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BLOCK MANAGERS' MEETING

Jan. 11, 1943

Meeting called to order by Mr. S. Hara at 2:39 p.m. in Dining Hall #38 on Monday, Jan. 11, 1943. Guest speakers for the day were Dr. Neher, Chief Medical Officer, and Mr. Green of the Public Works Division.

- BLOCK 4 -- Many old age and crippled persons are being sent into this block and put into one apartment by themselves. As this block is occupied by persons working in the hospital and are quite busy, it would be best to have one healthy person living in these sick people rooms so that in case of emergencies, they may receive immediate attention without the necessity of another sick or lame person going for the doctor.
- BLOCK 6 -- Recently two boys, both with dogs, were moved into this block and the neighbors are complaining because of these pets. It was the understanding of the block manager that these boys were to have been put in apt. 4-12-E instead of their present apartment. Is this correct or are they mistaken in the room they took?
- BLOCK 10 - There are eight teachers from the grade school in this block who are eating at this block dining hall, presumably with the permission of Miss Bennett. However, Mr. Krumenacker has not given his authorization to allow this and the block manager is at a loss as to what step he should take to clear this matter.
- BLOCK 15 - The utility foreman brought four long brushes and instructed the block utility man to clean the chimneys. However, when these men were employed, the orders from the Public Works Division was to hire an older man as young men would be put to work elsewhere. Now these old men are reluctant about going on the roof to clean the chimneys as they are not as spry as some of the younger men. What should be done? The following blocks all have men who are too old to go on the roof: 1, 5, 6, 12, 13, 15, 16, 17, 19, 26, 28, 30, 40, 41.

HOSPITAL OVERSIGHT--The matter of the doctor not coming to see the patient in Block 31 even after the call was made was taken up with Dr. Neher and he shall investigate this case and see who the parties are that are involved in this certain incident. The Block Manager will be notified about the matter later.

BL. HANG MEETING

TRANSPORTATION FOR MOTHERS--A memo will be sent to Dr. Neher to have the ambulance stop at the block managers' offices on Baby Clinic Days.

*Bl. mang. meeting
3/29/43*

Mrs. Evans, Head Nurse, was present to enlish the aid of the block managers in recruiting older men and women nurse's aides at the Hospital. Midwives who are interested in this type of work are welcome and they may help in the maternity ward although they may not assume full charge at time of delivery. If there are interested people, contact Mrs. Evans at once. A complaint that hospital attention was not quite up to par in recent days was put to her. Last Saturday night, a baby was taken ill with a temperature of 105 deg. There was no answer in the OPD so the dining hall was contacted but still could not get any results. Finally the I. S. police was called in to take the baby down. On clinic days, there should be a flag to notify ambulance drivers that mothers are waiting there to be picked up. This would help in saving much time and also much grief.

11. Nurses and Hospital Staff.

One block manager brought up the subject that many people coming back from the Hospital complain of the insincerity and lack of kindness among the nurses, nurses aides and the receptionists in general. This matter will be brought to Dr. Neher's attention.

A letter of appreciation from Mr. Townsend in respect to the cooperation given by the Block Managers in choosing the two members to the Community Council was read and the meeting was adjourned at 4:45 p.m.

*Bl. mang. meeting
10/5/42*

(9) Nurses Aides

There are many girls willing to enter the nurses aide work but if they must supply their own uniforms they will not work. Mr. Townsend will take this matter up with Dr. Neher and see if any assistance may be given.

The meeting was adjourned at 4:15 p.m.

Respectfully submitted,

B.L. Mang
meeting
9/14/42

MINUTES OF THE MEETING

September 14, 1942

The weekly meeting of Block Managers was called on Sept. 14, from 2:30 p.m. at Dining Hall 23. Roll was called with two block managers absent. The new Portland group was introduced with other new block managers. Mr. Townsend was present to listen to the discussions.

(1) Hospital cases

Various block managers told of receiving poor service when phoning for ambulances to transport patients to the hospital. One such case was explained in detail where the block manager called at 8:30 a.m. After receiving no response, another called at 1:30 p.m. The ambulance finally came at 5:00 p.m. Mr. Townsend advised us to hereafter call Mrs. Evans at Extension 22 for emergency cases. A dispensary will be opened in the very near future which should relieve a few of the hospital calls. Also when telephoning the hospital, always ask for the name of the person answering so that any future references may be made to that person. The Out Patient Clinic is open every day except Sundays and outside of regular hours, it should be for emergency cases only. Pregnant women will be picked up every Friday at the Block Manager's office and the following schedule was given:

1:30 p.m.	-	2:00 p.m.	Blocks 2, 6, 16, 19
2:15 "	-	3:00 "	" 32, 38, 42
3:00 "	-	3:30 "	" 24, 28

(2) Nurses

There is a serious shortage of nurses in the hospital and if there are any girls who have had nurse's training or is a graduate nurse or who wish to take it, please notify Dr. Neher. At present, there are 90 patients with only six nurses to care for them.

Minutes Dr. Neher

Bl. Mtg. Meeting
7/21/42

1. Nurses Aide Uniforms

No one is forced to furnish their own uniforms while working but when uniforms are required, it will be from the hospital and also be laundered. There will be no charge to the individual.

2. Doctors--Choice and House Calls

Patients can not request their own doctors when ill but all doctors make the round of all patients each day for study and the patient may consult his personal doctor then.

There have been altogether too many unnecessary calls for house calls by busy physicians. Dr. Neher cited several instances where various doctors went to the apartment of the supposedly sick person to find no one home. As the calling is the responsibility of the block managers, such cases must be curbed or the hospital staff can not give adequate attention to those who really require the services of a doctor.

3. Extension 22

There are two ambulance drivers on 24 hr. duty answering calls on Extension 22 for emergency cases or any ambulance case and the block managers are free to call them when necessary.

5. Ironing of Worker's Uniforms

The question of whether irons will be provided by the W.R.A. to iron uniforms of workers was received by Mr. Townsend with some surprise as he did not know of any uniforms that had been issued but he will inquire in to the situation. It is rather dubious whether an iron will be provided.

B. Mang. Meeting
9/21/42

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Bl. Mang. Meeting
September 12, 1942

In closing, Dr. Neher asked for the cooperation of the block managers and to bear up with the Hospital Staff as there are many new workers who must be taught proper procedures.

(5) Hospital Care and Emergency Cases

He asked the block managers to use discretion in calling doctors on emergency cases. He went on to explain that majority of cases are not emergency and that it will save time if the patients were brought to the hospital instead of calling for the doctors. With limited amount of doctors and nurses he said it will be almost impossible to give adequate service, if they were called on all cases.

*Bl. mang meeting
7/26/42*

Dr. Neher closed his discussion by explaining to us what really emergency cases are and also what to do in case of severe bleeding, broken bones, etc.

Next Fire Chief, Mr. Yaeger was introduced who outlined what his department are doing and what his plan are for the future.

(13) Hospital Calls

Mrs. Evans, Head Nurse, was present to explain the Out Patient Clinic. This will be held every afternoon between the hours of 1:30 p.m. to 4:00 p.m. in Ward 5. A doctor will be stationed 24 hours a day and all emergency calls will be made there. If not an emergency case and the patient is sick enough and does not feel able to walk to the hospital, use the telephone and ask for the House Hospital Doctor. Ambulances will be supplied for emergency cases only. In the case of a pregnant mother, if she is in the last two months of pregnancy, an ambulance will be set to pick her up, the schedule for such service to be published later.

Mr. Yeager, Fire Protection Officer, came in and told us that there is a telephone service for every four blocks to the administration building, and told us to call in cases of fire.

The meeting was adjourned at 4:45 p.m.

Respectfully submitted,

Secretary

HOSPITAL: During the quarter the hospital received 406 in-patients, 4636 out-patients; there were 2981 dental patients; 31 births, and 12 deaths.

While there was no outbreak of serious contagious diseases, the hospital staff was kept busy. At the close of the quarter the dental clinic was making appointments two months ahead. The continued lack of development of the sewerage system was an undesirable factor in the public health situation. What was believed to be gonorrhea (later developments raised a question about it) appeared on the project in mid-October among new mothers and babies at the hospital. The occurrence coincided with the return of farm workers to the project.

However, among hundreds of men examined only one was found infected.

The possibility of the outdoor latrines being sources of infection was considered. The prevalence of the disease caused wide-spread rumors about the hospital and about the outdoor latrines, and brought additional pressure to bear on the administration to get the sewage treatment plant and the inside flush toilets into operation. The placement office had trouble getting residents to take jobs in the hospital.

1/29/43
REPORT FOR
QUARTER
ENDING
12/31/42

At this point, Dr. Neher came and he was introduced immediately to the block managers and spoke on the following topics:

1. RABBITS -- Word has come to Dr. Neher that several persons have been trapping and skinning rabbits, preparatory for eating. This is a very dangerous practice since rabbits of this vicinity very frequently are infected with a certain type of disease known as the tularamia. This disease does not affect persons through the eating but by the handling and skinning and cleaning often times is fatal to the individual concerned. Although notices have been printed in the Irrigator the block managers are asked to relay this message to the residents.
2. ROCKY MOUNTAIN SPOTTED FEVER -- This illness is mostly common in the Rocky Mt. section of the U. S. and chiefly found in the states of Washington, Oregon, California, Idaho, Montana, Utah, Nevada, Colorado and Wyoming. It is characterized by a red rash on the skin which is quite different from childhood diseases. The fatality differs in the section of the country. For instance, the disease takes the lives of 8 or 19 people out of a 100, who contract the disease in

Pl. Mary
meeting

4/11/43

the Snake River Valley whereas it will take the lives of 90 out of a possible 100 person the disease in the Bitter Root Valley. The cause or reason for this is unknown and may come from the different animals of each section. It is started from open the sage brush or from small rodents such as mice, rabbits, etc. and is not of an epidemic nature. The insect drops from the animal onto the ground and attaches itself to the clothing of the person walking around the sagebrush. Then it tends to get to the skin, burying its head in the flesh and often staying as long as 3 or 4 days until it has filled itself with blood.

Preventions:

- a. Inoculation - Since the amount of serum to be distributed to this Center is yet unknown, inoculation will probably be given on a voluntary basis to those wishing it, the number depending on how much serum is procured. Two doses are given at an interval of one to two weeks apart. As this illness prevails mostly during the months of April to September, it had not been given previously. All workers who must go into the sagebrush country in the course of their duty will be given the inoculation.
 - b. Wearing of correct type of clothing. This would include breeches which hug the ankles and high top shoes. In such an apparel the tick would not be able to get to the skin.
 - c. Inspection of body at least twice a day whenever out in the sagebrush area.
3. Gonorrhea -- The wild rumor that people contract this disease at the Hospital must be checked immediately. All health workers have been inspected for possible illness, including Dr. Neher, as a safeguard and morale booster. Since it takes from 7 to 14 days for infection, to develop after original infection occurs and very few cases have been in the Hospital over 7 days and found with the infection, the patients must contact in some other way. Preventive measures have been taken by sterilizing bed pans and sheets over and over again and by having the outdoor latrines scrubbed twice daily with hot soap water and disinfectants. Symptoms are noted by a discharge from the Genital organ. It is believed that returning harvest workers could have brought it in since there had been no signs of the disease before October, 1942 and increased since that time. However there has been fewer cases in this Project than there would have been in the same population. Whenever a person is found to be suffering from gonorrhea, the family of that person is also inspected to prevent any spreading. Individuals have not shown any cooperation by coming to the Hospital for treatment and the Hospital must search for them after much investigation which slows down the cure considerably. If there are any known cases in the block managers' knowledge, please report it to Dr. Neher at once so that treatment may be started. It is no disgrace in innocently acquiring this disease. The disgrace comes from keeping it to themselves and the sooner treatment is begun, the sooner it will be well.

TREATMENTS GIVEN IN OUTPATIENT CLINIC

October, 1942 - April, 1943 incl

Type of Service	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	Total
Surgical	208	335	292	302	216	218	221	1792
General Medical	769	564	721	906	999	1225	886	6070
Obstetrical								
Pre-natal	89	99	106	98	110	122	94	718
Post-partum	3	6	8	6	13	7	10	53
Gynecology	19	34	36	30	29	23	34	205
Dermatology	54	77	50	80	76	103	96	536
Pediatrics	81	98	80	13	2		7	281
EENT	102	131	193	253	205	289	318	1491
Venereal Disease	67	54	37	178	190	135	83	744
Arsenicals, etc.	67	45	83	67	118	183	111	674
Tuberculosis	12	17		3	1	1	3	37
Physiotherapy	12	39	36	32	112	90	71	322
Well Baby				69	87	75	61	292
B.C. Smears				153	26			179
Chest						8	8	16
TOTAL	1483	1499	1642	2190	2184	2479	2003	13480

4. Dental Appointments -- A memo on the case of Jimmy Nishimura has been sent to Dr. Uchida, which answer Mr. Ingham has not, as yet, received. He has, however, been told that the appointments are made as close as possible to take as man that can be taken. All schedules are made up to 2:30 and these run to about 4:30, after which the clinic cleans up and goes home at 5. There is a drastic shortage of drills which slows up the work for the dentists considerably. Please help to keep appointments by being ther on time.
5. Sugar-ration books--Mr. Schhafer has not $\frac{1}{2}$ found out yet whether sugar-ration books are newly issued to those going out but Mr. Ingham will keep in touch with him and report back on the matter.

Meeting adjourned at 4 p.m. and refreshments were served.

Flowers for Hospital Patients.

It was moved and seconded that we make a suggestion that doctors make a regulation whereby flowers will be prohibited in the hospital. This will help to control unnecessary spending among the residents who vie with each other to bring flowers to the patients.

Bl. Mang.
meeting
11/2/42

IN PATIENTS AT MINIDOKA HOSPITAL

Since September, 1942 to May 27, 1943

OB	127
Newborn	102
Pediatric	205
Surgical	312
Medical	622
TB--Isolation	49
Orthopedic	24
Boarder	8

Total:

1469

SURGERIES PERFORMED AT PROJECT HOSPITAL

From October, 1942 to April, 1943

	Major	Minor
October	0	0
November	2	16
December	5	19
January	1	9
February	10	8
March	14	12
April	9	11
Total:	41	75

BIRTHS AND DEATHS

	Birth	Death
October	8	5
November	9	3
December	13	4
January	14	3
February	10	2
March	14	8
April	18	4
Total:	86	29

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From October, 1942 to April, 1943

	Major	Minor
October	0	0
November	2	16
December	5	19
January	1	9
February	10	8
March	14	12
April	9	11
Total:	41	75

4. Complaints about Hospital -- The various complaints about the hospital brought to Dr. Neher's attention by the block managers have been checked upon through the girls and doctors in the clinic. The block managers are asked to show tolerance as the hospital is working with a very limited crew with doctors and nurses leaving the Project and thus being overworked, they may unintentionally overlook some matters.

2. Departures of Doctors and Nurses from Project--Noting can be done about doctors and nurses leaving as they have the privilege of applying for leave as much as any other person and they can not be forced to stay. At the present time there are more doctors in this Project per capita than any other community in the State. Some communities outside do not have even one remaining. However, Dr. Neher has assured that we will have doctors appointed. Definite shortage of doctors in the entire nation exists and the same applies for nurses.

a. Nurse's Aides.

Approximately 20 persons are needed and the Hospital will accept any able bodied women for this job. Heretofore, only young persons were called but now elderly women wishing to take this job will be accepted. The age limit may have prevented many from asking for this work but now anyone desiring to work may do so. They are given three weeks' basic training with full time pay given during those training weeks. Transportation to and from work will be provided and meals are served at the Hospital during working hours so there is not the necessity of going back to the block dining hall for lunch or dinner as the case may be. It is very essential that this help be recruited.

WAR RELOCATION AUTHORITY

Minidoka Project

NUMBER OF BIRTHS AND DEATHS

1. No. of births	111
2. No. of deaths	47

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WAR RELOCATION AUTHORITY
MINIDOKA WAR RELOCATION PROJECT
Hunt, Idaho

Memorandum

September 15, 1942

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1. Ruth Kawano of Block 29 reported that she had gone to the hospital for an interview relative to a nurse's aid job but was told that she would have to furnish her own uniform. She feels that she could not work if she must pay for her own uniform. Is it correct that nurse's aids must furnish their own uniforms?
2. Some of the toilets are getting full. Also they have not had any lime for a number of days and in addition to being of an offensive odor, the Block Managers are wondering if a real health hazard is not present. If they are correct in their opinion, should not something be done immediately to correct this situation.
3. A Mr. Shitame now a patient in Ward 10 had as his physician for a year prior to evacuation Dr. Shigaya whom I understand is on your staff. The Block Manager has been asked by this man's relatives or friends whether it would not be possible to have Dr. Shigaya take over his case, since he feels he is not progressing properly under the present physician.
4. Persons who have been to the Out-Patient Clinic for pregnant mothers under care have told the Block Managers that employees in the hospital told them to go to the Block Manager's office and that they would get transportation for them to the hospital. I could not find out what hospital employees were supposed to have made such statements. The whole transportation problem for hospital employees should be studied.
5. Mr. Yamashita, Block Manager 41, called the hospital

8:30 Saturday morning for an ambulance for a Miss Fujii of Block 40 who is ill. No one responded so that Mr. Nakamoto called later in the morning for the ambulance. At 3:30 in the afternoon Mr. Ishikawa called again requesting the ambulance. Finally it came at 5:00 o'clock.

6. Another case is that of a Block Manager in 13 who called for an ambulance at 10:00 p.m. last Saturday and the doctor sent some medicine to the patient but did not go to see the patient. Finally at 1:00 p.m. Sunday when the patient was not improved the Block Manager went personally to the hospital and secured a doctor. A Dr. Koike responded.
7. A Mr. Shibuya, 40-12-B went to the hospital Sunday and according to the Block Manager was told by the doctor that they could examine him from the neck up only on that day but for him to come back on Monday.
8. There are 19 babies under two years of age living in Block 6. The mothers complained to the Block Manager that they can't get enough milk or orange juice in sufficient quantities and at every meal for these babies, there are no nurse's aid or other help from the hospital as was assured the Block Managers some time ago.
9. The cooks in Block 15 told the Block Manager that they received orders from the nurses not to give out any baby food without a dietician being present. A dietician did work there for two days but quit. Since that time they have been without baby food.
10. Block 34 and some of the other blocks just settled have not been receiving baby foods.
11. The Block Manager of 38 reports that a Mr. Yoshida, an old man, has been very ill with rheumatism and that the two blankets issued to him were not enough. They asked the Housing Superintendent for more blankets but were refused. The Block Manager is wondering whether we would not have one of your physicians or nurses investigate and if warranted request the Housing Superintendent to issue him more blankets. It seems that this man is too feeble to come to the

hospital on his own power.

12. There is still considerable confusion and misunderstanding about the transportation of pregnant women. Some work needs to be released to the women involved as well as to the Block Managers as to the procedure and schedule to be followed.

George L. Townsend
Chief, Community Services

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MINIDOKA WAR RELOCATION PROJECT
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10. Block 34 and some of the other blocks just settled have not been receiving baby foods.
11. The Block Manager of 38 reports that a Mr. Yoshida, an old man, has been very ill with rheumatism and that the two blankets issued to him were not enough. They asked the Housing Superintendent for more blankets but were refused. The Block Manager is wondering whether we would not have one of your physicians or nurses investigate and if warranted request the Housing Superintendent to issue him more blankets. It seems that this man is too feeble to come to the

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In reply, please refer to:

September 12, 1942

NOTICE TO ALL RESIDENTS:

It has been brought to my attention that a large percentage of evacuees are greatly worried of poisonous insects, scorpions, black widow spiders, etc. There are no black widow spiders or scorpions or deadly poisonous insects in this portion of the country. There are rattlesnakes out in the brush around rocky places, but NONE have been seen in the residential portion of the project and NO ONE has been bitten by them. There are lots of ticks in the sage brushes, but they are absolutely harmless at this season of the year; and before the season in which they carry disease arrives, all residents of the project will be immunized against such disease.

ALL DIABETICS in the project are requested to leave their names and present addresses at the Hospital Building No. 1 with Miss Kibe between the hours of 8:00 A.M. to 12:00 noon and from 1:00 P.M. to 5:00 P.M. by September 16, 1942, so that arrangements for their dietetic care can be made.

Dr. L.M. Neher
Chief Medical Officer
Minidoka WRA Project

WAR RELOCATION AUTHORITY
MINIDOKA WAR RELOCATION PROJECT
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Chief Medical Officer
Minidoka WRA Project

July 31, 1942

MEMORANDUM TO: Mr. H.L. Stafford, Project Director
Minidoka War Relocation Center

ATTENTION: Mr. George L. Townsend
Chief, Community Services

SUBJECT: Danger of Rocky Mountain Spotted Fever in the
Minidoka War Relocation Center

In reply to your letter of July 27 addressed to Mr. Fryer with relation to the danger of Rocky Mountain spotted fever in the Minidoka Center, I was advised that the tick season will have passed when the first evacuees arrive at the project. While it is possible that a rare case will occur during August and September, the danger is so slight that an immunization program for the total camp would not be practicable or indicated.

Next spring, no doubt, procedure will be set up for carrying out an adequate protection program against this disease among evacuees. The tick season begins in March and April and tapers off in June and July.

Before planning any definite immunization program, however, the latest information will be obtained with regard to the tick situation in the about the camp site. The Project Medical Officer will be advised of plans to prevent Rocky Mountain spotted fever in WRA centers that will be concerned.

I appreciate your interest in forwarding Colonel Leehey's letter on the subject. For your additional information, this subject has been discussed with the Public Health Service representatives who are in accord with the above statement.

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

cc Dr. L. M. Neher, Sacaton

Dr. Thompson:vs 7/31/42

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Dr. Thompson:vs 7/31/42

MINIDOKA RELOCATION PROJECT
Hunt, Idaho

Health Division

December, 29, 1943

MEMO TO: Mr. John Bigelow
Reports Officer

cc. to John De Young ✓
Community Analyst

FROM: L.M. Neher, M.D.
Chief Medical Officer

SUBJECT: Baby Boy Nakano.

It has been brought to my attention that there is a wide spread belief throughout the project, even including some of the appointed personnel, that the above infant which died at 9:45 p.m., December 19, 1943, died because of carelessness of some hospital personnel who allegedly dropped the infant.

This aforementioned wide spread belief is completely false and should be checked if possible. I personally delivered this infant at 8:19 a.m., December 18, 1943, and completed the delivery with obstetrical forceps because of symptoms and signs which caused me to believe the infant to be in distress and in danger. The post mortem examination of this baby ^{revealed} intracranial hemorrhage--which without question had occurred during the course of labor, prior to delivery.

There was absolutely no question of accidental injury to this child, and as previously stated the rumor of its being dropped is completely and entirely false.

L. M. Neher M.D.



file in hospital folder

TO: Honorable A. R. Martin
Representative, Spanish Embassy
San Francisco, California

We, the undersigned representatives, of the Japanese evacuees residing in this Minidoka War Relocation center wish to submit the following requests:

1. Improvement of Hospital.

- a. Improvement and increase of Hospital facilities.
- b. Increase at least three more physicians and surgeons.
- c. Improvement of ambulance service and its facilities.
- d. Provide cars for doctors.
- e. Provide efficient and reliable caucasian doctors.

Because of the WRA policy to relocate all evacuees, the Japanese doctors have been told to relocate also. However, Dr. Thompson, Chief Medical Supervisor for WRA, is told to have stated on his recent visit that the Japanese doctors should stay in the Project because many of the people remaining will be old and infirm persons and younger children. He also mentioned that there is danger of discrimination in the community where the doctors may go and it would be to the doctors' advantage to remain where they are most needed. In view of the fact that here in this project we are short of able and reliable physicians, we Japanese residents strongly support the statement made by Dr. Thompson for the safeguard of the evacuees. Furthermore, we have been informed that if the Japanese doctors here can be paid at the same rate as civil service ratings, they would be glad to stay and work here.

2. Improvement of high-way and roads surrounding residences to prevent dust.

The sidewalks have been built by volunteer labor on the part of the residents and the mud problem has decreased but whenever there is a strong wind, the dust from the main roads and its arteries is unbearable. Many people are afraid of getting tuberculosis as a result of this situation.

3. Provide school bus for school children or provide them with lunches.

4. Need more adequate recreational facilities.

- a. Increase the number of recreation halls and build a gymnasium.
- b. Provide movies again since all other Projects have them.

If the outside people are entitled to enjoy movies, the evacuees should not be deprived of this privilege. There is no other recreation which is enjoyed by young and old alike.

5. Increase and adjust the present wage scales.

6. Take prompt action to unite internees' families.

(According to the figure up to date there are 167, including their family members, wishing to join their husbands in Crystal City.)

7. Increase the amount of clothing allotments and provide it to every evacuee regardless of employment or unemployment.

8. Provide unemployment compensation for those willing to work but are unable to find suitable jobs.

9. Provide a greater variety of fish such as tuna, mackerel, sardines, halibuts, seabass, yellow-tail, striped bass, barracuda, etc. Such fish as Columbia smelt is not edible. (Details attached.)

(signed) Rev. T. Terakawa, Chairman
Roy Akiyama
Francis Chujo
Yoshito Fujii
Seiichi Hara
Setsugo Hosokawa
Kentaro Kahara
Dick Kanaya

Kenji Kimura
Father Joseph Kitagawa
George K. Kumagai
Rev. Thos. J. Machida
Katsuharu Nakashima
Paul M. Shigaya, M. D.
Junjiro Yukawa

It has been considered, in general, that fish is a necessary food for the diet of the Japanese people. According to the figures taken from the Minidoka Consumer's Enterprise, the total sales of fish in the project has exceeded two thousand dollars per month. Also, the sales would have been far more increased had the supply of fish been unlimited. This shows the importance of fish in the diet of the Japanese people. But in order to comply with the WRA policy of labor curtailment, the fish market on this project has been eliminated. We are unable to obtain any fish except what is provided by the WRA.

It is true that fish has been provided in the dining halls, but we consider it unpalatable. Especially fish like the Columbia River smelt which we have had at least three times a week, for over a month as shown by the figures given below:

June	July	August
1. sole	1. sole	3. smelt
4. sole	3. perch	5. smelt
8. perch	6. perch	7. smelt
11. sole	8. perch	10. smelt
14. perch	10. salted bonito	12. smelt
16. sole	13. salted bonito	14. smelt
18. smelt	15. salted bonito	
22. perch	17. salted bonito	
24. sole	20. smelt	
26. perch	22. salted bonito	
29. sole	24. salted bonito	
	27. smelt	
	29. smelt	
	31. smelt	

smelt on hand ----- 17614 lbs.

(This figure was compiled by the Steward's Division.)

We Japanese evacuees feel that Columbia smelt is unfit for consumption. There is now, enough of the smelt within the project to last for over a month. We are not asking for more than we think we are entitled to, but, we feel that we have the right to demand more variety of fish as the people outside of the project are enjoying. i.e., tuna, yellow-tail, seabass, etc.