I. INTRODUCTION

According to the administrative structure which the War Relocation Authority has established in the ten Relocation Centers, the hospitals in these centers are administered as part of the Community Services Division. This division has been given responsibility for the community health program which involves medical services and the operation of a hospital. The Health Section is organized as a part of that division, and the Chief Medical Officer is responsible to the Chief of the Community Services Division.

According to administrative charts, "The Health Section provides for the general health of the community, maintains medical, dental, hospital, dietary, and pharmaceutical services for the project. The section maintains an obstetrical hospital, surgical, emergency, and general medical services. It operates in-patient and out-patient clinics. The Health Section studies the health conditions of the communities and recommends measures which will improve general physical well-being and eliminate health hazards."

Clearly the extension of medical services to members of this community and the operation of a hospital for their benefit are part of the functions of the Community Services Division according to charts of administrative organization. Yet in actual practice this has not been the case. Those responsible for the medical program have operated autonomously as a separate unit or division.

The Chief Medical Officer, although technically under the Chief of Community Services, is de facto independent. In practice the Chief Medical Officer has attended the regular Division Chiefs' meetings on the basis of equality with the heads of the various divisions.

In late December, Dr. Carson, Chief Medical Officer, joined the armed forces and Dr. Reece Pedicord was appointed to succeed him. At this same time Mr. Elmer Shirrell, who had been the Project Director, took another position, and was succeeded by Harvey Coverley. With his advent there were certain changes in administrative organization and procedure. Mr. Coverley is a firm believer in strict adherence to lines of authority and hierarchical administrative structure. In consequence there was some confusion concerning the relationship of the Chief Medical Officer to the Community Services Division.

On the one hand the new Project Director felt that the relationships which should exist between the medical director and the division were those provided for in authorized descriptions of administrative organization. The lines of administrative authority which had been prescribed should, he felt, regulate the relations.

On the other hand, Mr. Fleming, Chief of the Community Services Division, expressed the feeling that the medical services should be administered by the medical director independently of his division as it had been in the past. In the first place he stressed the fact that the hospital was a large enough and an im-

portant enough institution to be, in effect, a separate division. He made the point that it was difficult for a layman to administer the affairs of the hospital over the head of the Chief Medical Officer. After all, he asserted, his knowledge of hospital affairs was slight and he felt in no way qualified to assume administrative control. Dr. Pedicord was in agreement with Mr. Fleming on these points.

It seems apparent that no decision was actually made by the Project Director one way or the other. Gradually, however, there was a return to the situation which had existed before the advent of Mr. Coverley and Dr. Pedicord. The Chief Medical Officer brought a few especially difficult administrative problems to Mr. Fleming who immediately referred them back to Dr. Pedicord. For a time part of Dr. Pedicord's official correspondence came over Mr. Fleming's desk. In a short time these things were discontinued and the relations between the division and the Chief Medical Officer which had existed under the regime of Mr. Shirrell were fully re-established. Dr. Pedicord now deals directly with the Project Director in administering the medical affairs of the community. In actual practice the hospital is an autonomous unit and the Health Section is an administrative division.

A large number of people are employed in the hospital unit. There are an estimated force of 455 persons employed in this unit. Of these 455, 45 may be classified as professional or semi-professional people: nurses, doctors, dentists, pharmacists, optomet-

rists, etc. There are 146 nurses' aids and orderlies. An estimated force of 211 others work in the laundry, or as janitors, mess workers, ambulance drivers, etc.

Within the hospital the same sort of problems of human relations exist which are present in any hospital of comparable size. There are clashes of personalities among staff members of all such institutions; professional rivalries and jealousies are widespread, so are conflicts between doctors and nurses frequent occurrences. These conflicts are likewise present in the Tule Lake hospital.

In relocation center hospitals, however, there are many elements present which have given rise to unusual probelms or have served to intensify certain other problems commonly found in hospitals and among medical personnel. It is evident that the circumstances of the evacuation and subsequent living and working in a relocation center have had profound effects upon the hospital and its staff.

In the first place the relations between the medical director and the members of his staff differ in many significant ways from the usual patterns. Secondly the relations of the hospital and its staff to the community have a number of unusual elements. It is with these things that this report is chiefly concerned. There will be no attempt here to describe in detail the organization and functions of the hospital and its various parts. The report is merely an attempt to record some of the conflicts and tensions which have developed among the members of the hospital staff, Caucasian and evacuee, professional and non-professional, and to

describe some of the factors which have been present.

The report grew naturally out of a series of conversations with Dr. Hyman Elihu Bass, WRA Tuberculosis Consultant, during his brief stay here. It represents merely an attempt to organize some of the things learned from him.

II. RELATIONS OF CHIEF MEDICAL OFFICER AND HOSPITAL STAFF

1. The Professional and Semi-Professional Staff.

There are certain deep-rooted antagonisms towards the War Relocation Authority which are reflected in the relations between the Chief Medical Officer and the professional staff.

Perhaps one of the most fundamental of these antagonisms arises from the fact that the Chief Medical Officer is, in all relocation centers, a Caucasian.[1] Doubtlessly the evacuation has made the evacuee physicians more conscious and more sensitive to matters of race. Some individuals are, of course, far more sensitive to these things than others. In general it may be said that to the evacuee physicians racial discrimination and professional pride have become closely associated. It is evident tha the evacuee doctors generally consider the fact that Caucasians only are appoint Chief Medical Officers as conclusive evidence that they are not regarded as capable enough to assume full charge of the medical program themselves. One of the clearest expressions of this feeling is contained in the letter written to Dr. G. W.

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1. In at least some of the Wartime Civil Control Administration centers, evacuee physicians were put in charge of hospital administration. In Tulare Assembly Center, Dr. Watanabke was resident physician for a time, a position which corresponds to the Chief Medical Officer in a relocation center. Dr. Watanabe didn't prove a satisfactory administrator and was replaced first by Lorne Huycke and then by Dr. Suyenaga. The latter physician turned out to be an excellent hospital administrator and performed his functions to the satisfaction of the evacuee community, the Wartime Civil Control Administration, and the United States Public Health Service.

Carlyle Thompson, then Regional Medical Officer, by Drs. Hashiba, Baba and Yoshiye Togasaki.

> We find that the War Relocation Authority considers the Japanese physician incapable of handling the medical situation of these projects and has placed, in our opinion, less than mediocre Caucasian physicians and nurses in charge of the medical set-up.[1]

There seems to be good evidence that the resentment over the appointment of Caucasian physicians to the position of Chief Medical Officer has contributed to feelings of resentment against the Chief Medical Officer as an individual and as a medical practitioner. Resentment against what appears to the evacuee doctors to be racial discrimination has been reflected in relations between the Chief Medical Officer and his staff.

From the beginning of theproject, the evacuee physicians, as a whole, have been critical of the Caucasian Medical Chiefs. They hold low opinions of the medical abilities of both men who have been in this position, Drs. Carson and Pedicord. Upon questioning the evacuee physicians will cite numberous incidents to prove the medical and administrative incompetence of the Caucasian physicians. This especially true in the case of Dr. Pedicord.

Dr. Baba, shortly before leaving the project, spoke freely of these matters revealing a contempt for the medical ability of Dr. Pedicord, and a disgust with the manner in which he administers the affairs of the hospital. The views of Dr. Baba have frequently

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1. This letter, written November 20, 1942, is contained in J.A.C.L. publications which cannot be exactly described by the writer. They have been loaned to James Sakoda.

been at variance with the views of other evacuee members of the staff, but in his opinion of the two medical directors he represents the consensus of opinion among his colleagues.

It is difficult to say, however, how much justification there is to these opinions and what influence general resentment has played upon the formation of these opinions.

There are other important reasons for dissatisfaction with the War Relocation Authority which arise not from the daily routine of hospital management but from the medical policies of the WRA. Most of the physicians feel that the WRA medical authorities have paid little consideration to them in making assignments. The doctors have frequently expressed preferences for assignments to hospitals in particular relocation centers, but these expressions have been generally ignored. The following incident may serve as an illustration of this situation. Dr. George Baba practiced in San Francisco and San Mateo counties for about two years before the evacuation. When the evacuation occurred it was, he says, his desire to remain with the other evacuees from this area. The Wartime Civil Control Administration sent him to Tulare Assembly Center. Officers of the United States Public Health Service connected with the WCCA gave him an assurance that he would later be allowed to transfer to the relocation center to which the residents of San Francisco and the Peninsula were assigned. Instead he was transferred to Gila River Relocation Center when the people of the Tulare Center were sent there, "while two doctors from Los Angeles were sent with the People from the San Francsico Area. The WRA likewise ignored the expressed wishes of the Drs. Togasaki who desired

to be sent to the Central Utah Project at Topaz. These individuals feel a certain amount of resentment towards the WRA for ignoring their expressed preferences in the matter of assignment.

Although there have been numerous incidents of this sort, other evacuee physicians have been sent with the people of their communities. Among the six doctors now on the hospital staff, five of them practiced in areas evacuated to Sacramento and Marysville Assembly Centers and were then transferred to Tule Lake. This group includes Drs. Hara, Ito, Kambara, Seto, and Akamatsu. The latter left Walnut Grove, California, for Seattle shortly before the evacuation. He was evacuated from Seattle to Puyallup Assembly Center and from there sent to Tule Lake. Dr. Hashiba, however, practiced in Fresno and was evacuated to Fresno Assembly Center. Later he was transferred to Tule Lake.

In other respects the evacuee doctors feel they have been poorly treated by the WRA. It has been their complaint that the WRA has imposed upon them in an unfair manner. The doctors are on call twenty-four hours a day; they have very hard work to perform yet are granted no privileges, and are given the same rate of pay that others will far less professional training receive. In addition the doctors, unlike other evacuees, are subject to transfer to other projects depending on the needs for their services. They would like a recreation hall for members of the hospital staff, a library supplied with medical journals and periodicals, etc. They would like certain privileges for their families. To illustrate

--one physician felt that certain services should be performed for his mother who lives with him, for if he didn't have to work such long hours, he, himself, could have performed those services.

It is also felt that a number of personal requests the doctors have made have not been dealt with in a satisfactory manner. This contention was expressed in the above mentioned letter to Dr. Thompson from Drs. Hashiba, Baba and Yoshiye Togasaki. "Concerning personal requests," they wrote "we have found our medical director (Dr. Carson) though sympathetic, wholly inadequate."

This was written on the occasion of the lumber controversy between the evacuee doctors and Mr. Shirrell, then Project Director. Several of the physicians were transferred to this project several months after the project began. When they arrived there was no longer any available wood to make cabinets, benches, desks or partitions as there had been when the first evacuees arrived here.

One of the people to feel this lack keenly was Dr. Baba who arrived here in autumn. While at Gila River Relocation Center Dr. Baba had made various pieces of furniture out of the available supply of lumber. When he was transferred to Tule Lake he was deprived of these things. He and his mother and sister were given an apartment with only army cots. Dr. Baba felt that a certain amount of lumber should in justice be provided for him. Drs. Togasaki and Hashiba aggeed.

The physicians discussed the matter with Dr. Carson who was willing to procure lumber for them through the hospital. For some reason they took the problem to Mr. Shirrell directly. The Project

Director at first refused to give them any lumber at all. He stated that it was a WRA policy that no group of evacuees no matter how important their services could secure special rights not given to other evacuees. Finally, however, the Project Director consented to give them some lumber, but not as much as the physicians desired. This caused a certain amount of bitterness on their part.

It is frequently said that Dr. Thompson has promised the evacuee doctors various things which have not materialized. This too has added to resentment against the WRA medical office. Dr. Thompson has acquired a monumental reputation as a liar both among the evacuee physicians and the Chief Medical Officer.

The points and issues which have been described thus far are not things that have arisen out of the daily routine of hospital management. They are problems which have developed from general policy of those responsible in the WRA for ~~xxxxxxxxxxxxxxx~~ the medical program.

There have been numerous incidents of conflict between Dr. Pedicord and the evacuee doctors in his staff which have developed in the daily routing of medical practice. Tremendously important in determining the nature of the relations between the evacuee staff and the Chief Medical Officer are the personality, training, professional ability, and attitudes of the Chief Medical Officer himself. This being true it may be well to describe briefly the two Caucasian physicians who have held that position at Tule Lake.

Dr. Carson was the first of the two Chief Medical Officers at Tule Lake. Before accepting a position with the War Relocation Authority he had practiced successfully for some years in the East Bay Area.

Dr. Carson is a middle aged man, married, with several high school age children. He is a small man and is very sensitive about his size. He has the somewhat defiant attitude often affected by small males.

The first medical director had certain definite prejudices against the evacuees and these he expressed freely. Just before leaving the Project to join the armed forces he expressed himself as follows, "I came up here without any prejudices against these people, but I cannot say that I am leaving without them. I've never seen such pettiness and bickering in my life; we've tried so hard and have met with so little response. There are a few people here who I think a great deal of. But most of them aren't worth a thing. I wouldn't mind being in a position where I could kill a few of their kind."[1]

Most of the evacuee staff members, however, feel that of the two Caucasians who have been Chief Medical Officers at Tule Lake, Carson is by far the easier to get along with. According to Dr. Baba, Dr. Carson was easier to talk with and was quicker to admit he was wrong. It was characteristic of Carson to make a rash statement and when confronted with evidence contrary to his contention

he would quickly reverse his position. That occurred many times in relation to medical problems and in relation to general community affairs.

Dr. Carson accorded the evacuee physicians the respect they feel is due them as medical men. Like them, he is a firm believer in the prerogatives of the profession. Dr. Carson was willing to seek special privileges for the members of his professional staff, that was manifest in his willingness to get lumber for them through the hospital. When the optometrists became deeply concerned over the fact that they had to use their own personal equipment without any recompense, Dr. Carson took an interest in that problem. The matter was not solved when Dr. Pedicord succeeded Dr. Carson, and the matter was dropped.

It is interesting to note that the physicians feel that Dr. Carson was willing to admit that evacuee doctors often knew more about a problem than did he himself. It is hard to say whether or not this is true, but the important fact is that the evacuee doctors believe it to be so. Dr. Pedicord, they contend, would admit no such fact.

Dr. Pedicord succeded Dr. Carson around the first of January. He is an older man than Dr. Carson. For many years he has practiced medicine in West Virginia. There he, along with several other doctors, staffed and administered a hospital.

Pedicord was reportedly about to retire before coming to Tule Lake. He decided to work for the WRA and when the work of the WRA is completed, retire. By accepting a position here he has no fear

of relinquishing his practice for there will be no need for him to re-establish himself in practice after the war. A younger physician would have to face that reality. Dr. Pedicord risked nothing professionally by coming here. The medical position at Tule Lake which pays $5,600 per annum represents to him merely an opportunity to make his eventual retirement more pleasant.

Dr. Pedicord has been independent in his relations with the local Project Administration. He is fully aware of the fact that physicians are very difficult to secure and that anyone who accepts the Chief Medical Officership here can almost make any demand he chooses. Good housing facilities are assured the Chief Medical Officer, etc.

There were some far reaching changes in hospital administration with the arrival of Dr. Pedicord. The new Chief Medical Officer was, in the beginning, very conscious of hospital expenses. He felt that too much money was being spent and that there were many ways in which hospital expenses should be shashed. Dr. Pedicord has, upon occasion, expressed the belief that Dr. Carson spent too much money on expensive medicines and that cheaper medicine is good enough for these people. This attempt at economy was severely criticized by the professional men on his staff who reminded the medical director that the hospital was a governmental institution and not a private hospital. Gradually Pedicord softened his economy mindedness.

According to Dr. Bass, Pedicord came to the Project with the determination that many new men have, to search for gross errors

and to clean out dark corners. Immediately upon his arrival, the new medical director imposed new regulations in the hospital and assumed a far more active role in the medical aspects of the hospital.

A number of relatively serious conflicts have developed between Dr. Pedicord and the physicians on his staff which have their origin in the fact that the new director supervised more intimately the medical practice of his staff than had Dr. Carson. Dr. Pedicord once stated that Dr. Carson had been doing a $100 a month job here. What he meant was that Dr. Carson spent too much time in the actual administrative affairs of the hospital and too little time supervising the medical practice of the doctors under him. To Pedicord, Dr. Carson was too much the hospital administrator.

Conflicts flared openly on several occasions when the Chief Medical Officer changed orders issued by evacuee doctors, altered medical charts, postponed operations, questioned the need for operations and criticized the way in which the medical men practiced. Such actions offended the evacuee physicians who are extremely sensitive on matters of professional competence. They resented the interference especially because they are so convinced of his utter lack of medical ability. This new imposition of supervision gave further support to their feeling that they were being treated like "scrub women."

The policy of interference and close medical supervision pursued by Dr. Pedicord was one of the important elements in an

incident involving Dr. Kazue Togasaki.[1]

Dr. Togasaki is a specialist in obstetrics. She felt that as a specialist in obstetrics she knew vastly more about this field than did Dr. Pedicord. By his own admission, he hadn't delivered a baby for eighteen years before coming here. His recent practice hadn't included obstetrics. Dr. Togasaki came into sharp conflict with Dr. Pedicord because of his interference in her practice.

In this incident there were other elements present. There are certain antagonisms which have existed between Dr. Togasaki and certain other members of the medical staff. Dr. Bass feels that professional jealousy played a part. In addition there is some feeling against women doctors on the part of the older evacuee physicians. Dr. Togasaki is a very outspoken woman. Some of the staff members felt that she tried to take control of the whole hospital when she was transferred here.

In any case it is maintained that Dr. Pedicord used the antagonisms against Dr. Togasaki for his own ends. Dr. Pedicord was more sympathetic towards the faction among the physicians which opposed Dr. Kazue Togasaki. Dr. Pedicord reputedly made it evident to this faction that he was upholding their interests, thereby attempting to gain the support of the members of this faction. These were basic factors in the affair.

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1. There were three Togasaki sisters employed in the hospital here. Two of them are doctors, Kazue and Yoshiye Tokasaki. The third sister is a public health nurse.

The incident which brought matters to a head was an accident. which occurred to one of the patients of Dr. Togasaki. The doctor wasn't directly responsible for what happened, but allegedly had allowed an interne to perform a complicated medical procedure without adequate supervision. Dr. Pedicord used this incident to secure the transfer of this doctor to Manzanar. Here sisters, also on the hospital staff, went with her.

Protests against interference in the practice of medicine on the part of the evacuee physicians accumulated for some time and eventually culminated in a special meeting of physicians and internes. The Project Director, Mr. Coverley and Drs. Bass and Pedicord were invited to attend the meeting.

In the meeting the evacuees stated their grievances freely and demanded a clear definition of the relationship which should exist between Dr. Pedicord and themselves. They expressed the belief that the functions of the Chief Medical Officer consisted chiefly of managing the administrative affairs of the hospital and performing office routine. That had been Dr. Carson's principal function and it should be Dr. Pedicord's they felt. The doctors contended that they themselves were perfectly competent to assume full responsibility for the medical care of their patients without interference from the Chief Medical Officer. They cited numerous instances in great detail in which Dr. Pedicord had countermanded their orders, postponed operations and otherwise interfered with their practice. These measures had disturbed them considerably.

Pedicord's response to the evacuee physicians gave the inference that he had received special instructions from the Chief

Medical Officer of the WRA to supervise medical care and interfere as much as necessary whenever he felt the need was indicated. Pedicord then made it clear that since he had been directly charged with such responsibility, he did not intend to deviate from his previous policy.

In this meeting Mr. Coverley lent his support to Dr. Pedicrod. Coverley emphasized the fact that the Chief Medical Officer of this hospital has full responsibility for the affairs of the hospital and that the Project Director would not interfere with any thing the Chief Medical Officer did in performing the functions assigned to him.

The doctors then cited the policy of non-interference which Dr. Carson had followed. This, however, did not alter Pedicord's position for he feels that Dr. Carson in becoming merely a hospital administrator was not actually fulfilling the functions which were his. In the face of Pedicord's adamancy the doctors has to give in and accept the supervision of the Chief Medical Officer.

Pedicord assured the evacuee doctors, however, that he meant this intermittent supervisory policy to be only of a temporary nature. He intended this supervision only to continue, he stated, until he was reasonably assured that the medical staff was fully capable and trustworthy.

This meeting seems to have had substantial results. Dr. Bass feels that the assurances Dr. Pedicord extended have been born out by subsequent events for at the present time operative procedures are approved more or less routinely by the Chief Medical Officer.

Dr. Bass also feels that there is at present an increased feeling of harmony manifest in the relations between Dr. Pedicord and the physicians.

To substantiate this contention the recent dinner given by Dr. Pedicord for the doctors might be cited. At the dinner one of the evacuee doctors, Dr. Hashiba, stated in ~~kkx~~ one of the usual speeches of mutual admiration that at first the evacuee doctors saw Pedicord as the devil incarnate with two long horns. Gradually --with the passing of time--the horns diminished until they disappeared leaving a shiney bald head. Dr. Pedicord replied in a similarly friendly vein.

To Dr. George Baba, however, this incident only gives evidence to that fact that (1) the doctors are desirous of getting along amicably with Dr. Pedicord "despite his incompetence and interference," and (2) the doctors were no longer willing to stand firmly on their rights. As for Dr. Baba, he felt that he could no longer work under Dr. Pedicord and left for Elgin, Illinois, where ~~wi~~ he will work in a hospital.[1]

In any event it is certain that more harmonious relations do exist between the Chief Medical Officer and the physicians than was true when the new medical officer first came here. In the beginning of his work at Tule Lake, Dr. Pedicord was apparently very gruff

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1. Dr. Baba wishes eventually to establish a practice among Caucasians. Before the evacuation he practiced in San Francisco and the Peninsula among Caucasians.

with the members of his staff. In speaking of this, the Medical Social Worker, Miss Nakazawa states, "We felt that Dr. Pedicord didn't have blood in his veins. He didn't seem human to us. He was curt and extremely short with us. He spoke of "Japs" this and "Japs" that. The doctors used to come and tell me all their woes. They were ready to go on strike against him. I was going to quit and transfer to the Social Welfare department."

When Dr. Thompson came to visit the Project the evacuee doctors talked with him on this matter. Dr. Thompson asked Dr. Pedicord to be more careful of the manner in which he dealt with the members of his staff. Pedicord defended himself by stating that he always spoke in that manner and that at home the people took it for granted and knew it didn't mean anything. Since then there has been a noteworthy improvement in his manner.

There is an important steam valve in the relations of the physicians with the medical director. In addition to holding a professional meeting once a week to discuss interesting cases, the physicians also hold a second type of meeting. This meeting is conducted by the doctors themselves; invitations to attend are always transmitted to Dr. Pedicord and to Dr. Bass during his stay here. Attendance is not compulsory, of course, but since the medical director feels it desirable to keep an ear to the ground he attends regularly. It is advisable for him to be at hand and to enter upon any discussions of policy held by the evacuee doctors. The meetings also provide means by which the medical director

can transmit and explain changes in policy originating in his office or in the office of the Chief Medical Officer of the WRA. It frequently happens that a suggested policy is discussed which Pedicord hasn't considered but to which he finds no objection. In this case the suggested policy is then adopted.

To illustrate this process: During the absence of Dr. Pedicord, Dr. Bass acted as Chief Medical Officer and in that capacity attended one of these meetings. At this particular meeting the fact was brought up that the hospital staff was being seriously depleted by the process of resettlement. The doctors felt that house calls should be discontinued and that the ambulance might be used to a greater extent to answer the need. Dr. Bass advised the doctors that they could make their own decision but warned to consider the temper of the people, the difficulty such a step might cause. Dr. Bass felt that a large number of colonists might be displeased with this action. He informed them that as far as he was concerned the action was all right but that the responsibility for effecting the action lay with them. The doctors were advised that if they took such a step they would assume responsibility for giving the people proper notification of the change.

The doctors shouldered the responsibility. They voted to eliminate house calls and drew up a new schedule of clinic visits by which the same clinical services were available but shorter time allotted. The doctors arranged the propaganda. A statement for

Tulean Dispatch was prepared and announcements were transmitted to the block managers. The only action involving a Caucasian was the signing of a request for mimeograph paper.

By allowing the evacuee doctors to make this decision and assume responsibility for carrying it into effect, Dr. Bass felt that "in so doing to doctors would be more apt to seek advice and rely on Caucasian supervisors for support rather than putting them on opposite sides of the fence."

Other decisions originated wholly from Pedicord and have been announced to the assembled medicos. Often the doctors would discuss and criticize the announced policies. Sometimes, however, these decisions would not be subject to discussion or criticism because of their simple nature, but were submitted to the doctors merely as a matter of routine. For example, Dr. Pedicord issued a statement that more care should be given hospital charts which were not being adequately maintained. This matter was apparently generally agreed upon by the evacuee doctors and was not made a subject for discussion.

The relations of the evacuee physicians with the Chief Medical Officer have been complicated by various factors (1) the resentment against the treatment they (the evacuee doctors) have received from the WRA, (2) the fact that feelings of professional pride and competence have been hurt by the close medical supervision of the present Chief Medical Officer, and (3) the general feeling that the two Caucasian Chief Medical Officers, DRS. Carson and Pedicord, are inferior physicians and incompetent generally.

The relations between the Chief Medical Officer and the dentists and optometrists have been less close and less complicated. The dentists are apparently quite well organized. Most of them have been practicing for a substantial period of time before the evacuation and were quite successful.

The dentists have co-operated well with Dr. Pedicord. In fact they have been able to establish such good relations with the Chief Medical Officer that on an impulse he gave the dentists a dinner. At this dinner he praised the dentists because they were, he asserted, the most coöoperative group in the hospital. When Dr. Bass brought to his attention that he might thus incur the resentment of the doctors, Pedicord expressed the feeling that such a consideration wasn't worth worrying about. The doctors, he added, didn't deserve a dinner. Later, however, when relations with the doctors improved the Chief Medical Officer did give his medical staff a dinner.

Nurses and Nurses Aids

The Chief Medical Officer has supervisory power over the nurses and nurses aids. It has been the general policy, however, that such power be exercised through the Chief Nurse. The medical director doesn't intercede directly in the affairs of the nurses and nurses' aids; as far as the nurses and nurses' aids are concerned all orders eminate from the Chief Nurse.

Dr. Carson had serious difficulty with one of the head nurses, Miss Abercrombie. She quit her position on the hospital staff

because of the conflict which developed between Dr. Carson and herself.

"I came here," she related, "because I had the idea I would be contributing to the national war effort. At the regional office they persuaded me on this point; they laid it on thick."

She accepted the position at Tule Lake, but she had not been here long before she came into personal conflict with the Chief Medical Officer. She found objection to the way in which he administered the affairs of the hospital. Miss Abercrombie felt that the medical director was far from being as competent as she should have been. There was, she felt, too much political maneuvering in his administration.

"'I hold the whip in my hand.' That's the sort of a statement made by a certain person (Carson) in the hospital. . . . Carson's a politician; he's wight up there with the Shirrells, Hayes and that outfit. Hayes is related to Shirrell, isn't he? Anyway the young Carson boy refers to Shirrell as 'Uncle Elmer' which shows how close the Carsons and the Shirrells are."

Then the Chief Nurse spoke of the Iki-Harada incident. This incident, involving two of the evacuee doctors on the hospital staff almost developed into a major community crisis.[1] Miss Abercrombie expressed the belief that both Dr. Iki and Dr. Harada were fine physicians. The issue that developed between them, she asserted was wholly an artificial matter created by Dr. Carson.

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1. For an adequate description of the Iki-Harada affair see accounts written by Tamotsu Shibutani and Frank Miyamoto.

"The way the Iki-Harada affair was conducted is disgusting. That's typical of Carson's maneuvering. The worst part of the affair was that Dr. Iki was shown (by Carson) a letter which was sent to the regional office. Dr. Iki was able to confront Dr. Harada with the contents of the letter. That surely burned me. I wouldn't remain a part of such hospital management. I can't say much because of professional ethics but I surely wrote a letter to the regional office."

To illustrate the administrative incompetence of the Chief Medical Officer, she cited the following incident. "One day a Japanese person came to me at the desk. The receptionist was gone and I happened to be there. The person wanted to see Dr. Carson to whom he had made a request two weeks before. A group of colonists had raised a fund to get a specialist here to look over their relatives."

"I mentioned it to Carson. 'It slipped my mind' he said." She felt that this neglect on his part was serious because the colonists felt the need for the immediate services of a specialist for certain of their relatives.

Subsequently a great deal of conflict has developed between Dr. Carson's successor, Dr. Pedicord, and the present Chief Nurse, Miss Dunlay.

According to Dr. Bass the trouble which has developed between them is the same sort of difficulty which frequently arises between the medical director and nursing supervisor in any hospital. Nurses

always look with jealousy upon their authority. Dr. Pedicord, Bass feels, has been careful not to treat upon Miss Dunlay's province. As a matter of fact it is said that Pedicord feels she doesn't exercise enough authority of her own. If she comes to him with a question, he tells her that she is the boss of her own department and can solve her problems as she sees fit as long as the things she did weren't counter to general hospital policy.

Dr. Baba, however, contends that Dr. Pedicord has adopted an antagonistic attitude toward the Chief Nurse. He relates that Pedicord told Dr. Thompson, during his visit here, that Miss Dunlay was not competent. The evacuee doctors and nurses are extremely fond of Miss Dunlay according to Baba, which fact has extended the conflict between the two. Unfortunately the writer hasn't been able to determine the real causes of the conflict.

II. RELATIONS OF CHIEF MEDICAL OFFICER AND HOSPITAL STAFF

2. The Non-Professional Staff

The relations of the Chief Medical Officer with the non-professional workers differ substantially from his relations with the professional members of his staff. The professional people--doctors, dentists, and nurses--are regarded more or less as colleagues of the Chief Medical Officer. They exercise a certain amount of responsibility in performing their medical duties. To the non-professional workers in the hospital--orderlies, laundry workers, janitors and mess workers--the Chief Medical Officer is the supervisor of the hospital; to the professional staff he is more the medical director.

The difference in these relationships was far more marked under Dr. Carson than under Dr. Pedicord. Although Dr. Carson had little real sympathy or liking for the evacuee doctors on his staff they still were doctors. To him this meant that they were entitled to certain of the prerogatives of the profession.

With the advent of Dr. Pedicord the difference in the relationships diminished somewhat for he has assumed far more supervision over his medical staff than did the former medical director.

In his work with the non-professional staff, Dr. Pedicord has relied upon the issuance of summary orders to carry out his instructions. There is in his relations with the non-professional workers no element of consultation. He issues orders and regul-

ations. Under the administration of Dr. Carson all groups intthe hospital had been allowed wider freedom, wittingly or unwittingly.

Dr. Pedicord, when he succeeded Dr. Carson, imposed new regulations which affected all hospital workers. In a few cases the new impositions cause conflict. This occurred in the relations of the Chief Medical Officer and the hospital chauffeurs.

The conflict which arose occurred when the Chief Medical Officer imposed a closer check on mileage of hospital vehicles, and the numbers of passengers transported to the hospital. In addition he instituted an examination of the necessity for various types of rides extended.

The chauffeurs not only resented the regulations which Pedicord issued on the use of vehicles but also resented some of the comments Pedicord reportedly made with regard to the manner in which the chauffeurs went about their business. "You chauffeurs," he is reported to have said, "would do all right if you'd quit carting your girl friends around--there would be half the present number of rides." This and other remarks were either overheard or actually addressed to individual chauffeurs. These remarks may or may not have been justified, but they did serve to arouse further resentment.

A meeting of the chauffeurs and Dr. Pedicord was called. In this meeting Dr. Pedicord was asked wether he had made the statements attributed to him. He denied having made them, but stated that what he had said might have been construed in a derogatory

sense. As a matter of fact, he continued, he wasn't at all sure that the chauffeurs weren't transporting people who weren't entitled to transportation; he was going to investigate that matter, he assured them. If there were no infractions of the rules there would be nothing to fear.

Dr. Pedicord then explained the necessity for the rules and regulations which he had imposed. The chauffeurs agreed to accept them and expressed their desire to co-operate with him.

An interesting fact was brought out in discussions concerning the conflict. Apparently one of the chauffeurs had in the past acted as time keeper and general supervisor. The rest of the chauffeurs took orders from him, and he received them from Dr. Carson.

Part of the complaint against the Chief Medical Officer arose from the fact that he had issued orders and expressed criticisms through various chauffeurs instead of channelling his orders thru the time keeper. The chauffeurs felt that in as much as the time keeper had in the past acted as a spokesman for them that instructions and criticisms should continued to be directed through him. The time keeper himself was hurt because this had not been done and submitted his resignation. When it was pointed out to Pedicord that the matter of "face" was involved here, he retorted, "I'm more interested in saving my own face; these two faced bastards have too many faces anyway."

Dr. Pedicord, however, agreed to comply with their wishes in this regard, but reserved the right to criticize on the spot any person whom he saw violating regulations. Since the spokesman

was assured that Dr. Pedicord would deal with the chauffeurs through him, he withdrew the resignation he had submitted and remained in his position.

III. COMMUNITY AND THE HOSPITAL

Medical and dental services are given to the evacuees in the community without charge. Availability of these services is limited however by the shortage of facilities and personnel. There are long lists of individuals waiting for medical and dental care. Many school children are in great need of eye examinations and glasses. However facilities are not sufficient to extend to them the care they need.

The first Chief Medical Officer was opposed to the provision of medical and dental services without any cost to the individual. Such practice too closely resembled socialized medicine to receive his approval. Although the people here receive, in general, very small incomes, Dr. Carson opposed free medical facilities. He felt that a token fee should be paid.

At various times members of the Caucasian staff on the Project proposed various schemes of socialized medicine for members of the appointed personnel and their families. Several times Fred Connor, Chief of the Administrative Division, brought the question up in Division Chiefs' meetings. Dr. Carson found objection to any form of socialized medicine. The proposals never materialized, but Carson's opposition probably had little influence.

For the first nine months of the Project's existence, medical services were extended to the Caucasians living in the community. An invident occurred in January which altered the availability

of medical services to Caucasians. One of the Caucasian women came to Dr. Pedicord and asked him to examine her; she was pregnant, she explained. Dr. Pedicord informed the lady that he hadn't delivered a baby in many years, that his practice hadn't included obstetrics. The woman reputedly answered, "I won't have any yellow bastard touch me." The evacuee doctors heard of the incident. They consulted the Project Attorney to see whether they could be sued for malpractice. In reviewing the situation Anthony O'Brien, the Project Attorney, came across an administrative instruction which prohibited the extension of medical services to Caucasian staff members "except in cases of emergency." This policy has since been enforced with a few notable exceptions.

In order to receive medical care a Caucasian must have the permission of the Chief Medical Officer. He is the only person able to allow the extension of care to Caucasians. If he is not on the Project there is no one extend permission to receive medical attention. That situation is a cause for concern among the Caucasian segment of the community, especially among parents with small children.

There is at the same time a growing concern on the part of many evacuees in regard to the medical facilities available to them. Resettlement has taken a heavy toll of members of the professional staff of the hospital. There is anxiety among many people that there will soon be too few doctors to provide adequate medical care for the evacuee community. Pressure is being

put on the doctors to remain here. A committee of colonists approached Dr. Baba shortly before he left asking him to remain here on the hospital staff. Dr. Seto, who plans to leave the Project in June, was also asked to abandon his plans to resettle.

The doctors themselves are divided in the matter. Dr. Hashiba and Dr. Ito feel a moral responsibility to remain here among the Japanese. They feel they must stay here until the last contingent of evacuees leave. On the other hand, Dr. Baba feels no moral obligation to remain. He was anxious to leave for he found the community not at all to his liking. He expressed his desire to practice among Caucasians. Dr. Seto also wants to leave the Project, but he finds leaving somewhat more difficult. He is from Sacramento and many of the people among whom he formerly practiced are here at Tule Lake.

Dentists, nurses, nurses' aids, and non-professional members of the hospital staff are leaving. The problems of staffing the hospital will become increasingly acute as the resettlement program progresses. The hospital staff will be reduced more rapidly in proportion than will the community as a whole. The WRA will soon face a serious shortage of trained hospital personnel.

Various proposals have already been suggested as means of remedying the situation. It has been suggested that the WRA pay the evacuee doctors salaries sufficient to keep them here. Another suggestion has been made that living here be made more attractive by the people themselves through the Consumers' Cooperative.

It is clear that some means must be developed to maintain the necessary hospital staff here. The need is especially urgent in regard to the professional staff, doctors in particular.

One of the major medical problems confronting the War Relocation Authority is the disposition and care of cases of tuberculosis. In the first place there are the known cases of the disease. These cases are scattered among the various relocation centers. In aggregate, Dr. Bass estimates there are 300 known cases.

Secondly there are approximately 300 to 350 Japanese with tuberculosis who have been left in various hospitals and sanatoriums throughout the evacuated area.

In addition there is the general tuberculosis problem among the evacuee people. There is known to be a high incidence of the disease among the Japanese population. There are hundreds, perhaps thousands, of unknown cases of the disease scattered throughout the various relocation centers. The extent of the tuberculosis problem is illustrated by the findings of the army doctors in examining forty-two volunteers for the Nisei combat unit. Six of the forty-two showed signs of active tuberculosis. One of these six had to be hospitalized. From these results the significance of this problem is apparent. The whole situation is especially important because of the crowded living quarters in which the evacuees live. This is a condition favorable to the spread of the disease,

Dr. Hyman E. Bass was employed by the War Relocation Authority as Tuberculosis Consultant from January until his induction into the army in late April. His first problem in coming to Tule Lake was the care of the cases of tuberculosis in the Project hospital.

In addition to this task there remained the obvious need of discovering the hidden cases of tuberculosis among the evacuee population.

Dr. Bass found what he considered an insufficient knowledge among the doctors of the tuberculosis problem in general and the care of tubercular patients in particular. He found a widespread fear of tuberculosis among the non-professional workers in the hospital, bred of ignorance of the nature of the disease.

In the community, Dr. Bass discovered the widespread misconceptions concerning the nature of the disease. The most common misconception which prevails among the Japanese is the belief that tuberculosis is an inherited disease and that tuberculosis is present in certain family strains. Among the Japanese the presence of tuberculosis in a family is often a factor in determining the marriageability of members of that family. This fact has caused parents to avoid subjecting themselves or their children to a physical examination, since the presence of the disease in the family would brand the family as tuberculous. This would, in some cases, cause social ostracism and prevent the marriage of eligible children.

Dr. Bass took a deep interest in the social attitudes of the Japanese people towards tuberculosis. He decided to remedy the

the insufficient knowledge of the disease on the part of doctors, nurses, and nurses' aids. He also decided to combat popular misconceptions of the disease. Consequently, in addition to actual supervision of medical cases already hospitalized he carried on a three point program.

1. Teaching physicians by means of conferences and clinics.

2. Lectures on tuberculosis given to nurses, nurses' aids, and orderlies in order to bring about a more intelligent nursing program.

3. Education of the colonists by means of motion pictures and lectures in order to erase fears and misconceptions concerning tuberculosis. This program was carried out in co-operation with the community activities program under the direction of Harry Mayeda.

In his lectures to the members of the hospital staff and to people in the community, Dr. Bass emphasized the fact that tuberculosis is not an inherited disease, nor are the Japanese people particularly susceptible to it. Tuberculosis is, he repeatedly asserted, a social disease, and that living in substandard habitations and eating a poor diet, etc, are conditions which contribute to the spread of the disease. He gave emphasis to the fact that the disease was widespread among the Japanese only because they were commonly subject to conditions which favored its spread and not because of any racial susceptibility.

His lectures to the hospital staff and to the people

were attended by a large number of ~~xxxxx~~ individuals. What he said to his audiences were translated into Japanese by Reverend Kitagawa so that the older generation Japanese could be reached. Dr. Bass was pleased with the results of his lectures.

Dr. Bass, in developing his tuberculosis program, decided to make a study of the incidence of tuberculosis in the community. The first step in this program was a study of approximately 3,000 colonists, most of whom were employees in the mess management section. According to Dr. Bass about .4 per cent of those examined had the disease. This rate is much lower than was expected, yet it is certain that the incidence in the general population in the community is much higher.

The next step in the program of Dr. Bass was the examination of all school age children. This plan was submitted to Dr. Carlyle Thompson who refused to authorize the program on the grounds that the War Relocation Authority had niether space nor beds enough to take care of the active cases which would be discovered. The tuberculosis program was reduced to the matter of caring for the hospitalized cases.

In the last period of his residence here, Dr. Bass acted principally as Assistant Chief Medical Officer rather than as Tuberculosis Consultant. With his departure it seems that the last vestiges of a program to combat tuberculosis has disappeared.