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Letter from Provinse to Eisenhower  
May 16, 1942

Talked to Dr. Parran , Public Health Service, and his first suggestion that Public Health might assume complete responsibility for program (presumably health program in the centers) "from Washington right on down through the project level, providing a medical officer and a sanitary engineer (or two) for each center." WRA explained that this was unnecessary but only wanted suggestion of the most competent person for the Washington office.

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Letter from Dr. E. R. Coffee, Chief Med. Officer, WRA to Provinse  
June 16, 1942

Need a minimum of 85 physicians or, if possible, 100@ for 100,000 evacuees. Physicians should be of varied specialty. Now have 75 Japanese, and their specialites unknown until forms now being prepared are filled out. Dr. Thompson has employed 3 Caucasians, and may get another six or seven. These enough if no additional residents added.

Problem getting Reserve Commissions for Japanese physicians since many are aliens and hence not eligible for commissions in the Public Health. "However, from what I have been told it seems almost imperative that some plan be worked out whereby the Japanese physicians are paid an equitable remuneration for their services. If this is not done, it appears there will be a very low morale among the physicians which will effect the type of service they render and, in many instances, discriminatory action will have to be taken in preventing a physician leaving the Center for a position elsewhere. At least one application of this nature is already on file. As a first thought in the matter, it would seem that the Japanese physicians should be paid a minimum of \$2600.00 per annum with a few who are outstanding in ability being paid \$3200.00 per annum. (Note in margin: "Barrows says pay regular salaries if pay any.")"

Coffee goes on to suggest that dentists be paid \$2400-\$2600. per annum, and nurses at \$720.00 per. Need 40 dentists but have 80 available. Need 500 nurses but have only 64 available.

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Memo of Information from WRA to Surgeon General, U. S. Pub. Health  
Aug. 27, 1942

A Chief Medical Officer established in WRA Washington in charge of all health and medical program, directly responsible to Director. At projects, Chief Med. Officer administratively responsible to the Project Director.

Task of guarding health of 120,000 evacuees is enormous. Most projects located in sparsely settled counties where local health facilities are limited. Therefore, must be provided at centers. Of special interest opportunity to uncover every case of tuberculosis among evacuees. "Heretofore, because of the general attitude of the Japanese to tuberculosis, an effective tuberculosis control



has not been possible." Known cases of TB now about 500, but conservative estimate that 1,000 cases be turned up that needs care. Among evacuees there are approximately 75 physicians and surgeons and 60 registered nurses of varying quality. About 50 of the group of sufficient professional quality to merit Civil Service consideration, if appointments were based on Civil Service qualifications. "It has been found necessary to appoint a well-qualified Caucasian physician as Project Medical Officer at each project for the following reasons:

- (a) The shortage of physicians among the evacuee group.
- (b) The necessity for establishing and maintaining relationships of project operation with local and State officials health agencies and organizations.
- (c) The existence of many factions among the evacuees with the resulting difficulty in the selection of one of them as Project Medical Officer, even though professionally qualified. These factors include professional training, citizenship, loyalty and age.
- (d) The shortage of nurses requires the employment of Caucasian nurses. " (end quote)

Difficulty in obtaining and retaining physicians and surgeons, nurses and other allied professional workers with adequate training and prestige and facilities of U. S. Pub. Health Service would be most helpful in carrying out program. "Therefore, affiliation with the U. S. Public Health Service is desired. This affiliation, by offering reserve commissions to physicians, will improve the recruitment possibilities of Caucasian physicians, will assure selection of better qualified physicians, and will permit retention of present Project Medical Officers.".....

(The report ends with a two page account of the administrative organization of the medical division.)

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Memo from Thompson to Myer  
Dec. 38, 1942

Submits Dr. McSparran's report of recent visit to Tule, Minidoka, and Topaz. Dr. Thompson declares: "The problem of tuberculosis and personnel continued to be outstanding."



Regional Files 541 Wash DC  
Miyamoto

WRA  
Health  
See

Night Letter from G D CARLYLE THOMPSON, M.D. to DR E R COFFEY, Wash DC  
San Francisco, Calif., Aug. 14, 1942

RE TT AUGUST 14. PREPARATION DEFICIENCY LISTS EACH PROJECT ENORMOUS TASK AND CHANGES WITH RECEIPT OF NEW ITEMS AT PROJECT. STANDARD WRA LIST CONTAINS ALL SUCH ITEMS BUT MEDICAL DEPOTS APPARENTLY SHIPPING ONLY STANDARD ARMY STATION HOSPITAL LIST. SURGEON WDC AND FA REQUISITIONED FOR WRA HOSPITALS ON BASIS WRA STANDARD LIST. QUESTION IS IS ARMY ABLE AND WILLING TO FURNISH ITEMS ON BASIS WRA LIST OR ONLY ARMY STANDARD LIST. IF NOT WE MIGHT AS WELL PLAN TO BUY ITEMS PECULIAR TO WRA LIST ON MARKET. HOWEVER ARMY SHOULD PROVIDE THEM AS ITEMS ARE ESSENTIAL TO CIVILIAN HOSPITAL OPERATION. MANY ITEMS IN ARMY STANDARD LIST ALSO DEFICIENT. IF YCU STILL WISH DEFICIENCY LIST PLEASE ADVISE WHETHER IT SHOULD BE BASED ON ARMY OR WRA STANDARD. IF ARMY LIST TO BE FOLLOWED ADVISE WHAT BED LIST SHOULD BE USED AND OBTAIN AT LEAST 25 COPIES OF SUCH LISTS. HAVE REQUESTED LIST HERE BUT NOT AVAILABLE. IF WRA STANDARD LIST NOT BEING FOLLOWED SUGGEST FOLLOWING: ALL TEN THOUSAND PROJECTS SHOULD BE EQUIPPED ON BASIS OF ARMY HUNDRED BED STATION HOSPITAL LIST PLUS 50 BED PLUS 25 BED EXPANSION LIST. TULE LAKE, GILA RIVER, AND PARKER SHOULD HAVE ADDITIONAL 50 BED PLUS 25 BED EXPANSION LIST. IF REQUEST OF SURGEON WDC FOR WRA HOSPITALS BEING FOLLOWED AS SUBMITTED? NEEDS WILL BE MET. IF ARMY STANDARD LIST FOLLOWED AS NOTED ABOVE ALL NON-STANDARD ITEMS NOW SHOWN AND ADDITIONAL STANDARD ITEMS AND QUANTITIES WILL HAVE TO BE ADDED FOR ARMY PURCHASE OR BE OBTAINED BY US. MANY IMPORTANT ITEMS NOW MISSING ENTIRELY OR QUANTITY INSUFFICIENT. TULE LAKE DEFICIENCY LIST 27 PAGES LONG AND INCLUDES SUCH ITEMS AS BEDS, CRIBS, MATTRESSES FOR CRIBS BEDDING ALL KINDS FOR ADULTS AND CHILDREN, NURSING BOTTLES, TYPEWRITERS, CYLINDERS OXYGEN AND CARBONOGEN, OPERATING TABLE, OBSTETRICAL TABLE, EXAMINATION TABLES, CABINETS, SUTURE NEEDLES, HYPODERMIC NEEDLES, CATHETERS, INSULIN, PITUITRIN, INTRAVENOUS DEXTROSE AND SALINE, MOST NON-STAN ITEMS IN CLASS 5, MANY ITEMS IN CLASSES 1, 2, 3, 4, 7 AND 9, AND MOST NON-STANDARD ITEMS IN ALL



CLASSES. GILA RIVER DEFICIENCY SIMILAR: NO BEDS, BASSINETS, CRIBS, OPERATING  
TABLE, OBSTETRICAL TABLE, BEDDING ALL KINDS. PICTURE OTHER CENTERS SIMILAR.  
SURGEON WDC REPORTS GILA RIVER DEFICIENCY ITEMS BEING ASSIGNED OTHER MEDICAL  
DEPOTS FROM ST LOUIS BUT DO NOT KNOW ON WHAT BASIS DEFICIENCY ITEMS DETERMINED  
AND HAVE NO REPORT ON OTHER PROJECTS. PERHAPS YOU CAN EXPEDITE THROUGH SG--  
SOS AND ADVISE.



September 5, 1942

Warren F. Draper, M. D.  
Acting Surgeon General  
U. S. Public Health Service  
Washington, D. C.

Dear Dr. Draper:

In response to your letter of September 2, concerning our proposal that the Public Health Service assume responsibility for the conduct of the medical work of the War Relocation Authority, I am glad to supply the information requested.

It is our opinion that the release of Japanese physicians for post graduate courses or other purposes will not increase the need for the employment of Government physicians. If we are able to follow a policy of relocation generally we ought to be able to relocate other Japanese Americans in approximately the same proportions as physicians might be relocated. I would like to make it clear that physicians will not be released just for the specific purpose of taking post graduate work. It may be possible that they will be released for medical duty that might also be associated with post graduate work.

We do not think it would be possible for the War Relocation Authority, with the aid of the Procurement and Assignment Service, to employ physicians who are over 45 years of age or physically disqualified for service with the armed forces to the extent needed unless we have a working relationship with the Public Health Service. I think it may be possible if we are able to work out an agreement with the Public Health Service to employ a number of physicians of this type and gradually replace some of the younger physicians with older physicians or men who have been disqualified for services in the armed forces, if we can offer a Public Health Service Commission.

If the Public Health Service does not find it possible to assume the responsibilities which we have requested, we would, of course, have to carry on as best we can under the original plan of operating our own medical service. I would say very frankly, however, if we thought we could do this without difficulty we would not have approached the Public Health Service at this time for additional services.

With reference to the last point raised in your letter concerning the chief medical officer we, of course, would expect to work with the Public Health Service on any satisfactory plan. If you care to recommend a chief medical officer who is an experienced member of the Public Health Service we would have no objections. However, I think it should be made clear that he either should be a full time officer who is prepared to actively take charge of the pro-



gram and devote his full time and energies to the job or he should understand that our program might be attached to one of your key people with whom we would consult on general policies with the understanding that we would handle the operations program through Dr. Thompson or some other designated doctor.

I am quite sure we will have no difficulty in working out the proper arrangements. I would only want to be sure that there was no confusion of responsibility because I would not want to slow up the direct action that is necessary at this very critical time.

Sincerely yours,

D. S. Myer

Director



Regional Files 540  
Washington D.C.  
Miyamoto

Letter from Joy Barragrey Stuart , Nursing Consultant to  
Miss Claribel A. Wheeler, Executive Secretary  
National League of Nursing Education

*Sept. 19, 1942*

We are endeavoring at the Projects to have a complete community health service, which includes a hospital (165-200 bed, according to the size of the project), an out-patient department, and a public health service. In charge of the health service at each project is a Caucasian Medical Officer and Chief Nurse, and under them will work Japanese professional personnel and such Caucasian as are necessary to carry out the program.

The number of Japanese professional people is small. For over 100,000 people, we have 65 R. N.'s, only 58 of whom are physically able to work. We have, however, about 103 student nurses who have had anywhere from 4 months to 2½ years training. (The above figures change constantly, as some of the nurses do not report as soon as they enter the Project; however, I doubt that we ~~still~~ will ever have more than 75 R. N.'s and 125 student nurses among the evacuees.)



Memorandum

Date: June 16, 1943

To: Dillon S. Myer

From: G. D. Carlyle Thompson

Subject: Assignment Army Medical Department Staff to WRA.

As per your request during recent conference between you and Mr. Provinse and myself, the following information is given relating to the immediate situation regarding physicians and nurses at War Relocation Authority Centers as a basis for exploring with the War Department the possibility of their assigning commissioned officers to WRA for services at Centers.

On the basis of present average daily hospital census and the Center population, and in addition to those now working the minimum immediate request to the War Department is for 71 registered nurses and 16 physicians. It is most important that three of the physicians be able general surgeons and one or two be specially trained in tuberculosis. The surgeons are needed at Centers which are now without surgeons while the tuberculosis physicians are needed to cover all Centers.

We have been unable to employ surgeons. One physician employed in tuberculosis work was recently commissioned in the Army and we have been unable to locate a replacement.

Summary Physicians and Nurses-Ten Projects  
(Includes both Evacuee and Appointees)

Registered Nurses required now	166
Registered Nurses on duty now	95
Registered Nurses short and needed now	71
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Physicians required now	84
Physicians on duty now	68
Physicians short and needed now	16

Basis for Determining Physicians and Nurses Needed

In general the basic factor used in determining physician needs at each Center is the ratio of one physician to 1500 population. Only three Centers approach this ratio at this time. This basic ratio is modified at some Centers by the following factors:

- (1) The degree of isolation of the Center and the lack of available nearby medical and hospital facilities.
- (2) The living arrangements within each Center such as number of separate camps.
- (3) The age, skill and health of evacuee physicians.
- (4) The prevalence of certain diseases and their concentration at certain Centers such as tuberculosis.



Furthermore, the population basis as the major factor in determining physician needs, will become less important as relocation progresses while the hospital census will become a factor of greater importance. The total hospital census at all Centers has not reduced with the advent of relocation, in fact during the last part of May, the census was higher than during the previous three months.

Registered nurse needs are determined on the basis of one registered nurse per 21 hospital patients, plus one chief nurse and one public health nurse. The nurse hospital patient ratio also covers the nursing service required in the operation of all clinics. Clinics are no small factor for during the past few months daily patient clinics have varied between 125 and 350, depending upon the size of the Center. Operating with such very low Registered nurse standards supplementation through the use of evacuee nurse aides, orderlies and hospital attendants is required. A program to utilize this type of worker has always been in operation and continues so. The training of such workers requires considerable time on the part of the physicians and registered nurses.

#### Factors Hindering Recruitment of Nurses and Physicians:

- (1) General shortage of physicians and nurses throughout the country.
- (2) Prevalent unwillingness of nurses and particularly physicians to voluntarily leave their present community, hospitals, or health department to render service in Japanese Centers without military commissions or orders. This results partly from the recognition of the existing needs of their community and the fear of criticism by their own patients, or health departments, affecting their post war status.
- (3) Salaries: Recent increases in nurses' salaries in public and private hospitals and the growing demand for nurses at high salaries in Industrial plants offer greater attraction than Civil Service salaries for physicians are very much lower than even the less competent physicians are able to earn in private practice or Industrial war plants.
- (4) Isolated nature of Centers and inconvenient living accommodations.
- (5) A rather frequent initial dislike for the Japanese race especially under war time conditions. Such dislike is generally only successfully overcome through personal interviews. Interviews at the time of initial contacts with interested applicants while important, is generally not possible.
- (6) Objection by some nurses and physicians to the policy of replacing evacuee nurses and physicians with appointed nurses and physicians when no objection is voiced to supplementation of staff.



No request or statement has been included covering dietitians, laboratory and X-Ray technicians, also essential for operation of hospitals at Centers. While there is immediate need for workers in these fields at most Centers at this time, we do not believe we have yet fully pursued civilian resources. This is being done as rapidly as possible.

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Physicians Available and Working - Ten Projects

<u>Physicians</u>	<u>Original</u>	<u>April 1</u>	<u>May 15</u>	<u>June 15</u>	<u>Maximum Expect<sup>ed</sup></u>
<u>Evacuee</u>	<u># 86</u>	<u>69</u>	<u>60</u>	<u>54</u>	<u>## 35</u>
*Appointed	-	<u>13</u>	<u>12</u>	<u>14</u>	<u>?</u>
Total	-	82	72	68	-

# Not all able to work at all times.

## Have not yet indicated they are relocating. It is reasonable to expect a further reduction in the number of physicians who may remain at the Centers.

\* Continual recruitment has been in force for Chief Medical Officers. Since the loss of Japanese physicians, effort has been made to recruit physicians for general clinical service. There have also been several resignations of appointive staff.

Nurses Available and Working - Ten Projects

<u>Nurses</u>	<u>Original</u>	<u>Original April 1</u>	<u>May 15</u>	<u>June 15</u>	<u>Max. Ex</u>
Evacuee Registered Nurses	# 72	42	31	22	## 15
Evacuee Student Nurses	# 79	45	32	28	0
Total Evacuee Nurses	# 151	87	63	50	15
*Appointed Registered Nurses	-	<u>72</u>	<u>71</u>	<u>73</u>	<u>?</u>
Total Registered Nurses	*	114	104	95	-

# Not all able to work at all times.

## Have not yet indicated they are relocating. It is reasonable to expect a further reduction in the number of nurses who may remain at the Centers.

\* Continued recruitment has been in force, but it has been with great difficulty that replacements have been found for resignations.



## MEDICAL ADMINISTRATION

### SANITARY INSPECTION

Because of the general communal type of living, the mess halls where large group of people eating together the concentration of toilet facilities in a small area, and because of danger of origin and spread of infectious disease due to these conditions, a high level of sanitation throughout the project is an absolute necessity. For this reason, a corp of Sanitary Inspectors has been established for the purpose of maintaining general sanitary conditions throughout. Each inspector shall have proscribed area within the project for whose level condition he shall be responsible to the Chief Medical Officer.

The satisfactory performance of the inspectors' duties will be judged by the level of sanitation maintained within the given area. It is estimated that such an area will consist of from five to seven blocks, which the inspector should inspect in irregular rotation.

The most vital portion of the inspectors' duties is that pertaining to cleanliness and general hygiene within the mess halls. The inspector will be expected to note the cleanliness prevailing in the preparation of food, the cleanliness of the utensils in use, of the floors, mess hall tables, and etc. The inspectors will also be expected to note the condition of noxious insects, garbage disposal, and etc. This will include the manner in which dishes and other utensils are cleansed after usage and to instruct the mess hall employees as to the proper routine of soapy water, clear hot water rinse, and lastly the chlorine solution. Following this routine of washing, the inspector should note the manner in which the forsaidd dishes and utensils are dried, the cleanliness of the dish towels, and the disposal of the dried dishes and utensils in a clean dry place away from fly contamination. If such things are noticed as the constant usage of dirty towels, or any other specific sanitary errors, these are to be reported to the Chief Medical Officer, whose duty, it shall be, to see that such errors are corrected.



In addition to the forgoing, the sanitary inspector should note the general level of cleanliness throughout their area, specifically in the laundry and latrines. They should endeavor to see that screen doors are kept constantly closed, that latrine walls and floors are cleansed thoroughly and at frequent intervals, and that filth or refuse are not allowed to accumulate under the floor boards in the shower rooms.

It is not expected that the Sanitary Inspectors should act as clean-up men, garbage collectors, and etc., but rather that the position should be as denoted by the title, one of inspection, instruction, and reporting. Under instruction should be included such things as urging all people to wear getas in the shower rooms, urging sanitary procedures upon the mess hall employees and block janitors and janitoress.

It is expected that each Sanitary Inspector will present a written report of the general level sanitary conditions within his area and of any glaring defects noted, to the Chief Medical Officer once each week. Such a report, preferably typewritten or, if this is not possible, written clearly, legibly with ink, and to be handed to the Chief Medical Officer each Monday morning at 9:00 o'clock. Specific forms, upon which the inspectors can note their findings as each block is inspected, will be prepared and made available.

Lauren M. Neher, M. D.  
Acting Chief Medical Officer