing in the form illustrated. Only two grades are used, and "o" is used to indicate satisfactory sanitary condition, and an "x" is used to indicate unsanitary condition. These grades are recorded on a tabulation sheet as shown below:

No.	Clean & Tidy	Screens	Dishes & Silverware	Dishwashing	Ice Box	Cooks' Tools	Misc.	
4	x	x	x	x	o	x	Def.	Equip.
5	o	x	o	o	x	x	"	"
6	o	x	x	x	o	x	"	"
7	x	x	o	x	o	x	"	"
19	o	x	x	o	o	x	"	"
11	x	x	x	o	x	x	"	"
12	x	x	x	o	x	x	"	"
13	o	x	x	o	x	x	"	"
14	o	x	x	o	o	x		

As soon as this report has been completed, it is revised by the person in charge and from this tabulation a report of the sanitary conditions existent throughout the Colony as a whole can be submitted to the Chief Medical Officer as often as may be required. For example: A glance at the preceeding form will show that the screening facilities are 100 per cent inadequate in all mess halls examined. In contrast to that the majority of the ice boxes were shown to be in fairly good condition. It is obvious from the report that mess halls 32 and 33 were entirely inadequate from a sanitary standpoint. The details on the inadequacies may be obtained by referring to the individual inspection reports submitted by the inspectors.

On the basis of the report which the Chief Medical Officer receives from the Sanitary Corps, he can in turn contact the administrative personnel responsible in order that unsanitary states may be corrected.

As the Sanitary Corps progresses in experience, mimeographed forms of the above tabulation can be made up and distributed to the members. Provision to cover about six blocks would be sufficient. The back of the mimeographed sheet would be ruled and headed "Remarks".

By using these forms the Sanitary Corps would grade with "o" or "x"; on the individual headings appearing on the tabulation form. Wherever an "x" appears the reason would be stated on the back of the sheet under the heading "Remarks". This will eliminate a large source of paper work necessary in preliminary organization stages. On the basis of these sheets, a master tabulation sheet covering all the blocks can be then made up by the member in charge of the Corps and on the basis of this sheet a report of the sanitary condition of the Colony can be submitted to the Chief Medical Officer as in the previous instance.

The foregoing data should be reasonably adequate to control the sanitary aspects of mess halls and other utility buildings of the Colony. Due to military restrictions, it will probably be necessary for the Chief Medical Officer to handle the water supply, milk and food supply, sewage, and garbage disposal facilities. Provision for periodical inspection of the water supply and the taking of water samples for examination should be left to the Chief Medical Officer. Milk and food inspection must be done by someone who has authority to inspect the various sources concerned. The sewage disposal plants which are apparently being installed at the various Colonies should be more than adequate. The inspection of the

facilities at the present time does not seem to fall within the range of the Sanitary Corps.

A system of rotation whereby the same group of men do not continually inspect the same facilities is advised.

(Signed) J.C. Sleath, M.D.

Acting medical Officer

JCSleath:FH