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# Japanese in America – Medical Conditions During the World War II Internment

Editor's Note: "Medical Conditions" concludes the series of four articles on conditions in the internment camps by Dr. Ken Maehara, faculty member Department of Pathology, University of Nevada School of Medicine. It relates his personal experiences and information that has been made public about the camps since their disbandment. We hope that the U.S. Government and the American people have learned a lesson from this misadventure.

## INTRODUCTION

On February 19, 1942, President Franklin Delano Roosevelt signed "Executive Order 9006," which mandated the exclusion of approximately 120,000 citizens of Japanese descent from living, working, or traveling in designated areas of the West Coast states. Initially, Japanese were permitted to voluntarily relocate inland. It became evident that this policy would not work because of the reluctance of families to leave their homes, farms, and businesses, as well as the refusal of states to allow them to relocate within their borders. Consequently, the Western Defense Command established the

Wartime Civil Control Administration (WCCA) to be in charge of the relocation of Japanese into temporary assembly centers while permanent relocation camps were being constructed. The transport of internees to the permanent relocation centers was the responsibility of the military, while their "care and feeding" in the centers was under the authority of the Director of the War Relocation Authority (WRA).

## HEALTHCARE IN GENERAL

No single entity has been more polarizing, nor undergone more debate than the quality of healthcare provided in these

centers. In their final reports submitted after the closing of the centers, the WRA attempted to put a positive spin on the situation, (*A Story of Human Conservation*, U.S. Government Printing Office, 1946). A 1946 Department of the Interior Report (*The Evacuated People: A Quantitative Description*, U.S. Government Printing Office) compared the death rates between the general U.S. population and internees in the camps. The conclusion was that the death rates in the camps were lower than that of the general population. This suggests that healthcare practiced in the detention centers was of a very high quality. However, oral testimony provided by internees,

	<u>Population</u>	<u>Doctors</u>	<u>Ratio</u>
U.S. Armed Forces	10,000,000	70,00	1:143
American Civilians	120,946,000	106,000	1:1,141
All Relocation Camps	117,000	78*	1:1,500

\* 68 Japanese and 10 Non-Japanese physicians

*Fig. #1*

and written documents indicate that major flaws in the healthcare system were pervasive in all ten distention centers.

## **MEDICAL PERSONNEL SHORTAGES**

One of the major problems affecting the interment centers was the lack of sufficient medical personnel. In the November 18, 1942, minutes of the Community Council at the Topaz Relocation Center a comparison was made between the number of WRA doctors and those found in the armed forces and civilian population. (See figure #1)

Because the ratio of patients to physicians was so large, the workload was extremely high. Dr. George Kambara was interned at the Tule Lake Relocation Center and was an ENT graduate from Stanford University. He related in a June 5, 1943, letter to a Stanford colleague...:

"There has been much work to do here, the Eye, Ear, Nose, and Throat Clinic has kept me on the go for the past year. From July to November I was alone with four clinic aides.... We average 45 to 50 patients

daily.... During January and February we had 90-110 in our clinic alone on Mondays...."

An even greater problem than the lack of physicians was the extreme shortage of nurses. In an addendum to a letter to Dr. G.D. Carlyle Thompson (Regional Medical Director for the WRA), the council estimated that a total of only 72 nurses (46 Japanese and 26 Non Japanese) were assigned to the Relocation Centers. The concern for this lack of sufficient numbers of healthcare personnel was documented by Dr. Lauren Neher, Chief Medical Officer at the Minidoka Relocation Center, in his final report to the WRA covering the period between June 1, 1942, to October 19, 1945:

"The early days of the relocation centers were characterized by a marked degree of disorganization and many shortages in materials and supplies. One of the worst features of all centers in the early days was the severe understaffing of all departments; and this condition lasted throughout the duration of WRA with regard to nursing personnel and clerical help."

The semi-annual report for the Tule Lake Relocation Center written by the Department of the Interior for the period of July 1 to December 31, 1943 supports Dr. Neher's statement.... "The shortage of nurses has become the most critical health personnel problem and more than any other single factor narrows the scope of medical services at the centers."

## **SHORTAGES OF SUPPLIES AND EQUIPMENT**

"The procurement of supplies and equipment was difficult throughout my experience with WRA" Dr. Neher stated in his final report. As late as November 24, 1943, Dr. W.T. Carstarpnen, the Chief Medical Officer at the Rohwer Relocation Center, wrote to Dr. G.D. Carlyle Thompson:

"I would assume that we have on hand about one-third of our equipment.... The thing that disturbs me considerably is that in my prenatal supervision, I find over sixty cases, the majority of whom will make delivery sometime in December; this will have to be done in Ward

7, inasmuch, as the obstetrical department is still entirely incomplete, and not set up. The same is true of the pediatric section.”

So severe was the lack of medical equipment that many physicians used their personal instruments. Mac Suzuki recalled that Dr. George Hashiba brought a cystoscope, esophagus scope, and surgical tools to the Tule Lake Relocation Center (N. Hirahara and G.M. Jensen, *Silent Scars of healing Hands: Oral Histories of Japanese American Doctors in World War II Detention Camps*, 2004, p. 168). On September 20, 1942 Dr. Jack C. Sleath wrote to Mr. E.M. Rowalt (Acting Regional Director):

“We are considerably handicapped right now due to lack of X-ray facilities. Although the X-ray room is built, the lead lining is still on order and has not arrived at the job yet.” The First Quarterly Report (July-September, 1942) from the Heart Mountain Relocation Center states: “The surgery department has no operating tables, and the scrub-up sink is not installed as yet. The facilities for major surgery are still very inadequate, as the instruments have not yet arrived. There is also a lack of suture materials, medication, and surgical linens.”

Dr. Alexander H. Leighton (Acting Chief Medical Officer at Poston Relocation Center) wrote: “The usual drugs for relieving pain and producing sleep were missing, and diabetic patients went without insulin.” Alexander H. Leighton, M.D., *The Governing of Men* (Princeton University Press, 1945).



Ken Maehara Ph.D.

## **INADEQUATE FOOD, SANITATION, AND AMBULANCE SERVICE**

Additional factors which contributed to the difficult health care situation in the centers included:

1. Lack of food for babies and small children. “No such provisions were made until the project had been under operation for about four months.” (Extracts from a Report on the Poston Disturbance, Community Analysis Reports)
2. “There was a shortage or lack of ambulances at most WRA Projects.” (Letter from Dr. G.D. Carlyle, Regional Medical Officer, September 10, 1942). My mother said that she waited for over four hours for an ambulance to take me to the hospital for a respiratory infection. This was during the dead of winter at the Minidoka Relocation Center. Since our “apartment” was over a mile from the hospital, she felt she had no choice but to wait for the ambulance.
3. Inadequate sanitation was a problem in many centers. As reported previously, the sewer system at Minidoka was not

completed until several months after internees arrived and residents were required to use unsanitary outhouses during the initial winter months.

4. Also frequently cited deficiencies included the poor quality of food during the early period of relocation; the lack of preparation for severe weather conditions faced by the internees; poorly constructed housing; and, the overall lack of planning by the military and the WRA for the care of the approximately 120,000 internees.

## **CONCLUSION**

With all of the government’s failures and deficiencies in this relocation effort, it is a complement to the men and women working in the healthcare field that so few internees became severely ill or died while living in the relocation centers.

## ***Shadow on the Earth***

by Cal Lewis, MD

Dr. Cal Lewis, who practiced in Elko, Nevada, from 1976-1999, has just released a book delineating his philosophy and life in Medicine. Cal was born in Kansas in 1929, and after high school he joined the Marine Corps. Graduating from medical school in 1960, he tried a stint in private practice in Monterey, California, before moving to Elko in 1976 to associate with the Elko Clinic. Ten years later Dr. Lewis left the clinic and entered private practice. He

retired from practice in 1999. The book is available from the Elko Book Store, 1372 Idaho Street, Elko, NV 89801, or from Dr. Lewis at [cbarl@elko.net](mailto:cbarl@elko.net).

### In Memoriam

*Greasewood Tablettes* was founded to preserve medical history. Unfortunately, we do not have the means to keep abreast of the lives of all healthcare practitioners. If we inadvertently miss a particular obituary, we invite you to send us a copy of a newspaper obituary.

#### William Kemp, MD

William was born February 12, 1931, in Faulkton, S.D. He served in the U.S. Navy 1959-61. Following his service he moved to Las Vegas and practiced anesthesiology, where he died December 6, 2007, after a battle with cancer.

#### Edward Kopf, MD

Dr. Edward Kopf died in November 2007 at the age of 83 in Las Vegas. He graduated from the University of Buffalo Medical School and specialized in plastic surgery in Las Vegas since 1960. He was a humanitarian and traveled to Mexico to treat children with deformities.

#### G. Tom Shires, MD

Tom was born in Texas and died at the age of 81 in Las Vegas in October 2007 from gastrointestinal cancer. He was a leader in shock and trauma surgery in the U.S. Dr. Shires was director of the Trauma Institute of the University of Nevada School of Medicine at the time of his death.

#### Peter Teodor, MD

Peter Teodor, 82, died November 10, 2007, after several years of ill health. He was born in Romania where he received his medical

education. After coming to the U.S. he trained at the University of Pennsylvania, worked at the Nevada Test Site, joined the U.S. Air Force, and retired at the age of 67 in Las Vegas.

#### Frank A. Russell, MD

Frank died at home December 23, 2007 at the age of 92. After his medical education at Marquette he returned west to California where he was born. He did a stint in the U.S. Army medical corps at the end of WWII before moving to Nevada, where he practiced in Sparks and Reno for over forty years.

#### Joseph Synder, MD

Dr. Joseph Snyder, 51, died December 17 from kidney cancer. He attended Georgetown Medical School and entered the U.S. Navy where he became a board certified nephrologist. After discharge from the navy in 1991, he settled in Las Vegas where he practiced until his death in 2007.