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MINUTES

Minutes of the meeting held with Mr. Charles F. Ernst, Project Director, November 6, 1942 at 11:00 A. M. in his office.

Members Present

Mr. Charles F. Ernst, Project Director; Mr. J. F. Hughes, Assistant Director; Mr. Lorne Bell, Chief, Community Services Division; Dr. W. S. Ramsey, Chief Medical Officer; Mr. A. E. O'Brien, Acting Project Attorney; Dr. M. A. Harada, and members of the Community Council's sub-committee, Fact-finders -- Mr. Clarke Harada, Mr. Frank Yamasaki, and Mr. George Hagiwara.

Mr. Ernst addressed the group to the following effect: "It has been apparent to the Administration ever since the first group came here that we are going to be in a position for some time for being behind. The hospital wasn't even started when the first group came. It was planned that there was going to be a hospital here, and some of you may recall when the first infant was cradled in an orange crate over in the laundry so that we have known and have been fully aware of the fact that we were going to be up against the fact that we have to catch up. Today, however, we begin to see evidence that although we do not pretend to have caught up, that we see the time when we will come up at least even with the problems and up to or on top of the problem."

Mr. Ernst advised of the meeting he had had sometime ago with some of the staff members of the hospital at which time they discussed the shortage of doctors and nurses, but they were assured by the Regional Office that more doctors would be sent to this center. Mr. Ernst suggested that it might be helpful if provisions for medical care for this center were studied at this time. Copies of the Administrative Instruction No. 54, dated October 9, 1942, were passed to the members for their perusal.

A discussion followed covering the points of the Administrative Instruction. Dr. Harada brought up the question pertaining to the transfer of nurses from other centers, to which Mr. Ernst gave his approval.

Mr. Ernst called for a statement prepared by Dr. Ramsey and asked permission to read it to the members of the table.

November 6, 1942

" TO: Charles F. Ernst, Project Director

FROM: W. S. Ramsey, M. D.

SUBJECT: Delegating authority to other than the Medical Director for conduct of the Health Service etc.

This evening I had a conference with Dr. Harada. He agreed to take over the routine administrative duties in the absence of the Medical Director, subject to your approval.

Arrangements already in effect will permit Dr. Harada to take patients to Delta Hospital. The Military Police have been instructed by Lieutenant Nail to provide a soldier to accompany our ambulance. Passes for doctors and patient will not be needed.

Dr. Harada requested that I ask Dr. Bird's permission to have Dr. Teshima accompany him on the next trip to the Delta Hospital. I gladly agreed to do so. You will recall, no doubt, the letter I received from Dr. Bird regarding the conduct of some of our staff members.

Dr. Harada said the community held the Japanese physicians on the staff responsible for the quality of medical care they receive and suggested that the Administration inquire of the Regional Office of its attitude regarding the purchase of

Resuscitation apparatus
Commercially made Infant incubators
Blood Plasma - etc.

If the answer is in the negative, he will accept it without adverse comment. (I suggest that the inquiry be made immediately).

W. S. Ramsey M.D.
Medical Director"

Problems concerning hospital equipment were discussed. Lack of tonsilectomy apparatus was mentioned; Mr. Ernst stated that it would be placed on the order list.

Dr. Ramsey mentioned that Colonel Wilson had suggested that their medical staff be given the privilege of working in our hospital and in exchange give their services for the hospital.

The next discussion concerning letting school children between the ages of 16-18 work in order to supplement the shortage of workers in this center was brought up. It was decided that the Placement Bureau should determine whether the child may be given permission to work after a physical examination was given.

Dr. Harada asked about compensation provisions made for minors in the event that they are injured and also stated that youngsters were prone to have hernia resulting from strenuous labor. He also asked whether children would be sent to work in mines. To this, Mr. Ernst stated that young men under the ages of 17-18 should not be sent out to coal mines.

Dr. Ramsey's suggestion for improving Block No. 1, in order to set up a formula kitchen was brought up for discussion. This matter is being studied at the present time.

The matter brought up by Mr. George Hagiwara, regarding a letter addressed to Dr. Teshima was fully explained by Dr. Ramsey. Mr. Ernst stated the advisability of such matters being straightened out amongst the staff members.

The meeting was adjourned at 12:15 P.M. Mr. Ernst asked the same members to be present at the next meeting scheduled for next Friday at 11:00 A.M.

WAR RELOCATION AUTHORITY
Central Utah Project

M I N U T E S

HEALTH SERVICE MEETING
December 9 1942

Place: Lorne W. Bell's Office
Chairman: George Lafabregue

CALL TO ORDER: A special meeting on the extension of the Health Service to Topaz residents was called to order by Chairman George Lafabregue at 2:30 p.m.

INTRODUCTIONS: Introductions were made as follows:

<u>Name</u>	<u>Representing</u>
Edward Kitow	Residents of Blocks 4 and 5
Masa Obata)	
Jun Akagi)	Diet Kitchen
Lorne W. Bell	Community Services
Ernest S. Iiyama	Community Council
Fumi Takemoto	Medical, Welfare Dept.
Doris Hayashi	Research, Community Services
Kuwa Yoshida	Medical, Welfare Dept.
Margaret Fujita	Medical, Welfare Dept.
Fumi Hayakawa	Special Serv. Div., Welfare
Yuki Katayama	Recording Secretary
George Lafabregue	Head, Community Welfare

Unable to attend were Albert Kosakura, Housing, and Dr. Carl Hirota, Community Council.

RESIGNATION: The resignation of Dr. M. Harada due to pressing work at the hospital was acknowledged.

RESUME OF EVENTS LEADING UP TO PRESENT MEETING: For approximately two months, through liaison contacts made between the hospital and medical division of the Welfare Section, we have been made aware of three specific problems dealing with health:

1. The need for furnishing special diets.
2. The need of a large group of aged persons who need special attention in the way of housekeeping service, etc. This group requires no direct medical supervision and includes only those who have no immediate family to care for them or who belong to a family whose members are working.
3. The need for bringing closer to the hospital, those patients who need to make frequent trips to the clinic for check-ups or doctor's care.

At the present time, the people who need these special attentions are widely scattered throughout the City. As a result, two recommendations were made:

1. Last Friday, a conference was called with representatives from the hospital, housing and Community Welfare in attendance. They discussed these basic health services which were needed to protect the health of the community. Everyone concurred that a plan of some sort was needed. When it came to ways and means of accomplishing this, several suggestions were made. The final plan agreed upon was to concentrate the people needing this service into Blocks 4, 5, 6 and possibly 7.
2. To achieve this move by properly approaching the residents, selling them the idea by explaining the necessity for the plan and encouraging them to move on their own. We would, of course, have to have definite plans to present to them.

DIET KITCHEN: (Obata) Three departments are vitally concerned in whatever action is taken: The Baby Formulae, now occupying Block 8, the Baby Food Department, which prepares food for approximately 300 children between the ages of 1-3 and the Special Diet Kitchen, which now handles 30 patients (the most serious cases in the City). The special diets are now being prepared in the hospital kitchen and sent out to the individual kitchens, where the patients reside, to be warmed. However, this is a very unsatisfactory arrangement and as new cases are being added daily, difficulties can be expected in the delivery service. Furthermore, the kitchens often neglect to warm up the food so that patients must often eat food which has turned cold.

A tentative list prepared by the Welfare Department shows approximately 122 special diet cases. The Tanforan Diet Kitchen fed 125 patients. They were all legitimate cases and required monthly check-ups with the exception of the diabetics, who received weekly checks. Some were returned to the regular camp diet but had to return to the special diet when they found the regular food too highly seasoned, etc. Ten ulcer cases were reported among the 30 who now receive special diet service.

It is necessary for the Diet Kitchen to move immediately from the hospital as plans are now underway to feed the hospital personnel there. The stewards feel that Block 1 would be the logical choice as this kitchen has twice as many stoves as the other dining halls. Half of the kitchen could be used for the Special Diets and half for the Baby Formulae and Food. Six different special diets can be handled in one kitchen. Also, by having both the Baby Food and Special Diets prepared in one kitchen, more efficient supervision of both could be effected. Another reason for using only one kitchen is that the personnel is small and the turn-over large.

SERVICE FOR THE AGED RESIDENTS: (Bell) Mr. Bell stressed the need for adequate care of the many residents who have passed the age of 65 and who have no one to care for them.

SOME POSSIBLE SOLUTIONS TO THE SPECIAL DIET QUESTION: (Yoshida) Concentrate the patients and their families into 2 or 3 blocks and

let all the special diets eat in one kitchen only, the rest eating at neighboring dining halls.

(Kitow per Kosakura) Move patients into Block 1 as 8 and 2 will open eventually, although the hospital is quite far from this corner.

(Lafabregue) If there are 122 people who require special diets, one kitchen would not begin to care for the feeding of the patients and their families. It was agreed that in order to feed 122 people requiring special diets, plus their families, at least 2, or even 3, kitchens would be required. This arrangement was felt more desirable by the group in order to keep the family grouping intact.

Because of the loss of normal family life in this Center, many mothers feel that they are losing the tie that has kept families together in the past. They no longer have to supervise the cooking of their food, plan their recreational activities, etc. For this reason, many dining halls are making attempts to make mealtime a little more in the family style; e.g. reserving certain tables for certain families, to be used by them at all meals.

Use of Blocks 4, 5 and possibly 6 and 7 as these blocks are closest to the hospital.

(Iiyama) Mr. Iiyama felt that many of the people requiring special diets may not want to move away from their friends, relatives, etc. who live in the same block.

BLOCKS 4, 5 & 6: (Kitow) Mr. Kitow stated that residents of the blocks concerned wished to know why they should be moved to make room for patients requiring medical supervision. He wanted more facts and figures to convince them that it was a necessary measure.

Mr. Kosakura, who was unable to attend, stated through Mr. Kitow that the people of Blocks 4 and 5 couldn't be convinced that they needed so many blocks to house the hospital cases. Why couldn't they move into Block 1?

Another question raised was: Will the movement involve just the patient or include the family as well?

No one, according to Mr. Kosakura, is willing to move out voluntarily. A few are willing to move if they have to. They also want to know where they would be moved to should the change take place.

ARGUMENTS IN FAVOR OF BLOCKS 4, 5 & 6: Because of the limited size of the hospital personnel (5 doctors are now serving the 8,000 residents) it would save much time and effort if patients were as close to the hospital as possible. This would enable doctors to go to the homes of their patients when necessary in the

minimum amount of time, just as it would make it easier for the patients to report to the clinic for their check-ups.

Since many members of the hospital staff are now living in 4, 5 and 6 we could approach them and ask them to move out in favor of the patients.

Too much time would be consumed if it were necessary for the limited staff of the hospital to have to travel to Blocks 1, 2 and 8, especially if an automobile should become unavailable.

From a long-range point of view, it would be for the good of the community to get these people as close to the hospital as possible.

ARGUMENTS AGAINST BLOCKS 4, 5 & 6: Why should the people in Blocks 4, 5 & 6 be inconvenienced in order to save the hospital staff from traveling 2 or 3 blocks further into 1, 2 & 8. Residents of these blocks were among the early arrivals of Topaz and are, therefore, more settled.

Pre-natal cases also need frequent check-ups and they require more emergency calls than chronic cases, yet they will not fall into the category of those being moved.

BLOCKS 1, 2 & 8: Because of the size of the Dining Hall (6 stoves), the stewards would like to open it for the Diet Kitchen and at the same time feed the people in Block 8 in their own kitchen. Block 8 Dining Hall is now occupied by the Baby Department.

For sometime, residents of Blocks 8 and 41 (now only half occupied) have asked to have their respective Kitchens opened as winter is fast setting in and the cold weather will work a big hardship on the residents of those blocks.

ARGUMENTS IN FAVOR OF 1, 2 & 8: Because there are 6 stoves in Dining Hall No. 1, both the Special Diet Kitchen and Baby Food Departments could function. This will result in more efficient supervision of both divisions.

Both Mrs. Obata and Miss Fujita agreed that it would not work such a hardship on either the diabetics or ulcer patients to have to walk from Block 1 to the clinic for their check-ups.

There is not much difference involved in the distance to Block 1 if the use of an automobile could be assured.

ARGUMENTS AGAINST 1, 2 & 8: Because more than one block is necessary to move in all the people concerned, it is doubtful whether Block 1 would be a wise choice as the opening of Blocks 2 and 8 is rather indefinite.

Block 1 needs to be cleaned out, repaired and winterized. The leveling of the grounds outside of the Dining Hall is also very bad. But since these problems are purely physical, it was felt

that it could be solved by having a crew attend to these improvements. It is quite a distance from the hospital, as compared to Blocks 4, 5 and 6, especially if a car were not available.

SURVEY TO DETERMINE NEED: Since no definite figures are available on the number of aged persons and those requiring special diets, and since we are talking only in generalities, it was decided to conduct surveys to obtain this information.

If we could determine the actual number and get in touch with and ask them if they (special diets) would be willing to live alone in one central block with others requiring special diets we could get a better picture of just how much space would be required.

There are over 300 persons at Topaz over 65 years of age (men and women). A survey will be conducted to ascertain family and health status of these individuals. Miss Fujita suggested using completed Form 26 as a possible source of medical information, although this is rather inadequate. This survey will be made to determine the number of semi-invalids--aged persons who need no special care but require the services of a housekeeper or nurses' aide. An appropriate mimeographed form will be made to gather this information.

There are approximately 125 special diet cases in the City. In order to get an accurate count of how many are still actually in need of a special diet, Miss Hayakawa suggested using a questionnaire asking for the following information:

1. Type of diet required.
2. Whether they have been examined recently by a doctor.
3. Whether they would rather move alone to a centralized block or would rather be accompanied by the family.
4. Whether they would be willing to walk to a centralized Diet Kitchen to call for their food.

The Welfare Department will undertake the survey and a committee of three will meet Thursday (tomorrow) at 2:30 p.m. at Rec Hall #23 to prepare forms to be used. This committee will be composed of Mrs. Masa Obata, Miss Margaret Fujita, Miss Kuwa Yoshida, Miss Fumi Takemoto and Miss Doris Hayashi. A group of social workers from the Welfare personnel will work in the field to interview the aged and persons requiring special diets.

Mr. Kitow reported that as many requests had been received by the Block Managers for the establishment of a Diet Kitchen, they had conducted an unofficial survey of their own, which was at the disposal of the Welfare Department.

The survey will start Monday morning, December 14. It was estimated that the survey would take approximately one week to complete, weather permitting.

Health Service Meeting
December 9 1942

#6

What can be done immediately to alleviate the situation so that the diet kitchen could be made available to those who need it? What suggestions could we make to the hospital for extension of the diet service immediately?

EMERGENCY PLAN: (Iiyama) Opening of Dining Halls 8 and 41 and asking that someone call for the food at one of these kitchens (whichever is closer).

For sometime the Block Managers and residents have asked that these two Dining Halls be opened. However, a Dining Hall requires a full-size crew whether it feeds only half or a whole block. Therefore, this plan could not be put into effect until the whole block was filled.

If these dining halls could be utilized, the food would have to be sent out and warmed up, or called for.

NEXT MEETING: Another meeting will be called to discuss the progress being made. The date was set for next Wednesday, December 16, at 3:00 p.m. in Mr. Bell's office.

Mrs. Barbara Takahashi, public health nurse, will be invited to the next meeting.

ADJOURNMENT: The meeting adjourned at 4:30 p.m.

Respectfully submitted,

Yuki Katayama
(Mrs.) Yuki Katayama
Recording Secretary

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

Rec Hall #23

December 15, 1942

MEMORANDUM TO: Lorne W. Bell
Dr. Carl Hirota
✓ Margaret Fujita
✓ Fumi Hayakawa
✓ Fumi Takemoto
✓ Kuwa Yoshida
Masa Obata
Jun Akagi
Ernest Iiyama
Edward Kitow
Albert Kosakura
Doris Hayashi
Barbara Takahashi

SUBJECT: Meeting of Health Service Group

This is just a reminder of the Health Service Meeting to be held tomorrow. A check of the progress being made on the survey will be made at that time.

Date: Wednesday, December 16, 1942

Time: 3:00 p.m.

Place: Lorne W. Bell's Office
Adm. Bldg. B

George Lafabregue
George Lafabregue, Head
Community Welfare Section

GL:yk

Rec 23

WAR RELOCATION AUTHORITY
Central Utah Project

December 23, 1942

MEMORANDUM TO: Lorne W. Bell
Dr. Carl Hirota
Margaret Fujita
✓ Fumi Hayakawa
✓ Fumi Takemoto
✓ Kuwa Yoshida
Masa Obata
Jun Akagi
Ernest S. Iiyama
Albert Kosakura
Doris Hayashi
Barbara Takahashi

SUBJECT: Postponement of Health Service Meeting

This will serve to notify you that the meeting of the Health Service Group, scheduled for 3:00 p.m. this afternoon (Wednesday), has been called off. We shall notify you of the date and time of the next meeting.

In the meantime, you will find attached the minutes of last week's meeting for your perusal and study.

George Lafabregue
George Lafabregue, Head
Community Welfare Section *4/10*

GL:yk
Attach.

WAR RELOCATION AUTHORITY
Central Utah Project

MINUTES

HEALTH SERVICE MEETING
December 16, 1942

Place: Lorne W. Bell's Office
Chairman: George Lafabregue

CALL TO ORDER: The second meeting of the Health Service Group was called to order by George Lafabregue at 3:10 p.m.

IN ATTENDANCE: Those present were as follows:

Lorne W. Bell	Barbara Takahashi
George Lafabregue	Margaret Fujita
Ernest S. Iiyama	Masa Obata
Fumi Takemoto	Jun Akagi
Kuwa Yoshida	Yuki Katayama
Edward Kitow	Albert Kosakura

MINUTES OF PREVIOUS MEETING: The minutes of the previous meeting were approved as submitted.

DR. HARADA'S RESIGNATION: Mr. Bell called attention to the fact that Dr. Harada's resignation left a vacancy that should be filled by some other member of the doctor's profession. He suggested that we inquire of Dr. Ramsey whether or not we could hold future meetings at the hospital to make it more convenient for the doctors. A letter will be forwarded to Dr. Ramsey.

REPORT ON SURVEY MEETING: (Yoshida) A meeting was held last Thursday, December 10, to draw up plans for the survey and for mimeographing questionnaires for both the Aged and Special Diet surveys. Most of the meeting was taken up in drawing up the forms to be used (copies attached).

RESULTS OF FIRST INTERVIEWS (CENTRAL RESIDENCE): Although at the time of the meeting it was felt that the Aged questionnaire was satisfactory, during the interviewing, it was discovered that to ask Question 1, "Have you any disabilities?" was the wrong approach. Hereafter, the interview will open with an explanation of the purpose of the survey.

Very few of those questioned desired to move to a centralized block for the aged.

Out of 15 interviews, only 3 were willing to move. Most of them claimed that friends in the same or neighboring apartments were looking after them and that they found the

present arrangement quite satisfactory. However, some of the friends were interviewed in the absence of the interviewee and they thought it was an excellent idea, but were afraid to suggest it for fear of hurting the aged person's feelings.

10 stated they had no desire to move, but 8 of these were apparently in need of care.

1 was doubtful as to whether he wished to move or not.

Mr. Lafabregue suggested that it might be well to refer to the aged block as a Central Residence rather than a Home for the Aged or anything else that suggests a public institution.

Then, too, under Question 4, he thought a detailed statement (on the back of the form, if necessary) as to the extent of the assistance they received from neighbors should be recorded.

The question, "How did you manage prior to evacuation?" will be added to the questionnaire.

The Medical Division felt that once the residence is opened, more people would apply for admission to the Central Residence.

When Miss Fujita asked whether many of those interviewed were former inmates of public institutions, it was learned that none had been in aged homes prior to evacuation.

RESULTS OF FIRST INTERVIEWS (SPECIAL DIETS): Here again, only a very small percentage of those interviewed indicated willingness to move from their present quarters.

Out of 40 returns, only 4 are willing to move near a Diet Kitchen. These were the most serious cases among the 40 interviewed.

2 thought they knew from experience what they should and should not eat.

2 said they might move, depending on where the diet kitchen was established.

5 would like to have their food delivered to their Dining Halls.

1 would like to get fresh food and prepare it in his own apartment.

The questionnaire proved entirely adequate in every respect.

TREND OF SURVEY TO DATE: If the first few interviews are any indications of the general trend, we can expect about 10% of

the 125 special diet cases, or approximately 12 families, to ask to be moved near a diet kitchen. However, we will go ahead and complete the survey and thereby get a true over-all picture.

OTHER POSSIBLE SOLUTIONS TO DIET KITCHEN PROBLEM: (Takahashi)
Mrs. Barbara Takahashi reported that after reading the minutes of the previous meeting, she has come to the conclusion that it is not necessary to concentrate the special diet patients into one block. She discussed it with Dr. Ramsey and they were both of the opinion that the best solution was to have the individual kitchens prepare the special diet. The cooks could be provided with a list of the diets required and one person could be appointed to see that the food is properly seasoned or pureed as, basically, the menus are the same. Cream, of course, would be provided for the ulcer patients.

(Obata) Mrs. Obata then stated that she had discussed just such a plan with her staff but they felt that the equipment to puree the food could not be secured for so many kitchens. They also felt that this plan would antagonize the chefs who already find it hard enough cooking for over 200 people on 3 coal ranges.

The Diet Kitchen also thought of another plan whereby special diets would be prepared in each ward (group of four blocks), thereby making it unnecessary for any patient to walk farther than one block to get his food. However, supervision of either of the two foregoing plans would prove rather difficult with so many kitchens to visit.

(Takahashi) The patients could be educated to recognize the food suited to their particular diet. Most of the diabetics know what food can be eaten and what should be avoided.

Another possible plan would be the building of a Diet Kitchen somewhere in the high school area so that it would be placed in the center of the city. However, any construction work costing over \$200.00 must be approved in Washington, D. C., and as this would take considerable time, it is doubtful whether this could be carried through.

(Obata) It might be possible for us to make the suggestion of having the individual kitchens take care of the special diets at a meeting of the chefs, if such meetings are held. It would be more economical as the expenses of the diet kitchen are over and above the other kitchens. As no deduction is made for any patient in the individual blocks, a duplication of food is sent to the Diet kitchen for preparation.

BLOCK 1: Block 1 was again considered, both for the Central Residence and the Diet Kitchen.

(Kosakura) If we placed the diet kitchen in Block 1 and have family members eat at a neighboring Dining Hall, Kitchen No. 8

could open to feed the residents in that block and those from Block 1 not requiring special diets.

SUMMARY OF DIFFERENT PLANS FOR DIET KITCHEN: Six plans have been suggested to date for the establishment of a Diet Kitchen:

1. Centralizing patients and their families into blocks close to the hospital; specifically, Blocks 4, 5 & 6.
2. Utilizing Blocks 1, 2, & 8.
3. Giving the job of preparing the special diet food to the individual kitchens.
4. Having one kitchen in each ward prepare the special diets so that no one would have to walk more than one block for his food.
5. Centralizing the Diet Kitchen in one or two blocks and having the patients walk to whichever is closer.
6. Establishing a Diet Kitchen in the Civic Center.

ADDITIONAL COMMENTS ON THE AGED PROBLEM: Mrs. Takahashi questioned the advisability of placing the chronics too close to the hospital as they may make too frequent trips to the clinic.

She also stated that a home nurses service will take care of any nursing service for the aged in each block, while Welfare would have to make arrangements for housekeeping service.

(Kosakura) Some people are in the hospital simply because they have no one to care for them. The elderly people enjoy the company of other people their own age as they have the same troubles and find each other more sympathetic.

(Takahashi) Many relatives would rather not have chronic cases returned to their homes as they are too much trouble to care for. However, there is a definite need for establishing a Central Residence for these elderly people and chronic cases.

(Fujita) Single, elderly people should be cared for in a centralized residence, but those who have close relatives should be cared for at home.

SANTA ANITA PLAN: (Fujita) A most successful rest home for the elderly was in operation at Santa Anita Assembly Center. Four barracks were used and 50 persons enjoyed the many services:

1. Linens were furnished for those who needed it.
(Laundry service included.)
2. Tray service was provided for those who couldn't manage.
3. The blind were cared for.
4. The doctor made weekly calls.
5. The medical social division handled all admittances and discharges.

Health Service Meeting
Dec 16 1942

#5

(Takahashi) There would be no end to the moving of sick people as after a severe winter, we are sure to have many more chronic cases. If we have to move them, too, we would have to make more room for them and have a perpetual movement of sick people into blocks close to the hospital.

COMPLETION OF SURVEY: The survey will be completed by the end of this week. A committee composed of Margaret Fujita, Kuwa Yoshida and Fumi Takemoto will compile, analyze and prepare it for presentation at the next meeting to be held Wednesday, December 23, 1942, at 3:00 p.m.

ADJOURNMENT: The meeting adjourned at 4:30 p.m.

Respectfully submitted,

Yuki Katayama
Yuki Katayama
Recording Secretary

MINUTES OF THE DIET COMMITTEE MEETING

December 31, 1942

PURPOSE

Informal meeting of the Diet Committee to study a report made by the Special Committee who had made a survey of the Central Diet Kitchen and Health Residence.

PEOPLE PRESENT

Kuwa Yoshida, Fumi Takemoto, Junko Hedani, Marguerite Fujita, Mr. Lafabregue, and Ernest Iiyama.

The report was read by all and a few corrections in the wording were made.

A few mess halls were suggested to be used for the Diet Kitchen.

Discussion was held as to how and where the food should be prepared and served to diet cases.

CENTRAL DIET KITCHEN

Advantages

1. Easier for the diet cooks.
2. All the equipment is centralized.
3. Every person would have individual attention.
4. Residents are desirous of having such a kitchen.
5. Better supervision.

Disadvantages

1. Walking through the cold in the winter.
2. It will deprive other residents of their place in that particular kitchen.
3. Separation from their families at mealtime.

PREPARATION OF FOOD IN EACH DINING HALL

Advantages

1. Patients will eat with their own families.
2. They do not have to walk far in the cold.
3. Will not deprive other residents of their place in that particular kitchen.

Disadvantages

1. Difficulty of issuing proper diet supervision.
2. More utensils, equipment, and personnel necessary.

WAR RELOCATION AUTHORITY
QUESTIONNAIRE FOR CENTRAL RESIDENCE

Name: _____ Address: _____ Sex: _____ Age: _____

Family Status: _____ No. in family: _____

1. Have you any disabilities? () yes () no
2. If so, what are they? _____
3. Can you take care of your own needs? () yes () no
4. Who assists you? Name: _____ Address: _____
How does he assist you? _____
5. Are you under a doctor's care? () yes () no
6. When did you last see a doctor? _____
7. In the event that a central residence is established for the convenience of the elderly residents and others in need of it, would you be interested in becoming a member? () yes () no

Remarks: _____

Interviewer _____ Date _____

WAR RELOCATION AUTHORITY
SCHEDULE FOR DIET PATIENTS

Name: _____ Address _____ Sex: _____ Age: _____

No. in family: _____

1. Are you in need of a special diet? () Yes () No
2. For what illness? _____
3. What type of diet? _____
4. Have you been given a prescription by a doctor in Topaz? () Yes () No
5. When was your last physical examination? _____
6. Which doctor were you examined by? _____
7. In the event that a special diet kitchen is established which would you prefer:--
Check one.
 1. To be moved near the kitchen together with your family. _____
 2. To be moved near that kitchen by yourself. _____
 3. To walk to the kitchen from your present block. _____
 4. Any other preference? _____

Remarks: _____

Interviewer _____ Date _____

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

Rec 13
Medical Div

January 1, 1942

MEMORANDUM TO: Lorne W. Bell
Dr. Carl Hirota
Margaret Fujita
✓ Fumi Hayakawa
✓ Fumi Takenoto
✓ Kuwa Yoshida
Masa Obata
Jun Akagi
Ernest S. Iiyama
Edwin Kitow
Albert Kosakura
Doris Hayashi
Barbara Takahashi

SUBJECT: Meeting of Health Service Group

Another Health Service Meeting will be held this coming Wednesday, January 6, 1943.

Date: Wednesday, Jan 6, 1943
Time: 3:00 p.m.
Place: Newly partitioned Welfare
Office in Adm Bldg B.

Attached, you will find the minutes of last week's meeting.

George Lafabregue
George Lafabregue, Head
Community Welfare Section

GL:yk
Attachment

*Lafabregue
Diet Kitchen*

HEALTH SERVICE MEETING
COMMUNITY WELFARE SECTION

January 6 1943

Place: Welfare Office, Adm Branch
Chairman: George Lafabregue

CALL TO ORDER: Meeting of the Health Service Group was called to order by Mr. Lafabregue at 3:15 p.m.

PRESENT:

George Lafabregue	Masa Obata
Harry Johnson	Jun Akagi
Ernest S. Iiyama	Fumi Takemoto
Carl Hirota	Junko Hedani
Edwin Kitow	Kuwa Yoshida
Margaret Fujita	Yuki Katayama

*Report filed
in Diet
Kitchen
folder* REPORT ON DIET KITCHEN: Mr. Lafabregue read the report of findings compiled by the committee working on the Diet Kitchen survey (copy attached). Since there are 8 recommendations for the solution of the special diet problem, this meeting is being held to determine which plan is to be used.

(Obata) The Diet Kitchen staff prefers the centralized kitchen. Doctors are also in favor of this plan. It is too difficult for the individual kitchens to prepare so many different diets.

(Lafabregue) Since the basic items in the menus are the same, the preparation of the special diets in each kitchen shouldn't prove too difficult.

(Obata) The gall bladder diet requires a complete substitution from the regular diet, the diabetic diet has to be carefully measured and the ulcer patients require strained food. All this would cause considerable confusion in a kitchen where the regular camp food is being prepared. Some blocks have as many as five different diets. (According to another survey of special diets by blocks, they were found to be pretty well distributed throughout the city.)

(Lafabregue) The plan of preparing the food in the individual kitchen would work out well if we could get a person to take a real interest in the patients.

(Yoshida) The simplest and quickest solution would be to open Block 1 and establish a centralized kitchen there. However, this would mean that if there were patients in Block 40 or 41, they would have to walk all the way across camp for each meal. The seven families who indicated their willingness to move should be assigned to apartments in Block 1.

From the standpoint of keeping the family unit together, the best plan is for the special diet to be prepared in the individual kitchens. However, if there were five diabetics living in one block, the chances are all five would require different measurement of food. Furthermore, unless there were two persons in alternating shifts, no time off could

be had. Supervision would also be difficult.

(Obata) The best plan would be to allow each patient to prepare his food in his own apartment as this would teach him to care for himself.

(Hirota) Dining Halls 8 and 41 could be used as diet kitchens so that the camp would be divided into two districts.

Since most of the families do not want to move and as each block already has kitchen trouble, it would not be wise to put in an additional person to prepare special diets. Set up two kitchens immediately and after more workers are trained, we could open up other kitchens. Use Dining Halls 1 and 41. Patients could have their choice as to whether they want to eat at the Diet Kitchen or take the food home and eat with their families. Move in the families who wish to be closer to the Kitchen and assign others to Block 1 as soon as it is winterized.

zed.

Preference should be given to special diet patients and their families in assigning apartments near the Diet Kitchens. However the residents of Block 41 are clamoring to have their kitchen open and have already submitted a petition since Dining Hall 8 was opened to its residents.

FINAL RECOMMENDATIONS ON DIET KITCHEN: Due to the difficulties anticipated in Block 41, we recommend that:

1. Block 1 be opened immediately for a centralized Diet Kitchen.
2. Those who wish to be closer to the Diet Kitchen be assigned rooms in Block 1 and, later, Block 2 if and when it is released.
3. Dining Hall 1 be cleaned and repaired.
4. Preference be given to those requiring special diets when there are openings in blocks situated close to the Diet Kitchen.
5. That patients be given the privilege of choosing between eating at the Diet Kitchen or taking the food home with them.

The above recommendations will establish the long awaited Centralized Diet Kitchen and release the Hospital Kitchen, which up to now has been used by the Diet Kitchen staff.

*Report from
in Diet
Kitchen
founder* → REPORT ON HEALTH RESIDENCE: Mr. Lafabregue next read the recommendations and findings on the Health Residence survey (copy attached). The report recommends that two barracks in Block 1 be reserved for the Health Residence since the Diet Kitchen will also be there. Certain changes were suggested for the comfort of the residents such as construction of doorways between apartments, installation of wash basins, toilets, etc.

Mr. Lafabregue suggested a plan whereby each barrack would be divided into three sleeping wards, a day room and a bathroom. Doorways would be made between wards and a long corridor would extend down the length of the barrack. The oldest and weakest patients would be assigned

nearest the bathroom. This plan will be referred to the architect, who is now making a survey of the needs of the Center, for his comments.

It was felt that we should reserve 4 barracks instead of 2. By doing this we could relieve the Hospital, when it is overcrowded, by taking those awaiting surgery or patients who are convalescing.

The consensus of opinion was that the maintenance of the home should be under the jurisdiction of the Welfare Department. The medical staff of the Hospital would, of course, make regular calls.

FINAL RECOMMENDATIONS ON HEALTH RESIDENCE: The following recommendations were made regarding the Health Residence:

1. That 4 barracks be reserved in Block 1 for the Health Residence.
2. That certain changes be made for the comfort of the residents; i.w., construction of doorways between rooms, corridor on one side, bathroom with facilities and a dayroom for recreation.
3. That the maintenance of this Residence be under the jurisdiction of the Medical Department of the Welfare Section.
4. That the Hospital medical staff make regular calls.

ADJOURNMENT: The meeting adjourned at 4:30 p.m.

Respectfully submitted,

(Mrs.) Yuki Katayama
Recording Secretary

M I N U T E S

The meeting was called to order by the Project Director, Mr. Charles F. Ernst, in his office on January 20, 1943 at 10:00 a.m.

Members present were:

Mr. James Hughes--Assistant Project Director
Mr. Lorne W. Bell--Assistant Project Director
Dr. Ramsey--Medical Director
Mr. Tsune Baba--Chairman of Council
Mr. Kenji Fujii--Chairman of Hospital Committee of Council
Miss Mitzi Shiraishi--Member of Hospital Committee of Council
Mr. Frank Fukuda--Member of Hospital Committee of Council
Mr. Yoshio Taira--Member of Hospital Committee of Council
Mr. Miyamoto
Mr. Frank Yamasaki
Mr. James Hirano
Mr. Yasuo Abiko
Mr. Tamon Katase
Mr. S. Yamate
Mr. Iino

Mr. Tsune Baba:

"We are here primarily to get the cooperation of the Administration in regards to these matters concerning the hospital. Mr. Bell is usually at our Council meetings, and he is very familiar with things that we have been talking concerning the situations of the hospital. Last night around 9 o'clock, when I got home, I got the urgent message to come before several groups of persons to discuss about this matter. Before that, Mr. Fujii, who is Chairman of the Hospital Committee, was contacted and was before the group. At that time, we felt that the situation was such that it might be wise to get in contact with Mr. Ernst, but the time when we decided to tell Mr. Ernst was quite late. However, we telephoned him asking him whether he could see us at the time. Since time was late, and the committee had an appointment to see him, they asked him permission to have several of the residents at the meeting which was approved. We believe Dr. Ramsey has done a great deal for the hospital, and I know to a certain extent that his hands are tied, and we are not dissatisfied with Dr. Ramsey. However, we felt that this should get Mr. Ernst's attention in order to get his judicious explanation."

Mr. Kenji Fujii:

"Last night Dr. Harada dropped around and requested our cooperation in talking with Mr. Ernst so that we can clear up a lot of misunderstanding that the hospital staff has had. We are going to be very impartial about this thing. All this has been going on for quite a long spell. The hospital has not been having good carrier service, no service on kitchen, lack of supplies, promises were made and not carried out, etc. All these things have been going on in the minds of the medical staff. Strain of the doctors have reached the peak. They want isolation wards, but they are not opened. Pneumonia epidemic has started. Doctors have not got medical facilities to work with so they are wondering what is to be done. They work hard and hope that supplies will get through. They haven't got emergency setup for a lot of things that they would like to have. Doctors are not sure of themselves not because of their skill, but because of the lack of facilities."

Mr. Tsune Baba:

"The fact was: A certain patient while in the hospital heard that Dr. Harada was resigning on account of lack of cooperation. As you know, we only have three doctors at the present time, one surgeon, and two physicians, and another one who is on a furlough. He was in such a stage that doctors thought better that he took a furlough. Something seems to be wrong between the Administration and the hospital. Wards are congested all into one ward. Dr. Harada felt that some of the wards are already in proper condition to be opened up, and he has made requests several times in the past, but up to this date, it has not been opened. Yesterday Dr. Yamauchi had to take 80 cases by himself. Six cases of pneumonia came in, and pneumonia needs oxygen. They were hussling all day and late in the evening, they finally got oxygen tanks, but the sad thing is they have not the apparatus of the oxygen tanks. We know that doctors are short, but however they feel that doctors here are shorter than doctors in other centers. Twenty-four hours basis for the doctors is inhumane. The immediate problem is to open up the wards so that some of these patients can be segregated. Some of us feel that for emergency spare, if any doctor can be spared from any center, we could get him for emergency."

PROBLEMS:

1) STAFF

Mr. Ernst:

"Six doctors were on the original staff; two have left, and one is on furlough. We all agree that doctors are overtacked. As I have watched the hospital reports that 70 patients are running along and in a hospital with 70 patients, three or four doctors couldn't handle it. There is no question that they are all concerned over there with the jobs they have had, and as I have listened to them, they are more concerned of what might happen more than what is happening. Dr. Byrd who is the only one doctor in Millard County is running all over the County. I do feel that our doctors have a group anxiety instead of this doctor being concerned about one phase and another being concerned about that phase, but all are concerned about all phases. They work on each other whereas in normal life, these doctors have worked and offered more to their patients. Here in Topaz, every doctor knows every patient. It is a fact."

Tsune Baba:

"The medical staff will be satisfied if they can get replacement of medical doctors; such as surgeons, physicians, etc. Tule Lake has thirteen or fourteen physicians, and they have a population of 15,000. We have 8,000 residents here with three physicians."

Mr. Ernst:

"We can borrow the doctor from the Military Police until we can get another doctor."

Kenji Fujii:

"Because of the various incidents that have happened between the Military Police and the residents of Topaz, the residents would prefer Japanese doctors. It isn't because the Japanese residents have no confidence in this Military Police doctor, but because of the relationship between the Military Police and the Japanese residents."

Dr. Ramsey:

"That thing has been cooking for months, and I asked the staff of physicians if they would like to have him (Military Police doctor) because of overwork for themselves, but I have not received an answer to it as yet."

Note: Dr. M. Hara is to come to Topaz but not as a doctor to remain here permanently.

Mr. Ernst:

"It is evident that the WRA is searching to answer to our appeal. We can push on that until we get more doctors, and that is what we will do. We need doctors. That is the point. Every other center feels that they need all the doctors that they have. We should see to it that we are put on a priority for doctors. It gets to that point."

Miss Mitzi Shiraishi:

"Perhaps we can draft doctors from other centers."

Tsune Baba:

"For the emergency measure, what do you think you can do for us?"

Mr. Ernst:

"I think I could call up Dr. Thompson and send a wire to Mr. Dillon S. Myer which I will do today. Dr. Thompson went over the whole situation and said that we have to pull in and get doctors. Japanese doctors are hard to get. Doctors that will come in will have to be Caucasians. This element of Military Police getting in the way will have to be the job of the community to straighten things out. The situation that we have with the Military Police doesn't carry on in the professional group. If there were doctors, and they were serving some other purpose, then they should be pulled out. We will do everything that we can. The Administration is aware of it. It looks to me from an overall picture that Mr. Dillon Myer will have to go to the Surgeon General and get a reply from him because he is the only one who can get doctors."

Mr. Ernst will look into the problem of the lack of the medical staff.

2) OPENING OF WARDS

Mr. Ernst:

"The Plumbing Division recommended not to open the wards because it will be in a serious position that will affect the whole hospital. They are the ones who know what is best."

Dr. Ramsey:

"The situation today: The isolation ward will be opened today."

Mr. Ernst:

"It is a physical matter as the doctor reports. One ward will be opened today, and others will be opened as fast as they think they should be opened."

Tsune Baba:

"What is the function of the Junior Administrator on the hospital staff?"

Dr. Ramsey:

"He is to keep me informed in non-medical matters."

Dr. Ramsey and Mr. Hughes will look into the matter of the opening of the wards.

3) SUPPLIES

Dr. Ramsey:

"It must have been $2\frac{1}{2}$ months ago. We put in an order for oxygen to be delivered over a period of times and have gone over to the Procurement office, and they are working on it, and why it does not come, they do not know. All I can do is put in requisitions for the supplies. We can get supplies of oxygen from Delta, but they cannot supply us regularly. Last night two tanks went into Delta and got oxygen."

Tsune Baba:

"At the present time, as of last night, there were six cases of pneumonia, and we only had two apparatus."

Mr. Ernst:

"Orders have been placed, and deliveries have not come in. Just before Christmas, I got a telephone call from the Surgeon General's office. He asked what are the things we haven't got here, and one of the things that we told him was the gas machine."

Dr. Ramsey:

"Concerning infant incubator: We have one home-made incubator. Dr. Harada told me that there is enough surgical equipment here."

Tsune Baba:

"What about serological equipment?"

Dr. Ramsey:

"We have sent in a requisition and will get back a report within 24 hours."

Mr. Ernst:

find "Give Mr. Hughes the list of things that are needed and let him find to the bottom of where that order is and what is holding it up."

Mr. Hughes will look into the matter of supplies.

4) EQUIPMENT

Committee will look into this more thoroughly.

Mr. Ernst:

"What I am afraid of is that the non-professional people like ourselves get alarmed because we don't know what is actually going on. It is a human thing. This isn't the first meeting of this kind that has been held. Needs are known, and something is being done."

Mitzi Shiraishi:

"If we could specify in a week or two and let the people know what is actually going on because they are not going to stand for it."

Mr. Hughes will look into this.

5) HOSPITAL DINING HALL:

Dr. Ramsey:

"130 are eating there now, but the primary function is to feed our patients."

Mr. Miyamoto:

"At present, the nurses' aids are eating at the hospital dining hall at the present time. The original was this: It was stricken for the diet so it wasn't open for the staff due to facilities. Since it has been open to the nurses, but no one seems to know about it. It just goes around indirectly."

Mr. Ernst:

"There should be definite priorities. Patients should come first. When we mean the staff, it should be the professional staff and by professional staff, we mean the people who are serving the people directly."

6) SPECIAL DIET KITCHEN

Mr. Ernst:

"We have had four meetings concerning this so far. It is obvious from the reports that I get that the best move is to move up as near the hospital as much as possible. That was the first time that I failed to see cooperation. Maybe we are asking too much but in the interests of the residents who needed that, I began to feel a resistance. People will not move out."

Kenji Fujii:

"The thing is, they are trying to get Block #1. Since we cannot move near to the hospital, we concentrated on the next best move. People who need special care of nurses can all move to Block #1."

Mr. Ernst:

"The committee should come up with the recommendation that people who need the care of doctors and nurses should be near the hospital. It is an appeal to look into the thing for the interest of the residents as a whole. If the residents saw what was involved, they will move even

though they might think it is a nuisance. There is a need of a nursing home. The average age of the people in the men's ward is 60."

Dr. Ramsey:

"If they can get the cooperation of the chefs in the respective blocks, they can prepare diet food. Since they cannot force the people to move, they have facilities to make this food in their own blocks. Block nurses are being trained to work and help the chefs out. Diabetic food can be prepared in their own blocks."

Mr. Ernst:

"It appears to me that it is a professional job more than anything else."

Dr. Ramsey:

"The first consideration is the patients in the hospital. The making of diet food was stopped in the hospital dining hall because they thought it would better to make diet food in the individual blocks itself. The entrance of any disease in Topaz is less than any other community in Utah because of the lack of contact with the outside."

Kenji Fujii:

"After hashing it out with the Social Welfare, they did want to have a diet kitchen in Block #1."

Mitzi Shiraishi:

"Why can't these block nurses help out in individual kitchens?"

Tsune Baba:

"Professional doctors feel that special diets have to be carefully measured so there should be some, perhaps a dietician, to do this."

Mr. Hughes:

"Block #1 is the worst spot to pick because it is next to the sewage, trucking divisions, etc. It is the most inconvenient place for aged people's homes."

Tsune Baba:

"The supervision will have to come from the professional men, and it would be the best thing if we have the so-called nurses to take care of all these cases, but unfortunately we haven't so we will have to look up on the next best thing."

Mr. Ernst:

"We have agreed here that we are all for the thing. What I am trying to say is why can't something be done about it. Because this special diet and nursing homes are the things that come through welfare more than any other place, let them do this."

The Social Welfare will look into this together with baby formula.

7) CARRIER SERVICE

Tsune Baba:

"Why aren't they able to utilize the carrier service according to the information received?"

Mr. Hughes:

"That is not correct." Why can't they use their own car and call on the carrier service? I do not have complete confidence in some of the drivers over there. Any time there is an emergency, I will go and get anybody's car and it will be used."

Mr. Miyamoto:

"We need a better ambulance. The previous crew is different from our crew. What Mr. Hughes is referring to is the crew previous to what we have now. Lately we have patients from the outside. The Social Welfare say it is not any of their business. There are things like that. If the carrier does not want to cooperate, we can't do anything. It seems to be just individual gripe among the drivers. This can be clarified within the carrier service."

Mr. James Hirano:

"400 employees are in the hospital unit now. Through the past incident and through this meeting, there seems to be a great need of coordination. It seems that a certain person may have a true picture to a certain point in the hospital. Another person in another division will say that. It may have a clear picture of his division but in the next department, there seems to be a lack of coordination. It is very necessary that they have the closest coordination and closest understanding so there won't be any misunderstanding, and all attempts should be made to have the best organization in Topaz. I feel that many of the things can be thrashed out within the department."

Tsune Baba:

"I believe many of these troubles can be straightened out within the hospital providing they have an organization. The Administrative head to do this will have to be a man who is really capable. However, we do not want to go into the internal affairs of any department. We have confidence in the men that run the internal affairs within the department. I would like to see from now on a sort of movement along that line. If it requires re-organization, let's have re-organization."

Mr. Ernst:

"The hospital has grown up on us. Perhaps a committee can be drawn up. What is needed is an operating system in the hospital."

Mr. Yamate:

"Everything has been thoroughly thrashed out and if this meeting can be told to the residents, they will be very satisfied on the point. I am sure, with Mr. Ernst's kind assistance with the understanding of the human nature of the people of Topaz, good will come out of this meeting."

Mr. Yasuo Abiko:

"There should be an even distribution of Japanese doctors in all

centers. If outside doctors, whether it be Caucasians or Japanese, there will be a question of pay."

Mr. Ernst:

"We don't want nine centers drawing against Topaz. To draw doctors from other centers will get the other centers to go against Topaz. The obvious conclusion is where else can we get doctors but from other centers."

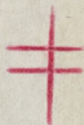
Tsune Baba:

"I suggest in your request to Dr. Thompson, if it is not possible, to express the feeling of some of the residents of Topaz."

Mr. Ernst:

"It will not be in writing, but I will express the viewpoints of some of the residents here."

Meeting Adjourned.
12:00 noon



TUBERCULOSIS

IS NOT SHAMEFUL

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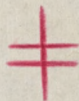
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WAR RELOCATION AUTHORITY
Central Utah Project

Health Meeting on Tuberculosis
April 2, 1943
11:30 a.m.

M I N U T E S

Those present were:

Dr. D. W. Boardman	Mr. Masuji Fujii
Mr. L. Bell	Mr. Taira
Mrs. B. Takahashi	Mr. J. Nishimura
Miss M. Shiraishi	Mr. T. Baba

Tuberculosis higher per capita among nisei when compared with same age group of the Caucasians.

Attention of the community should be focused on a Health Education Program. Plans should be made to develop a way of handling the uncovered cases resulting from the Case Finding Survey. We would then be working in the field of Socialized or Industrial Medicine.

Mechanics:

1. Most difficult thing is shortage of doctors.
(According to Mrs. Graham who is the Executive Secretary of the Utah State Public Health Nurse, this difficulty is found on the outside also.)
2. We do not have enough trained workers who can handle the cases tactfully.
3. At present the Hospital is prepared to take care of acute cases only.
4. Obtaining and distributing pamphlets.
5. Campaign should carry emphases on "No Social Stigma" and "An Early Treatment Will Result in almost 100% Cure."

The Health Education Program should be gradual. The Committee suggested the following procedure commencing Monday, April 5, if possible:

be

1. Appropriate posters will/posted at strategic intervals in the Out-patient Clinic, Canteen, Block Manager's Offices, latrines, school rooms, and etc.
 - a. These posters will be selected by the Committee.
 - b. Art Department will be asked to insert Japanese words and draw original posters.

Health Meeting on Tuberculosis
(cont'd) Page 2

- c. Posters will stress no social stigma and almost 100% cure if found in early stages.
 - d. Timing is important
2. Movies and talks will be given.
- a. Whenever the opportunity arises Dr. Boardman will give brief talks to Divisional, Sectional, and committee meetings.
 - b. It was suggested that a Mr. Sato who is now working in the Hospital is a very good narrator and he would be valuable for the issei part of the Health Education Program.
 - c. Movies and lectures should be given in each block and also to school children during school hours.
3. Case finding survey.
4. Treatment of tuberculosis starts when it is found.

It is Dr. Boardman's hope to have re-relocatees have chest plates taken before they leave the Center. This word may be left with the Leave Office who will advise the relocatee that they should take advantage of this offer.

If Miss Mori's health permits and if she does not leave, the Committee would like to include her in the Health Education Program.

Meeting adjourned at 12:40 p.m.

Respectfully submitted,

Sachiko Yamada
Secretary

Berkeley
7

TUBERCULOSIS SURVEY

TOPAZ

March 1943

TOPAZ PUBLIC HEALTH DEPARTMENT

CONTENT

I. Introduction

II. Survey & Findings

III. Factors influencing tuberculosis

IV. Recommendations to detect, control and prevent
tuberculosis in Topaz

V. Conclusion

I. INTRODUCTION

One of the greatest Public Health problems in Topaz is the detection and control of Tuberculosis because it is the most widespread of all communicable diseases among the Japanese in the United States. The prevalence of the disease is probably five times as great among the latter as among the white population. This has been a major cause of rejection of the Japanese by life insurance companies in this country. The predilection to this disease is probably due to the ignorance of the people concerning Tuberculosis because of the social stigma attached to it. Then, too, the correlation of occupation to tuberculosis seems to be borne out since most of the immigrants were unskilled labor with the accompanying strenuous work and low standard of living.

II. SURVEY & FINDINGS

Among the reported cases known to the Topaz Health Department, there are 26 active cases of Tuberculosis hospitalized here, 43 inactive cases and over 351 direct contacts of the latter cases. At the present time only 50 cases or 12 $\frac{1}{2}$ % of the total 420 active, inactive and direct contact cases are being checked up periodically. This is a great source of danger to the residents and verifies the dread and social stigma attached to the disease.

III. FACTORS INFLUENCING TUBERCULOSIS IN THE CENTER

are:

- A. Poor housing and crowding mak~~t~~^{ke} it easier for the disease to spread from one person to another.
- B. Common washrooms and latrines aid in the spreading of the tuberculosis germ.
- C. Community mess halls offer a source of contact with all types of tuberculosis cases.
- D. The mental strain due to evacuation and the uncertainty of the future aids in the breakdown of physical resistance.
- E. Inability to secure special nourishment for the physically run down.

OFFICIALS SEEK CONTROL OF TUBERCULOSIS

Ask for Cooperation To Prevent Spread In War Industries

An appeal to management and labor to cooperate with public health officials in the further prevention of tuberculosis among industrial workers was made Monday by Dr. Kendall Emerson, New York, managing director of the National Tuberculosis association.

In Salt Lake City for a two-day conference with executive secretaries of the association at the Newhouse hotel, Dr. Emerson said that in the interest of increased production, defense industries should inaugurate a program similar to that of the army which requires every worker to have an X-ray examination.

"Actually such preventive measures will increase production because one tubercular person in a plant may pass the disease to several others, whereas if the disease is discovered in time the person can be sent to a sanatorium, cured and returned to work.

Low Death Rate

Pointing out that Utah has one of the lowest death rates from T. B. of any state in the nation (about 18 deaths per 100,000 persons as compared with a national average of 45 deaths per 100,000 persons), Dr. Emerson said that a new watch must be established here because of increased concentration of population since the war.

The need for caution is especially great in Utah, where great population increases have been caused by war industries, he said. Although spread of the disease in Utah as well as over the nation has declined slightly, war conditions generally cause an increase.

These factors generally cause an increase during wartime: Congested living in crowded quarters where lack of adequate sanitation exists; lower nutrition because many foods are not available, and mental and nervous strain of war causing lowering of resistance, he said.

"The actual germ itself is the only thing that can cause T. B.," Dr. Emerson said, "but these other factors give the germ an increased opportunity to cause and spread infection."

In spite of rationing Dr. Emerson believes that the popular education in nutrition will make a vast difference in the prevention of T. B. as compared with other wars.

Need Cooperation

"The entire fight against T. B. is dependent upon education of the public and cooperation of all persons. Actually organized work against the spread of disease which includes the X-ray examination of all industrial workers, should hasten the decline of the disease in spite of war conditions," he said.

Dr. Emerson is one of several national officers attending the conference of secretaries from Washington, Oregon, Idaho, Montana, Wyoming, New Mexico, Arizona, California, Nevada and Utah. Others are Fred D. Hopkins, executive secretary; Daniel C. McCarthy, publicity director; C. L. Newcomb, director of seal sales; Miss Louisa Strachm, director of child health education, and James G. Stone of the administrative staff.

A. S. Brown, president of the Utah Tuberculosis association, also addressed the conference Monday. Dr. Emerson will be the principal speaker at a meeting of the Utah association Monday at 8 p. m. at the hotel, Miss Ada Taylor Graham, executive secretary, said.

The national conference will continue all day Tuesday. About 25 delegates are attending.

TB Society Will Meet

Dr. Kendall Emerson of New York, managing director of the National Tuberculosis Association, will speak on "War and Tuberculosis Control" at the annual meeting of the Utah Tuberculosis Association next Monday at 8 p. m. in the Newhouse Hotel.

Association officers for the coming year will be elected at that time, and annual reports will be heard.

Dr. Emerson is in Salt Lake for a regional conference of association secretaries from Western states, to be held Monday and Tuesday at the hotel. The conference is usually nation-wide in scope, but because of wartime difficulties in transportation and accommodation, it has been divided this year on a regional basis, according to Miss Ada Taylor Graham, executive secretary for Utah.

Members of the national staff who will attend the conference are, besides Dr. Emerson, F. D. Hopkins, executive secretary; Daniel C. McCarthy, director of public relations; C. L. Newcomb, director of Christmas Seal Sales; and Miss Louise Strachan, director of child health education.

Secretaries in attendance will be Miss Frances Goodwin, Idaho; Miss Madelyn Seabright, Wyoming; Mrs. Henrietta Crockett, Montana; Mrs. Gladys A. Alexander, New Mexico; Mrs. Saidie Orr, Dunbar, Oregon; Mrs. B. B. Buchanan, Washington; T. C. Cuveillier, Arizona; and W. F. Higby, California.

The date of the annual meeting and conference coincides with the beginning of a state-wide campaign for early diagnosis in cases of tuberculosis, under the direction of Miss Graham and A. S. Brown, president of the Utah association.

Keep on Buying—\$50,000,000



\$2,500,000

SCRATCH

\$5,000,000

\$10,000,000

\$15,000,000

\$20,000,000

Sports, Local News, Classified Ads,
Radio Programs, Page 11

Buy
Bonds!

The Salt Lake Tribune

Part Two *

Salt Lake City, Utah, Tuesday, November 15, 1944

Meet Hears Need for Health Work

Warning Given On Increase In Tuberculosis

Utah should have at least 50 more beds to accommodate tuberculosis cases that will be discovered by the end of the year as a result of physical examinations for persons going into the armed forces or industry.

This was a comment Monday by Miss Mary Dempsey of New York, statistician for the National Tuberculosis association, at the opening session of a two-day conference of the association in the Newhouse hotel.

"Utah has a better record than many states, but does not have as good a record as some," she said. The state has one of the lowest death rates of the nation, she explained. But whereas sanatorium accommodations are "fair" for normal times, they are inadequate for war conditions.

Confer on Tuberculosis Association Meet

Conferring regarding the National Tuberculosis association's convention in the Newhouse hotel are, left to right, Dr. Kendall Emerson of New York, managing director of the association; Mrs. Sadie Orr Dunbar of Portland, Ore., executive secretary of the Oregon Tuberculosis association, and W. F. Higby of San Francisco, executive secretary of the California Tuberculosis association.



(Cont. from page 2)

Credits Big Increase

As a result of physical examinations by the armed forces and industry, approximately 45,000 tuberculosis cases will be discovered in the United States by the end of 1943 in addition to the normal discovery of 75,000 cases a year, Miss Dempsey said. However, only approximately 25,000 of the 45,000 will need sanatorium care, she pointed out.

Few of the 112,000 beds in the United States are vacant now, the statistician said. Because of this fact, the conference Tuesday will consider as one topic methods of providing temporary home care for tuberculosis victims who are unable to find sanatorium accommodations.

Conditions of congested housing, lower nutrition and mental and nervous strain are causes of an increase of tubercular cases in wartime, Dr. Kendall Emerson of New York, managing director of the National Tuberculosis association, explained. These conditions give the germ which causes tuberculosis an increased opportunity to spread infection, he said.

Education Needed

Tuberculosis is preventable and curable, the association maintains. Success of the fight, however, depends upon public education and cooperation.

"Follow the example of the armed forces and get a chest X-ray" is a slogan of the association. Stating that Uncle Sam's orders say, "X-ray the chest of every man before he is taken into the armed forces," the organization adds, "It takes healthy fighters and healthy workers to win the war."

Authorities have described the present as the "golden opportunity" to make great strides against the disease. Recognizing

(Continued on Page Nineteen)

Tuberculosis Group To Gather National Officials Will Meet Utahns

National strategy in the battle against tuberculosis will be discussed here during a regional meeting of the National Tuberculosis Association at the Newhouse Hotel on Monday and Tuesday, announced Miss Ada Taylor Graham, Utah executive secretary.

Separate from the regional meetings, the annual convention of the Utah Tuberculosis Association will be conducted at the hotel at 8 p.m. on Monday.

National officers who will take part in the regional conference include:

Dr. Kendall Emerson, New York, association managing di-

rector; Fred D. Hopkins, executive secretary; Daniel C. McCarthy, publicity director; C. L. Newcomb, director of seal sales; Miss Louis Strachn, child health director, and James G. Stone of the administrative staff.

Fourteen members of the Utah board of directors will be elected during the state association meeting and the directors will then choose the officers.

Utah Warned Against T. B.

Western States Fight Plague

Utah was warned to mobilize its health services and both the industrial and labor forces in an intensified battle against tuberculosis, today as delegates from nine western states convened at the Newhouse Hotel for a two-day conference on control of the "white plague."

The conference was headed by Dr. Kendall Emerson of New York, managing director of the National Tuberculosis Association, sponsor of the meeting.

Sponsor Quoted

Said Dr. Emerson:

Wars have always caused a tremendous increase in fatal tuberculosis cases among belligerents and even neutrals.

World War I brought an increase in some European countries of 900 per cent and an average seven-fold jump in mortality, he said. Scientific investigation has disclosed, besides many minor causes, three major reasons why war has been an ally of the dreaded disease. They are, he said:

1—Congestion of housing and living conditions due to refugee migration and concentration of masses of people in war industries or mass feeding areas.

2—General lowering of nutrition.

3—Anxiety and fear on the part of those having husbands and sons on battle fronts. Such mental conditions lower physical resistance directly and by loss of appetite and repose.

Death Rate Low

The national death rate has been cut from 200 per 100,000 to 100 during the 43 years of this century. In areas of dense population it is higher. Utah is complacent because, said Dr. Emerson, this fortunate state has a tuberculosis mortality rate only one-sixth that of the nation.

Yet, he warned, war has given all Utah one of the allies of the white plague—"anxiety"—and in certain areas, another—"housing congestion."

The intense educational campaign on nutrition during the last decade will help during the present war.

"The army through original X-ray examination of all soldiers, is 100 per cent free from the disease.

"Today, with industry practically regimented, workers on the home front could likewise be subjected to mass X-ray."

Can Be Cured

Furthermore, he said, it has been established that near 100 per cent of those having active tuberculosis who are working can be permanently cured in modern sanatoria.

Here from the New York office are Fred D. Hopkins, national association executive secretary; Daniel C. McCarthy, publicity director; C. L. Newcomb, director of seal sales; Miss Louise Strachan, child health director, and James C. Stone, of the administration staff.

A. S. Brown, Utah association president, was a speaker this morning. The state association will conduct its annual meeting today at 8 p.m. in the Newhouse Hotel, announced Miss Ada Taylor Graham, executive secretary.

Expert Urges Attack on White Plague

Tuberculosis Unit Ends Regional Conference in S. L.

A high death rate from tuberculosis is caused principally by the way people live and not by their physical make-up, Dr. Kendall Emerson of New York, managing director of the National Tuberculosis association, said Tuesday at closing sessions of the association's two-day conference in the New-house hotel.

Because of this fact, an extensive education program must be adopted internationally for the postwar period. The program probably will be carried on through the Pan-American Sanitary bureau of the Pan-American union, and some type of reorganization of the International Union Against Tuberculosis which was begun in the early 1800s but is now practically nonexistent because of the war.

The United States and England will have to take the lead in the postwar campaign against the dreaded disease, Dr. Emerson said.

The United States has been fortunate, he added, in that we have a two-year advantage over European belligerents. The European nations have served as "guinea pigs" since the war began in 1939, and the United States has profited by their experience, the director explained.

Fast Spread in Europe

Tuberculosis has spread rapidly throughout Europe since the war started. In Germany, for example, unofficial reports say the number of tuberculosis cases has increased from 1,500,000 to 8,000,000 (one-tenth of the population), Dr. Emerson said.

Congested housing, low nutrition and mental nervous strain are factors which cause a spread of tuberculosis. Dr. Emerson pointed out that Negroes, Indians and Latin Americans have a high death rate from tuberculosis because of their living conditions. The postwar program must change the living conditions of people so the germs are prevented from spreading.

Although tuberculosis has decreased as a cause of death from first in 1912 to seventh today, Dr. Emerson emphasized that wartime is ideal for the spread of the disease.

Because nearly all of the sanatorium facilities in the nation are already in use, many minor cases discovered as a result of wartime examinations will have to be cared for in the homes. The Salt Lake conference decided that instruction and advice will have to be given to (1) the patient, (2) the woman of the household, and (3) the general practitioner who is no specialist but who must take care of the patient.

Preparing Pamphlet

To help in the disseminating of needed instruction, the National Tuberculosis association is preparing a pamphlet for distribution in two months through state and local agencies of the organization, Dr. Emerson announced.

Also important is health education among workers, labor unions and employers. Employers and employees are realizing more and more, Dr. Emerson said, the value of good health to production efficiency.

But there must be no set standard regulating the activities of persons with a history of having had tuberculosis, he added. A person's physical make-up determines how badly he is affected by the disease.

Attending the two-day conference were state executive secretaries and their assistants from 10 Rocky mountain and Pacific coast states. The Salt Lake meeting was the third of four regional meetings being conducted in place of a national conference. Others have been held in New York for the eastern states and Chicago for midwestern states. The fourth conference is to be conducted during the second week of May in Atlanta, Ga., for the southern states.

WAR RELOCATION AUTHORITY
Central Utah Project
Topaz, Utah

SPECIAL MEETING OF COMMUNITY COUNCIL, HEALTH COMMITTEE.

August 10, 1945 - 9:00 a.m.

PRESENT: Mr. L. T. Hoffman, Dr. Collier, Mr. Mas Narahara,
Mr. Nodohara, Mr. Hideshima, Mr. Baba, and Mr.
Mayeda.

1. Follow-up on last meeting - what Administration to do and has done.
2. Report on statement of individual plans of institutional cases at Hospital, particularly those that were disturbed about Dr. Collier's statement to them about getting out by September 1.

Check at Hospital and in camp shows this was cleared up and most all cases satisfactorily adjusted and plans made as requested.

3. Pregnant women - Dr. Collier explained schedule which requires their leaving by September 1, for those due in September. Others were by October 1. Where relocation plans not complete or where special problems involved, Relocation can give special assistance in working out problems so can leave as required. Only 5 or 6 cases.
4. C. D. Ward - 11 cases only, inadequate service. Only have 1 attendant in 24 hour period so to advantage of individuals to get out. 3 leaving on the 15th, rest all in process. 3 waiting for verification of address, leaves 4 who have families to take care of.

Close by September 1, because no service but any remaining will be moved to another ward if Relocation plan not completed.

5. Old people Ward - To close September 1, also arrangements made to take care of all these cases, either to relocate with family or acceptance of responsibilities by relatives.
6. Emergency service - Effective August 15. Hospital staff and Health Committee only to be notified. We can take care of Emergency needs but no elective work after that. Same discussion on this and request of Health Committee for extension of elective service as long as can be provided. Best to accept this policy determination and leave inter-

pretation of Emergency up to Dr. Collier. We have been somewhat liberal on this but cannot continue as now fits in with total WRA and project policy. Essential services only.

7. Dental problem - Money asked for special cases and \$500 received from Washington Office but now Dentists refuse to handle, as takes too long to get plates.
8. Narahara expressed appreciation for special health services rendered as requested at last meeting by Hospital. They had heard about these indirectly and thought it would be helpful to the Health Committee, the Council and the Administration too, if they could have more information on what Hospital was doing. Most of the cases they had complaints about when they got actual information on, they found were already taken care of. General opinion of committee seemed to be that Hospital services were all they could be, under circumstances, and appeared to be some understanding need for present policy, although Health Committee still asked if some "special consideration" could sometime be given to borderline emergency cases, where such assistance will help them relocate sooner. This is up to doctors to determine but each case will be given consideration and do all we can within provisions as outlined above.

L. T. Hoffman
Project Director

LTH:mt