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THE ORGANIZATION AND GROWTH OF THE POSTON HEALTH SERVICE

Purpose of Report

The purpose of this report is first, to provide a reference record including significant details that influenced the organization, growth, and development of the Poston Health Service and also to serve as the basis for a report to be given at a Family Welfare Conference. The Family Welfare Conference is planned for the purpose of reviewing and reevaluating all of those community services and important factors influencing family life in Poston and the planning of the family for the future.

The Situation at the Beginning

At the time that Poston was started, two very important factors connected with the establishment of the health service were known and two very important factors were not known. That is, the population of Poston was planned to be between eighteen and twenty thousand. A health service was to be provided for that number of people that would include a general hospital of from 175 to 200 beds, a medical out-patient clinic in each of the three units, an adequate sanitation department, and as much public health service as seemed indicated. What no one knew at that time was how personnel would be found to carry on these services or what were the general health problems of the Japanese people.

In May, 1942, the organization of the Poston Health Service was started. Dr. Leo Schnur came as director from the U.S. Indian Service. Twelve evacuee doctors arrived at the center and about six evacuee registered nurses, four or five Japan-trained graduate nurses, and four evacuee student nurses. The U. S. Indian Service and the American Red Cross supplied the first appointed personnel nurses.

An emergency hospital of ten beds was established in one barrack in block 34 at first. In a few days, a second barrack was occupied and twenty more beds provided. Four medical clinics were set up in the blocks and a home call service was established by the doctors. Temporary pharmacy, X-ray, and laboratory services were started by qualified evacuee personnel. One of the evacuee pharmacists took over the establishment of a medical warehouse. At the same time, the sanitation department was organized providing inspection of food, testing of the water supply, inspection of the garbage and sewage disposal, and also insect eradication to a limited degree.

It only takes a second or two to tell of all this now, but long hours of labor were devoted to these achievements. Confusion was terrific! The construction of the camp had not been completed, so workmen were coming and going everywhere. New personnel members were arriving daily, and no one knew too well who was who or where he belonged. The evacuees were coming in at the rate of three hundred to one thousand every day or so. The health service covered every intake of evacuees with first aid service which was needed largely by the mothers with young babies and the people exhausted by a long trip and the extreme heat of Arizona. Medical supplies could only be obtained in limited quantities at first, and the U. S. Indian Service was extremely helpful in the assistance they gave in supplies. The whole situation was highly colored by an overly abundant supply of heat and dust, and by the majority of people in both evacuee and personnel groups having to learn what was expected of them and how they were supposed to do it. Individuals who in another environment would have been congenial from the start, eyed each other with uncertainty. Personalities clashed here and there. Language difficulties were ever present to add to the general state of confusion. The evacuees were naturally somewhat upset emotionally because of the evacuation and the strangeness of the new life they were entering. To a lesser degree, the appointed personnel were influenced in somewhat the same way and for the same reason without experiencing evacuation themselves. However, on the whole, the situation was remarkably well controlled in that rapid progress was made and it was brightened here and there by many touches of humor. I well remember when someone said to me, in the first few days, what I misunderstood to be, "Do you like postum?" I replied, "No, I never drink it," and thought we must be reacting very unfavorably to life in the center when we went around asking each other for no obvious reason if we liked postum. Much to my surprise, I learned later on that day that "Poston" was the new name of the place.

From almost the beginning, the emergency hospital service included medical, surgical, pediatric, obstetric, and tuberculosis patient care. The peak in surgery in the emergency set-up was reached one night when three appendectomies were done in the little make-shift operating room. Before the last case was finished, the lights went off and Dr. Wakatake's excellent technical training and personal adaptability never supported him to better advantage than on that night. He finished the operation by candle light with the same sure skill and professional bearing that were to distinguish him in many similar and more hazardous situations in the days to come.

It was recognized from the earliest days that finding graduate nurses and keeping them in active service at Poston was going to be a problem. We knew that the demand for nurses for military and vicilian needs would not permit us to have many civil-

ian nurses here. At the same time we also knew that the number of American trained nurses in the total evacuee population on the West Coast was quite limited. There were eighty-five graduate registered nurses in the total population of 120,000 Japanese. So it seemed obvious that we should train nurse aides from the group of young evacuee girls and a program for that purpose was started in May with first a class of twelve girls participating. In a short time, another class of twenty-one girls entered bringing the total up to thirty-three. This group of nurse aides helped lay the corner-stone of something much more valuable than they realized in Poston and in their own lives at this time. As they scrubbed floors, windows and linen, served food, and assisted in the care of patients day after day in the heat and dust, they did so with a spirit of cheerfulness and good will that provided inspiration and a challenge to some of the professional workers. It is thought by some of us that the excellent attitude of the nurse aides in the early days had something to do with the fact that racial prejudices have never found a place in the health service of Poston. Their whole-hearted response to the outsiders who came in to help them take care of their people was given in such a way that it would have been a very callous or prejudiced individual, indeed, who failed to respond favorably in return. Today, many of these nurse aides are in nursing schools and hospital nurse aide positions in different parts of the country supporting even in a critical war period that old, old principle of nursing which is that, "We serve regardless of race, creed, or color."

The Base Hospital is Opened

On the twenty-third of June 1942, the first ward was finished in the base hospital and the transfer of patients was made from the little emergency hospital to that one ward of thirty-five beds. The mess hall and dietetic services were established along with the transfer of the pharmacy, x-ray, and clinical laboratory services to the new building.

There was not a graduate dietitian in Poston, but three dietetic students, Miss Rose Sakemi, Miss Taka Aizawa, and Miss Aki Tashiro, came to work in that department. Mr. Mutus Nobe was in charge of the pharmacy service, Mr. James Suzuki the X-ray, and Mrs. Catherine Nobe the clinical laboratory, all three of these people had had good training. A group of volunteer workers were trained by Mr. Suzuki and Mrs. Nobe to assist in their departments as they were the only qualified workers for those two services. When Mrs. Nobe relocated a few months later, she left one of her student workers, Miss Yoshiko Takeiri, in charge of the clinical laboratory service and Miss T. Keiri is still carrying on very efficiently there.

There were more graduate pharmacists than were needed. By the time the total group had arrived in Poston, eleven reported for work besides Mr. Nobe. They were Seizo Sakamoto, Nelson Kitsuse, Setsuko Kobayashi, Tom Nakashima, Masayuki Matsumune, John Nakamura, Todd Tomihiro, Florence Tanase, Takaye Fukuhara, Ray Fukushima, and Michael Kodani,

In the next few days, two more wards were completed and opened for service. The four out-patient medical clinics in the blocks were closed and a new one was established in one of the hospital wards remodeled for that purpose. Dr. Walter Iseri was senior medical officer there and two or three of the other medical men worked with him.

A dental clinic was set up with Dr. Frank Taniguchi in charge of that service. By the time the three dental clinics were opened, there were seventeen dentists working in the service. They were Dr. Frank H. Ito, Dr. Harry Kita, Dr. Takashi Namiki, Dr. Isamu Takeda, Dr. Sam Namba, Dr. James Takao, Dr. Hara, Dr. Shokichi Kato, Dr. Ruby Imoto, Dr. Yoshitaro Yoshimura, Dr. Masanori Matsuno, Dr. Kuzuichi Taniguchi, Dr. George Hiura, Dr. Frank Saito, Dr. Toyo Shimizu, Dr. Fred Yoshida, and Dr. Mitsuo Miura.

An optometry service was established with Dr. Tetsuya Ishimaru in charge and four qualified optometrists came to work with him. They were : Dr. Grace Suzuki, Dr. Kenji Sugino, Dr. Raymond Tatsuno, and Dr. Masao Takeshita.

During this time, there were many changes in evacuee and appointed personnel. New members of the evacuee groups both professional and non-professional came to work in all the services and others dropped out except in the doctors' and nurse aides' groups. In these two groups, we had a constant number of the same people working straight through the summer. On July 29, 1942, Dr. Leo Schnur, the medical director, was called to the army and Dr. Alexander Leighton, of the project's sociological research department, substituted as medical director until the last of August when Dr. A. Pressman came from the U. S. Indian Service. Only four of the original group of sixteen nurses who came from the U. S. Indian Service, American Red Cross, and other outside sources remained in Poston by the last of August.

The strangeness of the situation had much to do with personnel difficulties. Graduate nurses were not used to knocking down packing boxes in a temperature of 100° - 120° Fahrenheit in order to get supplies to carry out routine nursing work. Much of the initial floor scrubbing in the new buildings were done by nurses and nurse aides as the carpenters moved out and the patients were moved in. For some reason, it was difficult to

get evacuee men to come in and work as janitors and to lend a helping hand generally as needed.

The evacuee men employed in the professional and non-professional positions in the various departments of the health service were kept busy transporting furniture, heavy equipment, boxes and cartons of supplies besides endeavoring to set up their own departments for service. In spite of the fact that the doctors were working night and day, they helped out in this work also. A large part of our personnel consisted of young evacuee girls and boys without any previous experience in work of this kind. Many of them were just out of high school and others had been employed entirely in farm work before they came to Poston. This added very materially to the burden that the professionally and technically trained members of the staff were already carrying as constant supervision was needed everywhere. Husky farm boys had to have quite a little instruction as to how to serve efficiently in the ambulance corps. X-ray and clinical laboratory helpers had to be trained from the same group. Girls working at the receptionist's desk and in the medical record room as well as those in the offices had to acquire their first knowledge of medical terminology and hospital procedure very quickly. There were cooks working in the mess hall and dietetic department who had never cooked before and so on straight through the whole organization.

Naturally, a few of these youngsters could not make the adjustment to the new situation and dropped out of it. At the same time, some of the nurses in both the evacuee and appointed personnel groups could not make the adjustment either and dropped out also. All in all, the many changes and the difficulties and delays encountered in getting equipment and supplies in addition to the intense heat and ever recurring dust storms made positive progress seem almost impossible at times. But the original plan to set up a health division which included a hospital of 175 to 200 beds with all the essential supplementary services, adequate out-patient clinics, as much public health service as seemed indicated, and an efficient sanitation department had to be realized.

One of the longest delays we endured was in the setting up of the power house which in turn controlled the setting up of the surgical operating room, sterilization room, and laundry service and also the supply of hot water. The essential parts needed for the completion and installation of the oil burning boilers in the power house were not available until November 1942. By November 18, steam was supplied for use in the operation of the equipment in the surgical sterilization and operating rooms. Steam heat and hot water were made available throughout the hospital at the same time. However, it was not until January 4, 1943, that the laundry was finally opened.

Up to that time all of the hot water needed throughout the hospital had to be heated on the kitchen stoves or by one temporarily installed butane gas burner. All patients' bath water had to be carried from one or the other of these sources of supply to the different wards which was a very tedious process. The bulk of the hospital laundry was done in Banning, California about ninety miles away. However, that service was very uncertain as we never knew when the clean laundry would be returned. Sometimes it would be one week, sometimes three weeks from the date the soiled laundry was collected until it was delivered clean. We had a supplementary service set up in the little laundry at the back of block 34 where there were three Maytag washers and a clothes line outside the building. This service was carried by a varied group which included regular evacuee laundry workers in the day time, nurse aides doing a small amount of work during the night, and some of the graduate nurses including myself giving a hand on Sundays and at odd times when the need for clean linen was urgent and the supply low or nonexistent. For a few weeks, we laundered our own uniforms at night after we finally got off duty.

The limited stock supply of linen was in continuous need of replenishment as our hospital patient census grew and we were called upon to take care of emergency linen needs of personnel repeatedly. Two of the greatest sources of worry and frustration to the medical director and the chief nurse were following purchase orders to make sure they were finally approved and placed with some outside source of supply and then constantly checking with every receiving set up on the project to find out when shipments of our orders were received and how we could get hold of them. On one occasion, we were in desperate need of sheets and according to information obtained from the main warehouse, not altogether regularly, a shipment of sheets had just been received but not for the health service. They were for personnel. At that time personnel already had twelve dozen of our sheets which we had been officially requested to loan them to meet emergency needs. It seemed to us that we were entitled to twelve dozen of personnel's new sheets as a replacement on our loan. I set out to get the sheets. First, I visited the main warehouse and was sent from one man to another until I had visited four and each one had told me, "No sheets." Fortunately, I had a signed statement to prove my claim that we had made the sheet loan to personnel. From the warehouse, I went to the administration building. It was a very hot afternoon with the temperature probably about 120° Fahrenheit. There wasn't a car available, so as I walked the quarter of a mile or so in the sun and dust, my mental irritation and physical discomfort did not decrease. I first went to the Procurement Office and they were evidently having one of their bad times as it seemed difficult for them to grasp the meaning

of my statement on the sheet situation. Three or four men of the appointed personnel called back and forth to each other across desks, "What about sheets, Jim?" "Whose got sheets?" "Who wants sheets?" Finally, I went from one to the other trying to explain to each individually what I wanted and where the sheets were. In the end, they recommended that I see someone of higher authority as they didn't see how they could do anything. So on to another office I went and there sat a lone man which was encouraging. I explained my needs and difficulties while he sat nervously puffing his pipe and looking harassed. When I had finished, he laid the pipe down and said with what might have been almost mistaken for a reverent tone of awe in his voice, "Dear God, now it's sheets." "Well," I said, "you've got to have bseets to run a hospital." He said, "Yes," and repeated, "youve got to have sheets to run a hospital." He looked so serious, I waited for him to make the next move. But he just sat there with black brows drawn tightly over his deep blue eyes, staring ahead. I ventured once more, "We really must have the sheets." That time he said, "Yes, that's right," and nodded his head solemnly as though a profound statement on international policy had just been uttered and must be given deep thought. He next covered his face with his hands and sat with head bowed in silence. I instantly thought that here we must have one poor harassed soul that the turmoil of the relocation center was getting the better of and perhaps he was heading for a nervous breakdown. On second thought, I decided that all the rest of us would probably be in the same fix soon so why worry about only one individual. In any case, I thought that I had better get the sheets and be prepared for the worst. Finally he looked up and said, "Are you still here?" I replied, "Yes. I am waiting for sheets to get your bed ready at the hospital." At that he laughed and said, "You may not be far wrong, but I don't know how to get hold of those sheets." However, we worked that out and in another hour, I was checking twelve dozen sheets into out hospital linen room.

All of our surgical dressings and sterile supplies were sterilized for us by the U. S. Indian Service Hospital at Parker from the time the health service was started in May until November when steam was made available for our own sterilizers. This arrangement with the U. S. Indian Service Hospital necessitated a thirty-four mile drive each day to take the new supplies up and to bring the sterile ones back. As our quantity of supplies exceeded in bulk about four or five times what the U. S. Indian Service Hospital had ever needed to take care of, their sterilization equipment was kept on twenty-four hour service most of the time. The patience of their workers must have been worn down considerably although they never indicated as much.

We also called on the U. S. Indian Service Hospital for the use of their surgical operating room from the time that Dr. Wakatake had to finish one of the first cases by candle light until we were in a better position to avoid surgical risks that might result from inadequate facilities. Fortunately, few acute surgical cases developed. Those few were transferred as the occasion arose with the surgeon and his surgical team to the hospital in Parker where the operation was performed, and the patient was left with one nurse to take care of him until he could be transferred back to our own hospital.

The General Health

The most fortunate situation in the whole project, as far as the health service was concerned at this time, was that the general health of Poston was remarkably good among both evacuees and appointed personnel. There were few acute serious illnesses. Heat prostrations, as we from the East Coast knew them, did not exist. People who reacted unfavorably to the extreme heat were largely those who had some physical ailment and the heat was a contributing factor to be considered secondarily rather than primarily. There were occurrences of diarrhea from time to time and the sanitation department did a good job in helping to trace the causes of these incidences when food handling or water and milk supply were involved. Mr. George Kido, an entomologist by training, was in charge of the sanitation department and Mr. Henry Sugiura, a bacteriologist, worked as his associate. Later Mr. Richard Nishimoto, a former insecticide salesman in California, succeeded Mr. Kido and Mr. Sugiura in that department, and he too became a very efficient sanitarian. Recently, Mr. Ora Dennis, a negro well qualified by training and education, came to take charge of that service.

Organization of Public Health and Special Medical Services

The public health service was established as such in August 1942. Dr. George Kawaichi took charge of the service with Dr. Alexander Leighton acting in advisory capacity. The department was located in ward 7 of the hospital and soon expanded its activities to include the usual functions of such a service in a progressive community with the exception of public health nursing which was to be organized later.

At the same time, special medical hospital services were established with Dr. Leighton acting as coordinator. An evacuee doctor was appointed to head each one. The appointments were based on the doctor's past experience and training.

Besides the public health service, Dr. Kawaichi agreed to take care of the genito-urinary service on the wards and in the clinic as he had had training in that field. Dr. Kazumi Kasuga had had special training in tuberculosis and accepted responsibility for the tuberculosis service here along with the general medical. Dr. Yorio Wakatake relinquished many overall duties that he had been carrying in all the services and became the head of the obstetrical, gynecological, and surgical services. Dr. Perry Sumida accepted responsibility for the eye services. The home call and hospital emergency services were planned to be carried by all of these men participating in a rotating schedule. Four medical students, Harold Kushi, Edward Shigeoka, Sumiko Matsumoto, and Richard Iwata also worked under the supervision of the doctors in all of these services on a rotating basis.

Dr. Tsuneo Murakami(... Accepted appointments as associates
Dr. Walter Iseri (... in Unit I Clinic and agreed to carry
Dr. Masakazu Murase(... a limited amount of ward service in
cooperation with the other men.
Dr. George Wada..... accepted appointment to take charge
of the clinic and home call service
in Unit III and to act as associate
in surgery at the hospital.
Dr. Teru Togasaki.....who had recently come to Poston
became Dr. Wada's assistant in
Unit III.
Dr. Henry Kazato..... accepted the responsibility for
Unit II Clinic and home service
and became associate in surgery
at the hospital.
Dr. Bunkuro Okonogi... of Unit II became Dr. Kazato's
assistant in the clinic.

Dental, optometry and pharmacy services were also provided for Unit II and III Clinics and for all three services, there were more than enough qualified workers.

The total plan worked extremely well and was followed throughout the young evacuee doctors' stay in Poston with a few changes and adjustments being made from time to time under Dr. A. Pressman's guidance or with his approval.

Poston was extremely fortunate in the type of evacuee doctors who came here. It would be difficult indeed to find a group of doctors anywhere in this country who are more courteous, agreeable, and considerate to the people with whom they are working in both patient and personnel groups or who are more steadfastly devoted to their medical duties than the men we

have had a t Poston. Perhaps, we shall never know another individual quite like young Richard Iwata. He was evacuated from a California medical school just before the close of his second year there. On coming to Poston, he immediately volunteered for service in the health division. As his medical training had been so limited, it was felt that there was very little that he was prepared to do that required technical training. Dr. Wakatake arranged a program for him to go on the wards and take care of certain simple procedures under his supervision or according to his directions. Richard established himself in one of the ward offices with a supply of reference books and was soon ready for business. As he attempted to carry out certain procedures such as checking blood pressure, starting intravenous treatments, or taking blood for laboratory examination, he seemed to have difficulty in simplifying his performances and divorcing himself from his text books. He called for much nursing attention and a great deal of equipment beyond his actual needs much to the consternation of the ward nurses. Being very young, he was not particularly amenable to suggestions from the nurses as he considered himself their superior officer. The situation developed into a rather unpleasant one with finally the nurses stating very definitely that, "evacuation and Richard Iwata were more than they were going to put up with." Dr. Wakatake came to the rescue and relieved Richard of his ward responsibilities with the recommendation that he devote more time to his text books. A little later, Richard returned and again asked to participate in the service. This time, he was placed in the clinic in one of the other units. This situation ended unhappily with Richard withdrawing from the service because he did not approve of some of the practices of his senior officer there. It is very likely that there was a great deal to be said on Richard's side in this case as in a short time the doctor he complained of was removed from the center on a court charge of irregular practices in his home town before evacuation. Richard again retired to study. The third time he applied to come into the service, he was taken on at the hospital with the understanding that he would be an assistant in the home call service, reporting his findings always to his immediate superior. In a short time, I approached Richard to help me with the nurse aide teaching program, and he very graciously accepted, taking over the simple courses in anatomy and physiology, medical and surgical diseases, tuberculosis, and other communicable diseases, and so on, that were included in the classroom schedule. This time his adjustment to the hospital program was highly satisfactory. He learned a great deal from his contacts with the doctors along with his continued study and in a short time, they were calling on him for more and more assistance. Along with all of this, it was discovered that Richard was a deeply religious person and on those occasions when that influence seemed indicated, he was asked

to take over and always complied in the most effective manner whether he was saying grace at a Thanksgiving dinner or giving spiritual or disciplinary guidance to a patient. Later, quite by accident, we found that his technical knowledge of all sorts of mechanical appliances was quite good so instead of waiting for hours or days for the maintenance department to fix the autoclave or the instrument sterilizer, we sometimes called upon Richard who always seemed to know or be able to find the answer that provided renewed service in a very short time. During our poliomyelitis incidence of March to August 1943, there was need for someone with medical training to work with the physiotherapist in giving the patient certain exercises and checking the muscle action. Again it was Richard who accepted the assignment and worked long and faithfully for someone to give assistance to the public health service in public speaking in both Japanese and English, and he was found to be most effective in that role. By this time, Richard had come to be known to us as our miracle man, not merely just a medical student assisting the doctors.

During the little more than a year and a half that Richard spent at Poston, he never ceased in his endeavors to re-enter medical school somewhere. However, that question was not yet settled when he departed from Poston on March 28, 1944, to be remembered and missed by his acquaintances and co-workers to the last day of the project's existence and beyond that time I dare say.

Organization of the Nursing Service

The organization of the nursing service had been fairly well worked out by the end of August 1942, and we were beginning to feel that we could look forward to a period of continuous growth and development. The nurse aide training program was planned for eighty hours of classroom work to be coordinated with one year of practical work on the wards, in the clinics, in surgery, and in the diet kitchen. In the first few months, there was a waiting list of from seventy-five to one hundred applicants for the nurse aide course. All of the original thirty-three aides remained with us throughout the summer months which is an exceptionally good record in a nursing service anywhere in the country today. In September when we opened the fourth ward in the hospital and were increasing our out-patient clinic services, we admitted twenty-five new aides from the waiting list. At this time, I was the only nurse left on the staff to carry the teaching program, so I taught the nurse aide classes at night.

The assignment of the graduate nurses in the service was determined on the basis of their qualifications and experience with both the evacuees and appointed personnel groups. We were very fortunate in having some well qualified and capable nurses. Mrs. Eiko Kikuchi, a graduate from the San Diego Mercy Hospital with a degree in nursing from the University of California, had had years of training in operating room work and was appointed charge nurse in surgery at Poston. Miss Ruth Takahashi, a graduate with a degree in nursing from the University of California, became nursing supervisor for the whole hospital during the period from 4:00 P.M. to 12:00 midnight. Mrs. Louise Bracken, Miss Yasuko Kobayashi, Miss Aiko Kubota, Miss Viola Howard, Miss Freda Wood, Miss Helen Shoji, Miss Ida Wenck and Mrs. Kay Tamiyasu Hata alternated in covering the ward services in the day time and during the 12:00 midnight to 8:00 A.M. period. They were assisted by and were responsible for the supervision of nine evacuee student nurses, Mrs. Yoshiye Miyawaki, Miss Mable Ujiue, Miss Helen Terada, Miss Marion Kobayashi, Miss Chiyeko Nakadegawa, Miss Mary Yamagata, Miss Kazuko Matoi, Miss Olive Ogawa, and Miss Sierra Uyeoka. Miss Mary Yamagata was granted credit by the Fresno General Hospital Nursing School for the last part of her training on the basis of her work here, and her diploma was given her in June 1943.

Miss Freda Wood joined the army nurse corps in September 1942, and Miss Viola Howard left for the same reason in January 194-2. Miss Ida Wenck resigned March 1943.

The out-patient clinic nursing services have been taken care of in Unit I by the same group of nurses from the beginning. They are Mrs. Kiri Kushida, Mrs. Masayo Miyoshi, and Mrs. Kinko Yanamoto, all of whom are graduates of hospital nursing schools in Japan and speak very little English. In unit II, Mrs. Ruby Miura, an American trained nurse, was first in charge of the clinic nursing service with Mrs. Kikuye Mizuno, Japan trained nurse, working there also. Later Mrs. Torano Matsuoka, Japan trained nurse, came to work with Mrs. Mizuno after Mrs. Miura left. In Unit III, Mrs. Edith Tanabe, American trained nurse, worked for a few months and then relocated.

The population of Poston reached its peak of a little over eighteen thousand in September 1942, and the hospital at that time was averaging around one hundred patients per day. The combined number of clinic patient visits in Units I, II and III totaled about two hundred per day.

The first of October 1942, Miss Sally Lucas Jean, a former public health nurse and international health consultant, came to Poston as a health consultant for a six months' stay. As

we had not been able to get any sort of public health nursing service started up to that time, Miss Jean immediately took hold of that problem and finally succeeded in persuading Miss Dorothy Matsumoto in Unit III to help her. Miss Matsumoto was a nurse who had received her B.S. degree in public health nursing at the University of California, but had not had any field work. Her limited experience made her hesitant about attempting public health nursing here. As she had not been very well up to this time, she had not participated in any phase of nursing service at Poston.

Mrs. Helen P. Olmstead, U. S. Indian Service Nurse Supervisor, came on detail to Poston in December and stayed until the last of January 1943, during which time she made plans and recommendations for further strengthening of the public health nursing program.

In February 1943, Miss Elma Rood, a public health nurse and health consultant, came as a public health nurse supervisor and was well established in the service by the time Miss Jean left in April. A public health nursing service was planned for Units I, II, and III with Miss Rood giving overall supervision and taking charge of the program in Unit I herself. In each unit a group of evacuee girls were selected to be trained as public health visitors or aides to work under graduate supervision in visiting homes, collecting information, and giving simple instructions. Miss Rood trained these girls to work under her direction in Unit I. Mrs. Miura and Miss Matsumoto under Miss Rood's supervision trained groups for Units II and III. Later in September 1943, Miss Ruth Crawford, a public health nurse and health consultant, came and took charge of both services in Units II and III continuing the work that had been started and strengthening the total program in many ways.

When Miss Augusta Kirchner came the first week in December 1942, she became assistant chief nurse and relieved me at once of the nurse aide teaching program and also of many other duties.

The third class of aides consisting of fifteen girls were admitted to the training program in January 1943, in anticipation of the opening of the fifth ward which did not take place, however, until March. At that time we had an incidence of poliomyelitis with thirteen cases admitted to the hospital. Ward I was opened and there the poliomyelitis cases were treated by the Kenny Hot Pack method under the direction of Miss Beatrice Vlahos, physiotherapist, detailed here by the National Foundation for Infantile Paralysis in New York City. Miss Kirchner worked with Miss Vlahos in training the aides to give the hot packs and we considered

this a very valuable addition to the aides' experience. More important still, all but two of our poliomyelitis patients recovered without any crippling effects and those two have only slight lameness.

The Tuberculosis Problem

By this time it had become increasingly evident that tuberculosis was the real health problem of Poston and aside from that, we did not have a great deal to worry about. That is, our other problems were obviously the usual ones to be found in the average community. Perhaps, the acute illness rate is a little lower than usual in a population of this size. The population is protected by the nature of the program and the climate is also somewhat responsible for the general good health.

In May 1943, the tuberculosis census in the hospital was averaging forty-seven patients daily and there were about fifteen of our tuberculosis patients being taken care of at the Phoenix U.S. Indian Service Tuberculosis Sanitarium. It was understood that no known cases of tuberculosis had been sent into Poston at the time of evacuation. Our findings here had resulted largely from medical examinations being made for other physical causes. It seemed worthwhile to determine something of the total tuberculosis situation by conducting a survey as both a preventive and curative measure in health for the residents of Poston and also as an important factor to be considered in the relocation program for the resettlement of the evacuees. With the aid of the National Tuberculosis Association and the U. S. Public Health Service, the survey was started in May 1943, by Dr. Kasuga with Mr. James Suzuki, X-ray technician, assisting him. A cross section of the population was selected and chest plates were made of five thousand individuals by October 1943. It was a long, drawn-out, tedious process because of delay in obtaining films and periodic difficulties with the X-ray machine. Mr. Suzuki and his crew of workers put in many long and difficult hours of over-time work in organizing their schedules and making up the records aside from the actual development of the films. By the time the findings of the survey were known, it was obvious that another hospital ward would number of beds for that service up to eighty-two. This move was not made, however, until January 1, 1944. The tuberculosis rate in Poston was indicated to be somewhat above average and most of the cases appeared to have been developing over a longer period of time than the people had been at Poston.

Relocation and Our Program

By the time our health service was well established, relocation opened up nicely and workers from all of our departments soon found places for themselves on the outside. All of our evacuee American trained nurses left us, students and graduates. The exodus started

in Feb. 1943, and by the last of August 1943, all of the American trained group had entered nursing schools or hospital nursing positions on the outside with the exception of one middle-aged woman who was an issei. She was Mrs. Minoli Mukaeda who graduated in 1915 from a hospital nursing school in Los Angeles, then married and was out of active nursing for a long time taking care of her family. She volunteered for service as soon as she came to Poston and was assigned to personnel barracks in block 34 as housekeeper. I met her in block 34 laundry one day and talked to her. The next day, I went back and asked her to find us a woman just like herself to work as hospital housekeeper. I did not know that she had ever trained as a nurse. The next day, she approached me and said that she would like the job at the hospital and told me of her nurse's training. She added, however, that she had been out of nursing so long that she did not feel capable of participation in the nursing program. The transfer was effected and we soon found that we had in Mrs. Mukaeda a very valuable person. She became hospital housekeeper, arbitrator in labor relations at the hospital, housemother in the nurses' home, and diplomatic advisor to Dr. Pressman and myself on many occasions in administrative affairs having to do with personnel.

When all the young nurses left, she volunteered to come on duty in the nursing service and in a short time, she was nursing supervisor covering the whole hospital during the period from 4:00 p.m. to 12:00 midnight. In less than two months time, she was offered a nursing position at Albuquerque, New Mexico and accepted it. A few months later, she was again in demand to take charge of a hostel in Minneapolis, Minnesota and gave up her nursing position to accept that and is very nicely located there today.

Mrs. Seki Togawa, a Japan trained nurse, came into the service in June 1943, after many of the younger nurses had relocated and has worked since that time as charge nurse on one of the wards, mostly on the obstetrical service.

The nurse aides were also leaving us to go outside, but we were able to maintain a more or less regular number in that group as we admitted a new class from time to time. Up to date, we have had 160 girls receive training in the nurse aide program and there are fifty-two in the service at this time. Most of the 108 who have left us have relocated, largely to the Midwest except for ten or twelve who have gone to the East Coast.

As vacancies in the nursing staff developed by evacuee nurses relocating and white nurses going in a few weeks or months

after arrival, we decided that we would attempt to build up a staff of colored nurses hoping that they would be more permanent than most of the white nurses whom we had had heretofore. Our plan was successful to the extent that we have five colored nurses, Miss Lydia Vance, Miss Laura Hammond, Miss Mary Catherine Terry, Miss Beatrice McMillan, and Miss Edna Robertson, on our staff at the present time, everyone of whom has stayed on from the date of her arrival. They have made an excellent adjustment to Poston, shown a fine interest, and given efficient service in the nursing program. Mrs. Mabel Staupers, executive secretary of the National Colored Nurses' Association, has given us wonderful cooperation in helping us to find these nurses.

Today the nursing staff is made up of the five colored nurses mentioned above, six Japan trained nurses in the out-patient clinics and on one hospital ward, Mrs. Kiri Kushiida, Mrs. Masayo Miyoshi, Mrs. Kinko Yanamoto, Mrs. Seki Togawa, Mrs. Kikuye Mizuno, and Mrs. Torano Matsuoka, and five white nurses, Miss Rood, Miss Crawford, Miss Kirchner, Mrs. Bracken, and myself. With the assistance of the nurse aides, the service is carried very well and with good results.

Contribution of the Doctors

The nisei doctors and medical students also relocated beginning with Edward Shigeoka in March 1943, and finishing with Dr. Togasaki who relocated just the other day. However, they left a tremendous amount of work completed and a well-rounded picture of the health work that would need to be continued here. The tuberculosis survey and service which was carried on by Dr. Kazumi Kasuga with Mr. James Suzuki assisting him enabled us to obtain a good interpretation of the tuberculosis situation. Dr. Donnell W. Boardman is now in charge of that service.

Dr. Kawaichi's, Dr. Wada's, Dr. Kazato's and Dr. Togasaki's examination of the school children and work done in the public health service in cooperation with first Miss Jean and Miss Matsumoto and later with Miss Rood and Miss Crawford yielded much valuable information which was useful not only at the time but will serve as a guide for some time to come. The school examinations resulted in favorable findings on the whole and indicated specific needs to be followed.

In the clinics the disease index files which were first established by Dr. Wada and Dr. Togasaki in Unit III Clinic and later were set up in the other two clinics gave a very clear picture of immediate and future health needs. The

problems indicated, with the exception of tuberculosis, appear to be of normal expectancy for a community of this size.

The obstetrical service which was established by Dr. Wakatake averages about twenty-five deliveries per month. The number of abnormal cases in that service is low and generally the showing for the whole service is quite good including attendance of mothers at prenatal and postnatal clinics. Dr. Agnes Bartlett is in charge of that service now.

The active work carried on by Dr. Perry Sumida in the eye clinic resulted in the finding of a fairly large number of abnormal cases and indicated the need for this work to be carefully followed. This is being done by Dr. John West of the Poston staff in cooperation with Dr. Henry L. Franklin, a surgeon from Phoenix who has accepted a contract to take care of eye surgery here. In connection with his eye clinic, Dr. West also conducts ear, nose, and throat clinics once a week.

As the W.R.A. policy for major surgery is that only emergency or essential work shall be performed at the centers, our record in that service is not high. We have averaged about fifteen to twenty cases per month.

The four issei doctors, Dr. Murakami, Dr. Iseri, Dr. Murase, and Dr. Okonogi, have remained in Poston and now assist in carrying the hospital and out-patient clinic services in cooperation with Dr. Pressman and the three appointed personnel doctors mentioned above.

Home Call Service Discontinued

In view of the well established functioning of the out-patient clinics and the beginning exodus of the doctors in the spring of 1943, it was felt that the home call service should be discontinued. There had always been some misuse of this service as many of the calls showed no justification for taking up a busy doctor's time during the day or interrupting his sleep at night. After May 1, 1943, no home calls were made by the doctors in the blocks except in cases of acute emergencies. The ambulance was sent to the home to bring the patient in to be examined by the doctor at the hospital or in the clinics when the patient was too ill to walk.

Problem of the Old People

From the summer of 1942 on, it was recognized that old people with various types of ailments, particularly old men, were

going to be one of the health service's problems as housing in the blocks was somewhat difficult for them. Some attempt was initiated in the beginning to have a barrack with inside toilet and bath facilities set up for them in a block. This plan did not materialize, however, until a year and a half later. In the meanwhile, these old people with partial paralysis, arthritis, and various other kinds of ailments were brought to the hospital and on the basis of various arguments, we would be appointed to take care of them. Actually the old people were delighted to stay with us as the routine ward activities gave them quite a little entertainment and they were particularly pleased to be used as practice subjects for the nurse aide teaching and demonstration program.

One outstanding episode disrupted our plan for their care when the poliomyelitis incident developed in March 1943. At that time there were about twenty of these old men on ward 3 with about fifteen acutely ill patients, some of whom turned out to be poliomyelitis patients. Obviously the poliomyelitis patients had to be separated from the others, and we immediately did this by opening ward 1 and moving them there. Our nursing staff was not adequate to supply service to an additional ward so we had to send the nurses and aides from ward 3 to ward 1. This move was doubly indicated as it was planned at the beginning to have the poliomyelitis patients treated by the Kenny method which requires a reasonably large nursing staff to carry on the enormous amount of work that has to be done in hot packing the patients and taking care of them generally. The other acute cases on ward 3 were moved to ward 5. This left the old men by themselves with the only arrangement for care that the hospital could possibly make at this time which was to have their meals served by the mess hall and to have nurses come from the other wards for only as long as was necessary to give them essential care.

This arrangement was a terrific blow to the old men as not only was all the activity surrounding the acutely ill patients removed from their observation but also all the extra attention that they had been given in the young nurse aide practice work as well. It was explained to them over and over that the hospital had no choice but to take care of the acutely ill first and when separation of the old men from the acutely ill group was indicated it would naturally mean that nursing service had to be reduced. This did not improve their spirits so we volunteered to call on the Boston Red Cross to send us help. However, that could not be arranged immediately. One of the men even went so far as to say that if they were going to be left there by themselves, they should have classes in how to take care of themselves. We agreed to teach them bed making and simple nursing procedures any time that we could spare an

hour or two from our very busy program which of course did not sound like a very encouraging promise as far as abundance of attention was concerned.

Finally, the men asked if their wives could not come in and take care of them. We agreed that that arrangement would be quite all right with us, and we provided a messenger to contact the wives at once. The result of this move was most surprising and at the same time very gratifying from the standpoint of progress in the Americanization of the foreign-born. All of the wives sent back word to their husbands that they were too busy to come. Their classes in English, flower-arrangement, sewing, homemaking, and so on, left no time in their busy days for attendance on their honorable spouses.

Actually these women were having a well earned fling. They were all older and had spent their time since coming from Japan to California in working very hard, rearing their families, assisting their husbands in farm work, or in whatever occupation he derived a livelihood. Suddenly all of this was ended by evacuation, and they were brought to Poston to find themselves, for the first time in many years, with leisure time on their hands. The common mess halls in the blocks eliminated cooking for the family and limited quarters in the barracks did not allow for numerous household duties. As a result, these women set about to make use of their leisure time in the most profitable ways at hand that provided them a means of enjoying the advantages taken for granted by the many American housewives that they had known.

In a few days the Red Cross of Poston sent several evacuee women over to take care of the men on ward 3 throughout the twenty-four hour period and this arrangement was continued until the rest home was finally opened many months later.

The Rest Home

In the meantime, however, a great deal of effort was made to get the rest home ready much sooner than it finally was as the tuberculosis problem became an increasingly pressing one and the need for more beds in the tuberculosis hospital service was indicated. The community was urging the hospital to admit the new cases of tuberculosis as they were diagnosed and ordered on bed rest in the barracks, and the hospital appealed continuously to the community to take the old men out of ward 3 and provide some means of care in the barracks.

Finally, administration set aside two barracks in Unit II, had one set up as a rest home with inside toilet and bathing facilities and the other one next door set up as a mess hall for the

future inmates of the rest home. We supplied the beds, equipment and linen.

The next problem was that of adequate evacuee personnel being supplied to cover both the rest home and the mess hall. The community organizations, the Red Cross, community council, and the salvation army were all asked to help recruit these workers. Not until late November was a staff of workers assembled and from that time on until the last of December the opening of the rest home was delayed by first one thing and then another until it seemed that the attempt was almost futile. Much of the difficulty, however, seemed due to the fact that the new staff was making every effort to have the transfer of the old men to their care delayed as long as possible.

On New Year's Eve, I visited the rest home in the morning and found a very nice dinner being cooked on the stoves in the mess hall, and on the side, learned that a party was planned to be held there that evening. I decided on the spot that the old men were going to be transferred that day and made a very brief announcement to that effect to the workers. Before they had time to build up an adequate block to prevent the move, I returned to the hospital, had the old men and their baggage packed in an ambulance, a sedan, and a big truck and the transfer was made then and there, much to the consternation of the workers. Before we arrived at the rest home, they had telephoned frantically to Dr. Pressman through the evacuee unit administrator to persuade Dr. Pressman that such a move could not be considered that day. On arrival at the rest home we were greeted by the same unit administrator, a representative of the Unit II Red Cross, the salvation army captain along with the staff of rest home workers all of whom expressed their disapproval quite definitely. But we went right ahead and got the old men and their baggage unloaded and nicely settled. Instructions were given to the workers as to how to take care of their new charges who really required very little attention and we departed. Since that day the rest home has been functioning quite satisfactorily with the lay group of evacuee workers carrying on under the supervision of the health service and it serves a very definite need in Poston.

Third Tuberculosis Ward Opened - January 1944

Ward 3 was immediately set up with thirty-five beds for the care of tuberculosis patients and soon these beds were occupied. This brought our total census of tuberculosis patients up to between seventy-five or eighty.

Attitudes and Behavior

This report would not be complete without some special mention being made of the social attitudes and behavior patterns that influenced the development of the health service. Here and there, we have done that already but there are other more or less significant observations that might be made on the total situation.

In the early days it was entirely obvious that the evacuees were influenced somewhat by certain attitudes in their group that had existed in California and others that developed with the evacuation. In our service it was very evident that the issei and the nisei did not care to work together on many occasions. The nisei's argument was that the issei did not understand American ways, that they presented an obstacle rather than a help in most situations, and that they attempted to influence the nisei to do things the Japanese way rather than by the accepted American procedure.

At the same time, the issei argued that the nisei were very disrespectful, that they did not have good manners, they were careless in their work and deliberately tried to make the issei as unhappy as possible in any work program. These attitudes were evidenced pretty much straight through our group of workers in the laundry, in the mess hall, in the janitorial and housekeeping service, and to a limited degree in the group of doctors and nurses and in the various technical depts.

Some of the American trained graduate nurses presented quite a problem in some of their attitudes. They did not like and if possible would not work with the Japan trained nurses. At the same time, they resented the young nurse aides. For some reason, California hospitals had not instituted nurse aide service as the Eastern hospitals had been doing for some years, so the idea was one that the California evacuee registered nurses were not used to. They had never encountered nurse aides in their past experience. Their lack of enthusiasm in accepting them was also based somewhat on jealousy. Many times they said that they had had to work three years to obtain their nurses training and here in Poston, we were teaching the nurse aides to do the same nursing procedures in a few weeks, and they didn't like it. However, a little firmness and much persuasion seemed to take care of the situation fairly well and after the first few weeks the two groups were working in much closer harmony.

Another difficult adjustment for the evacuee American trained nurses was that of accepting professional and social contacts with a group of people almost one hundred per cent Japanese.

Although of Japanese origin themselves, they seemed to feel that they were different from the rest of the group. Over and over they expressed their resentment openly saying that they had never lived among or associated entirely with the Japanese people, that they did not like their customs, their culture, or very much of anything about them. Before such a move was possible, one little nurse even went so far as to say that by some means she was going to get out of Poston, that she did not owe the Japanese people anything, that she did not speak their language, that she had spent five good years in getting her diploma in nursing and her college degree, and she didn't intend to have all that wasted in Poston. Always she would end up by saying, "it just isn't cricket, and you know it isn't cricket." It so happened, that when relocation opened, she was the first graduate nurse to escape the confines of Poston and to resume her place in the civilian nursing field.

In spite of the fact that many of these grievances of the younger nurses seemed utterly ridiculous, one could not help but feel sorry for them and sympathize with them in their blasted hopes for a more brilliant future than Poston was offering them at the moment. They may not have been justified at all in developing the attitudes that they did but to them their spiritual and material hurts were very real. They did work hard and should have realized a very fine sense of achievement in their contribution to the total program. Much patient effort was required to carry on, more or less satisfactorily, with them during what they felt was an unreasonably difficult time. It is somewhat gratifying that some of them write back from busy civilian hospital situations now and then that Poston was not so bad after all.

In the care of the patients, it was also interesting to note certain attitudes that were new to those of us who were not accustomed to Japanese people. They seemed to accept our ideas of treatment very well but also instituted many of their own in the program which they explained was, "to make better." For instance, according to our program, the patient was bathed once a day but later he would get from two to four additional bathes given by his family or friends as they came to visit him. Definite visiting hours in the beginning were very difficult to establish so that we were always being surprised by unexpected visitors being present here and there on the wards industriously bathing patients that had already been taken care of by our nurses or nurse aides. Another favorite treatment of the Japanese people was to have their bodies rubbed, pounded, and manipulated in various ways when they

were ill. Over and over again, we had that practice instituted on the wards without the doctor's permission and sometimes very ill patients were being, in our estimation, quite badly handled. It took quite some months to bring about satisfactory understanding and the elimination of these practices being carried on promiscuously. The nurse aides have been sorely pressed many times by conflicting instructions being given by the nurses on one side and the patients on the other, with both groups, the nurses and patients, obviously assuming that they were in full command of the situation.

As tuberculosis was found to be our major health problem in Poston, so were our most difficult attitudes and patterns of behavior found to be based on association with that disease. Apparently, it has been the custom of the Japanese people for a long time to look upon tuberculosis as a social disgrace, therefore, they make every effort to hide it when they or members of their family are stricken. Once it is discovered in the community, the family afflicted are more or less shunned by their neighbors and daughters of that family are not looked upon as being eligible for marriage. The same is true of mental diseases, though fortunately the incidence of mental problems in Poston is below our national average.

When tuberculosis patients are finally so ill that they and their families can no longer conceal the fact and they have to be admitted to the hospital, the situation becomes all the more difficult. Often times, even after admission on the wards, the patient will insist upon not staying in bed because he is well and quite able to get around and the doctor does not know what he is talking about. He disregards isolation technique and resents obvious efforts made to segregate him from the rest of his fellow human beings. Even when his condition becomes worse and he is finally forced to remain in bed from sheer weakness and later dies, many of his ward patient companions are relatively unimpressed. Some of them go in the same way later on.

In the nurse aide group, there is always some opposition on their part to working in the tuberculosis service. Much of it they say is due to their parents' attitude toward tuberculosis as the parents instruct them to refuse service there. However, very few of them have actually refused to work there and there have been periods of weeks in the history of the Poston General Hospital where the nurse aides have carried the tuberculosis service without a graduate nurse on the ward except periodically to give overall supervision.

Another situation that has prevailed in the health service from the beginning which may be due more to social attitudes and behavior patterns than to actual health needs is that always there are more men patients than women. The ratio is about five or six men to one woman. In our hospital wards, the average number of women patients is about twenty including obstetrics, and the number of men varies from about eighty to one hundred. There are seldom more children patients than five or six exclusive of the newborns. So men receive the bulk of hospital care given. In the clinics, the ratio is not quite as widely marked but the men are still in great majority.

As the total population of Poston shows very nearly the same number of women as men and since it is true that in civilian hospitals all over the country hospital censuses show a much larger number of women patients than men, the situation here must be due to a purely Japanese influence. Up to date, we have not been able to satisfactorily determine the reason for this except that there seems to be a general understanding among the Japanese people that men are taken care of first whether it be in education, health, social or economic welfare.

The gregariousness of the Japanese people is a factor which has figured as an important one in the total program of Poston. In the health program it has made for unusual organization here and there according to American standards. Where ordinarily there would be one man or woman working in the average situation, in Poston there may be three. In addition to that, friends of the workers may often drop by, if the situation permits, to pass the time of day and supply popsicles, candy, or other refreshments for the enjoyment of the whole group. Here and there a game of go, shogi, or chinese checkers may be started if the group is a male one.

It was thought at first that this marked aversion to working singly, was perhaps partly an outgrowth of a feeling of personal insecurity produced by the evacuation. It was also felt that the W.R.A. wage scale which permits payment for evacuees of only \$12.00, \$16.00 or \$19.00 per month regardless of number of workers or amount of work done had a great deal to do with the situation. However, we have become convinced that almost every Japanese individual, be he issei or nisei, is fundamentally opposed to being alone very much either in work or leisure. He craves companionship and companionship he is going to have if it is humanly possible.

Good humor prevails with very few exceptions throughout the group of workers, and it is more often necessary for those in authority to exercise discipline in the control of mirth and high spirits than for any other reason. The second need for discipline is based on the tendency towards wastefulness. Everything must be plentiful whether it is food, hospital supplies, time, transportation, or speech according to the popular demand in Poston health circles.

Our attitudes

It has been our policy to maintain high morale and good personnel relationships in every way possible. We subscribe to the principle that beyond question, the total achievements of our work program must be largely governed by the good will and interest of our workers and in turn the good will and interest of our workers must be promoted by a personal sense of achievement in giving service and the acquisition of worthwhile experience. Financial reimbursement cannot be considered as a factor of great influence.

There are many customs and attitudes among the Japanese that are strange to us just as many of our ways seem incomprehensible to them. It would not be honest to fail to report that those differences have many, many times caused us to pull our hair and rant privately as we have seen the end result of some of our well intentioned endeavors. We are sure the same has been true of the Japanese.

We have had to keep ourselves reminded that we have a group of people brought here against the will of most of them and under no circumstances should we expect them to abandon their way of life to adopt ours overnight nor can we expect them to accept the changes that evacuation has brought without marked reactions of one kind or another. Those who seem thoroughly American cannot escape any more or as much as we, in Poston, the influence of the thinking and social practices that are opposed to or at variance with much that is American.

One practice that has caused us endless concern is that which seems to be so often reserved as a special Japanese privilege, namely, changing the action on some line of procedure from the way the procedure has been planned with full knowledge and consent of all persons responsible. They explain that this practice is not thought by the Japanese to be uncooperative or willful failure to conform but is usually an attempt on their part to improve upon the original decision. Needless to say, it is at the very least a somewhat disconcerting experience to have the unexpected changes made in

many situations that have to do with the functioning of some vital phase of the health organization or service.

Not long ago we had an interesting experience resulting from changes being instituted in routine procedures without our knowledge which turned out to be amusing enough but did not begin that way. Dr. Pressman operated on a child, doing a tonsillectomy. Immediately afterward, he came out of the surgery calling to me to come with him. Mrs. Bracken, surgical nurse supervisor, was behind him with a chart in her hand. I joined the procession and we headed toward Dr. Pressman's office. As soon as we were inside and the door was closed, he exploded, "I've operated on a child with a temperature of 101⁰. Why didn't someone report that temperature? The child may have anything wrong, in fact it may die. What is the matter around here anyway?" I looked on the child's graphic chart and saw the temperature dot clearly marked on the 101 temperature point. So I replied that we would call the nurse in charge of the ward where the child was admitted. In a few seconds she was there with a nurse aide to interpret for her if necessary. Dr. Pressman repeated his questions and statements and there was a pause. I started then, asking the nurse why it was that she had not reported this elevation of temperature as she usually did all such occurrences where surgery was scheduled for the patient. Then she spoke, saying, "On other wards I know black dot is temperature; red dot is pulse, but I like on my ward red dot for temperature and black dot for pulse. Red is hot and hot is temperature. I make my charts better that way yesterday. This child no fever." This was true,

We all had a good laugh and when Dr. Pressman told her she had certainly given him a bad few minutes, she bowed herself out of his office saying, "I so sorry, I so sorry."

As the second year of the Poston Health Service is finished, it is very satisfying to note the progress made and the total situation as it is today. The picture that we see is now fairly clear-cut and definite. On the basis of our past experiences, we can estimate our future needs and as new developments arise, we feel that we are now well enough acquainted with the general situation that we are not at a great loss in meeting them.

It has been a great experience. For those of us who have seen Poston grow from row upon row of black tar paper covered barracks standing out sharply on a barren desert waste without any vegetation and irrigation water, with thousands of human beings struggling against the forces of blinding dust storms and burning heat to gain a foothold and establish

existence here for the first time in the history of the then desolate country, it has been something more than experience in the organization of a health service. We have witnessed a small segment of the human race proving its strength and endurance in overcoming or tolerating very difficult physical and spiritual hardships. To one of my limited background of experience in pioneering, the result seems very impressive indeed.

Today, thriving young trees, flowers, vines, and vegetable gardens watered by irrigation surround the barracks softening their ugliness and bringing beauty and a sense of well-being to the families within. With the advent of vegetation and water, the dust storms have been reduced below the nuisance level. Desert coolers now relieve the intense heat of the long summer. Where scrubby mesquite trees grew close to the edge of the camp and afforded refuge for the coyotes that once awakened us with their howls at night, broad fields are being prepared for crops. Even the mountains that surround us in the distance seem a little less like majestic sentinels towering in sharp contrast to the scene below. Their ever changing color tones supply harmonious background to the now more or less picturesque scene that is Poston.

For a job of its kind this one at Poston has been well done. It has provided a war time refuge and a certain amount of security to a group of people who were very much in need of just that. Many of these people have known greater advantages and comforts in Poston than had even been theirs before. Others were used to very much the same economic scale of living in end results and still others were used to a much higher social and economic level. It is doubtful if more than a very small minority of the evacuees had ever enjoyed such an adequate health service as has been theirs in Poston.

But the essential factor that must serve as the basis for the full development of human endeavor to attain and maintain one's place in life is lacking. That is freedom. As there cannot be complete freedom here, so in turn there cannot be well-rounded life based on the individual's own efforts to sustain himself as he chooses, and there cannot be a completely healthy situation under such circumstances.

For these reasons, we do not wish to see Poston last too long. We ask for patience for ourselves and the evacuees to sustain us in our efforts to carry on and we are concerned that their initiative not become too deteriorated before they again acquire freedom to carry on as they desire somewhere in life.

THE END

May 1, 1944

/s/ Elizabeth Vickers

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initiative not to be free somewhere in life.



MAY 1, 1944

Elizabeth Wilkins