

*Miyamoto*

## CHAPTER IX. THE PROJECT HOSPITAL AND MEDICAL SERVICE

### Organization of Project Medical Service

The Tule Lake Project Hospital was located near the administration area, on a line between it and the evacuee residential area. The location had no special significance except that it was at a sufficient distance from most points in the residential area to require transportation accommodations for those who were invalided or could not walk any distance. The hospital group consisted of an administrative building, annexes which provided additional space for outpatient wards, two supply warehouses, plus a row of eight barracks directly behind it which constituted the wards, all of which were connected by inter-communicating corridors. The physical layout included the administration building, two general wards (one for men and one for women), isolation ward, maternity ward, pediatrics ward, tuberculosis ward, psychopathic ward, outpatient wards, surgery, pharmacy and laboratory, X-Ray rooms, mess hall, laundry, morgue, and a central heating plant. While the basic features of a modern hospital might be said to have been provided, the buildings were obviously of temporary construction, were not planned for the most efficient function of the hospital, and were not adequate spatially for the amount of service which it was required to offer.

All services relating to the health of the community were centralized within the project hospital; in effect, the "cooperative clinic", as one Chief Medical Officer liked to call the project medical service, was an instance of a highly centralized system of so-

cialized medicine with the medical facilities, staff and services all localized in one place for the entire community of 15,000 residents. Socialized medicine, in this instance, however, was practiced under extremely adverse conditions. As with all other functions of the community, the health service was organized within the W.R.A. structure; formally, the Chief Medical Officer was designated as responsible to the Chief of Community Services, but in actual practice at Tule Lake, the line of authority descended almost directly from the Project Director. Final authority/in hospital operations was vested in the Chief Medical Officer, with the approval of the Project Director, and as the administrative head it was his responsibility to see that W.R.A. regulations bearing on medical services and maintenance of professional standards were followed. The nature of the regulations, and the fact that the Chief Medical Officer as well as some of the other highest staff officers were all Caucasians while the remainder of the staff were evacuees, produced a situation that was readily subject to conflicts.

It is impossible here to review the entire set of W.R.A. regulations relating to the project health service, and perhaps needless to do so, but the salient features of Administrative Instruction No. 54 (Health Service in Relocation Centers, October 9, 1942) and its revisions may be emphasized. The burden of argument of this Instruction is that an adequate preventive and curative program of health service, conforming to federal, state, and county regulations, should be provided the residents. Regarding the kind of services to be offered, the instruction stated:

This responsibility embraces the fields of both curative and preventive medicine, including all specialized fields, as well as related fields such as dentistry, nutrition, sanitation, pharmacy, optometry, laboratory services, hospital and public health nursing, including midwifery and nurses' aides, medical social work, psychiatric social work, and health education services, the last three named to be administered in cooperation with the Community Services Division.<sup>1/</sup>

The qualifications upon this broad statement of project health services, however, emphasized both conservatism of medical practice as well as economy in procedures and use of materials. With regard to "highly specialized and unusual diagnostic procedures, treatment of elective nature, treatment of doubtful or unproven therapeutic value, and treatment involving unusual drugs or procedures or of highly specialized character,"<sup>2/</sup> review and approval by the Project Director, with the advice of the Chief Medical Officer, was necessary.

The Chief Medical Officer shall satisfy himself that such diagnostic and therapeutic procedure is necessary for the proper care of the individual and is justifiable procedure to be carried out by the hospital staff in view of the limited hospital personnel, supplies, or equipment, so as not to place in jeopardy the care of individuals in more urgent need of immediate care. If such care is not approved, the evacuee may obtain it, provided personnel and facilities are available, by paying such costs as are involved.<sup>3/</sup>

Two sentences which define the policy with regards to economy state:

The Chief Medical Officer shall consider the welfare of the individual, and the economical use of procedures and materials which will serve with the same merit as more expensive procedures and materials. He shall avoid the use of materials and procedures of experimental nature and of questionable therapeutic value.<sup>4/</sup>

Similar qualifications were indicated for dental and optical services. Dental care was to be restricted to palliative and emergency work until such time as the dental clinic and laboratory were

---

<sup>1/</sup> W.R.A. Administrative Instruction No. 54, Oct. 9, 1942.

<sup>2/</sup> Ibid., p. 2.

<sup>3/</sup> Ibid., p. 2.

<sup>4/</sup> Ibid., p. 2.

completely equipped. Thereafter, the scope of services <sup>was</sup> were enlarged to include all "necessary" dental work, but was to be confined to a specific list of the dental treatment provided. For example, "Gold inlays and gold crowns where the employment of other less expensive materials is definitely contraindicated," was permitted. All other treatments were to be considered elective and rendered at cost to the evacuee provided the project medical officer <sup>was satisfied</sup> that such service would not jeopardize essential dental care for other evacuees. This policy, broadly stated, declared: "It shall be the purpose to render dental treatment to many patients rather than elective dental services to the few." Likewise, optical examinations were provided, but "Glasses should be recommended only when there is definite medical indication of need, and they shall be provided at government expense only when the Project Director or his representative determines that the evacuee involved is not able to bear the expense."

Finally, specialized hospitalization <sup>treatment</sup> and consultation services were to be made available to evacuees "when determined to be necessary by the Project Director with the advice of the Chief Medical Officer," and arranged at the nearest community where adequate facilities were available. The Caucasian personnel and the military police stationed at the center were advised to seek health services outside the project hospital, but where services were received on the project, expenses were paid to the W.R.A. according to a fee schedule.

These policies clearly placed considerable authority in the office of the Chief Medical Officer, but ~~it~~ <sup>was</sup> also required of him an

unusual degree of responsibility and sound judgement on all medical matters. In all procedures deviating from routine, it will be noted that final decisions were left to the Chief Medical Officer. The Instructions left to his professional judgement the determination of what was "justifiable procedure" and what would be of "questionable therapeutic value," what was "urgent" and "necessary" and what was not, and what methods would "serve with same merit as more expensive procedures and materials." These terms, however, are clearly ambiguous for the statements offered no definite criteria, and probably could not offer any, by which to determine necessity, urgency, and so on. It is notorious that medical science is full of disagreements regarding therapeutic methods, that objective criteria for determining what needs to be done in specific cases are far from standardized, and that beyond a certain point of common agreement, judgements are based in large degree upon insights and medical understanding which derive from the experience of the physician and surgeon.

While the considerable authority and responsibility of judgements invested in the Chief Medical Officer in itself created a difficult hospital situation, the possibilities of disagreement were made doubly great by the difference in point of view with which the Chief Medical Officer and his evacuee staff approached the medical problems of the community. As a Civil Service employee of the W.R.A., the Chief Medical Officer tended to be guided by the policies of the agency, including that of economy, as well as by the health needs of the community; but the evacuee staff inclined to be impressed strictly by the problems of the people's welfare. Furthermore, this difference in point of view was made insuperable

in some relationships by the racial feelings engendered among the evacuee personnel as a result of the evacuation, and by the general state of conflict existing between the evacuees and the administration. Thus, the disagreements and quarrels of professionals which are generally a part of situations of this kind were aggravated by fundamental community trends separating evacuees from Caucasian administrators, and with reference to operations and materials of the health service, the Chief Medical Officer's point of view and that of the evacuee staff appeared as two distinct and hostile interpretations.

The Caucasian personnel of the Tule Lake Project Hospital varied in composition from time to time, but generally consisted of the Chief Medical Officer, Head Nurse, and three or four other nurses. As at almost all other centers, the policy was followed of having a non-evacuee in the positions of Chief Medical Officer and Head Nurse. From the opening of the project in May 1942 through December of the same year, the hospital was headed by Dr. A. B. Carson, a middle-aged man, married, with several high-school age children, who had practiced successfully in the East Bay Area of San Francisco before the war. From the remarks of one evacuee doctor who had talked to Dr. Carson about possible problems of the hospital at the time of its inception, it is evident that Dr. Carson arrived with optimistic hopes of ends that might be accomplished through what he liked to call "The Co-operative Clinic". The evacuee doctor declared:

I tried to tell Dr. Carson that he's got to expect a lot of trouble in the hospital, but I don't think he understood. Running a clinic like the one here isn't like having your own office. Any time you bring together a lot of doctors with in-

dependent ideas, it's not going to be easy making them work together. I don't think he fully realizes what he's getting into.<sup>1/</sup>

It is impossible to assess Dr. Carson's ability as a physician and surgeon, but it is important to know what the evacuee doctors thought of him. The general attitude is probably reflected in the remark of one doctor who said of him, "He's all right, but the better doctors are hard to get now because of the war shortage." Dr. Carson's work indicates that he made a serious effort to maintain a good health service in the community, and was often accused unfairly of not procuring supplies desired by the evacuee physicians. But there is also no doubt that he looked upon the health service from the point of view of a W.R.A. administrator and accordingly sought to economize at points which the staff felt brought unnecessary hardship upon the residents. Throughout his administration there was much criticism from the staff on the ground that Dr. Carson did not have the welfare of the evacuee staff and of the residents sufficiently at heart, but by the time of his departure in December to join the Navy Medical Corp, a step precipitated by his intense disgust with the work at the project, he evidently felt little sympathy for the evacuees. He remarked:

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 never 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.<sup>2/</sup>

Dr. Carson was replaced as Chief Medical Officer by Dr. Reece Pedicord who remained at the project until after the conversion of the Tule Lake Project into a Segregation Center. Dr. Pedicord was

---

<sup>1/</sup> Miyamoto Notes, June 19, 1942.

<sup>2/</sup> Billigmeier Report, "Health Section", p. 14.

an older man of retirement age who had administered a hospital in West Virginia prior to his arrival at Tule Lake. He was a blunt, outspoken person, more dogmatic than his predecessor, who held less inflexible views about the administration of the project hospital than did Dr. Carson. Correspondingly, he aroused more antagonism against himself than did the former. If the evacuee doctors had little to say for Dr. Carson's ability as a medical man, they held an even lower opinion of Dr. Pedicord's worth either as physician or administrator. In retrospective comparison of the two men, the evacuee doctors were definitely of the opinion that Dr. Carson was the better man, that he had accorded the evacuee doctors the respect that was due their opinions, and that he had tried to improve both the working and living conditions of the staff; but no such admissions were made in the case of Dr. Pedicord. Several changes in administrative practices followed the arrival of the latter. First, Dr. Pedicord felt that his predecessor had spent too much money on expensive medicine, and conscientiously tried to reduce hospital expenses. Second, the new director of the hospital instituted the policy of supervising very closely all the medical activity of his staff, and installed a rigorous system of authority over the evacuee doctors to insure that he would know all that was taking place in the hospital and that nothing would be done contrary to his point of view. His administration was chiefly characterized by the constant undercurrent of rebellion among his staff and the residents.

In the formal administrative structure, the Health Service was a section within the Community Services Division headed by Mr. Flem-

ing, and all communication was expected to pass over the latter's desk, but Mr. Fleming refused to deal with hospital problems on the ground of ignorance about medical matters, and the Chief Medical Officer therefore invariably directed his communication directly to the Project Director. Under Mr. Coverley, some effort was made to follow the formal line of authority, and for a time Dr. Pedicord brought his communications and problems to Mr. Fleming, but the latter refused to consider them and thus returned administrative procedure to the old lines. Because of the technical character of ~~the~~ medical problems and the inability of laymen to consider them intelligently, communication between the project medical officer and the National Medical Officer, Dr. G. D. C. Thompson, inclined to be more frequently direct than in the case of most divisions. Also, due to professional relationships, the evacuee doctors had more direct contact with the national officer than was the case of workers in other divisions, and the evacuee doctors had a more personalized opinion of Dr. Thompson. Because of the relative infrequency of contacts, conflicts between the evacuee doctors and Dr. Thompson were never strong, but there was a tendency to brand him as mediocre just as was done with every other Caucasian doctor connected with the W.R.A. However, as the highest health officer in the W.R.A., where appeals in regards to their grievances failed of results at the project level, the evacuee doctors occasionally took recourse in direct appeal to Dr. Thomspan.

A somewhat similar range of authority over the evacuee nurses was held by the Head Nurse, the first of whom was Miss Graham. She became involved in a conflict between Dr. Carson and Dr. Harada

as a result of which her position at the Tule Lake hospital was made rather uncomfortable, and was therefore transferred to the Heart Mountain hospital. She was followed by Miss Abercrombie who very soon encountered difficulties in her relations with Dr. Carson and who therefore resigned. "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." However, she found objection to the manner in which Dr. Carson administered hospital affairs feeling there was too much political maneuvering in his administration, and that Dr. Carson was far from being as competent as he should have been. Her successor was Miss Dunlay, a woman who was well liked by her evacuee assistants, but who came into conflict with Dr. Pedicord. Dr. Pedicord was <sup>of</sup> the opinion that Miss Dunlay was incompetent being unwilling to exercise enough authority of her own, while Miss Dunlay, on the other hand, resented Dr. Pedicord's intrusion upon her authority. While the latter two Head Nurses were well regarded by <sup>evacuee</sup> both the/doctors and the nurses, the three other Caucasian nurses who completed the appointed personnel at the hospital were considered poorly trained and incompetent individuals who were able to hold a Civil Service nursing position only because of the nurse shortage.

Of the evacuee professional staff, there were eleven licensed physicians and two interne physicians, nine registered and ten student nurses, twelve dentists, and thirteen pharmacists. There were also a number of optometrists, dieticians, dental technicians, bacteriologists, chemists, and others with specialized training. The number of nurses aides and orderlies constantly varied and was al-

ways less than the number needed, but they averaged about 150 workers. The remaining group of two hundred or more workers were composed of janitors, laundresses, mess workers, ambulance drivers, etc.

During the first several months of the project, the staff of physicians and surgeons were composed of the following doctors:

Physicians

Akamatsu, Taro  
Hara, Shigeru  
Harada, Masa Atsu  
Iki, George S.  
Ito, Masayoshi  
Kambara, George  
Muramoto, Goro  
Seto, Masa Richard  
Sugiyama, Iwao  
Uyeyama, Hajime  
Watanabe, Tetsui

Interne Physicians

Nishimura, Edwin  
Suzuki, Masamichi

The oldest of these men were Drs. Iki and Harada, about forty-seven or eighty years old, both of whom were born in Japan but trained in this country, and were surgeons as well as physicians. They had practiced in Sacramento prior to evacuation, and a certain amount of rivalry as well as antagonism had always existed between them. In Sacramento, they had both been regarded by their professional colleagues as competent physicians and surgeons, but Dr. Iki had been known for his Caucasian contacts and clientele while Dr. Harada had practiced more closely within the Japanese community. The two Japanese speaking doctors on the staff were Drs. Akamatsu and Ito, who had spent their early life in Japan, but had come to this country to take their medical degrees at Emory College and at Loyola in Los

Angeles in 1936 and '37 respectively. Of about forty-five years of age, they were classed among the older doctors. Dr. Akamatsu had practiced in Walnut Grove prior to the war, although he had gone to Seattle just prior to evacuation, while Dr. Ito had practiced in Sacramento. Drs. Uyeyama and Muramoto, somewhat younger than those mentioned, completed those in the so-called older group. Dr. Uyeyama had practiced in San Francisco prior to the war, was said to be a specialist in internal medicine and diagnosis, and was regarded as one of the more competent evacuee doctors. Dr. Muramoto had maintained a general practice in Sacramento, and was popularly associated with Dr. Iki as one of his "clique".

Dr. Watanabe, although only twenty-nine and therefore one of the younger group, had received his degree from Rush College in 1938 and had since received specialized training in roentgenology at the University of Chicago Medical School. Hence, on the basis of his experience, he stood somewhat between the younger men and the older. The remaining four doctors were classed as the "younger men" and had just started their practice in Sacramento at the time of evacuation. Dr. Hara graduated in 1941, and was the oldest of the younger doctors. Dr. Sugiyama graduated from the same institution at the same time. Dr. Seto finished his medical education at Marquette in 1940. Dr. Kambara, twenty-seven, was the youngest physician and had received his medical degree from Stanford University, a Phi Beta Kappa.

In September 1942, orders were issued by Dr. Thompson, the regional medical officer, for the transfer of doctors from all the centers ostensibly to improve the balance and equality of the staffs, but also, in fact, to break up cliques and conflicts which had de-

veloped. Two men whom Dr. Carson evidently was anxious to have transferred from Tule Lake were Drs. Harada and Uyeyama who were the most critical of his administration of all the evacuee doctors. Uyeyama was described as having become "allergic to Caucasians" since evacuation, and in his blunt, outspoken way made plain his dislike of the Caucasian personnel. Dr. Harada led the agitation for more and better medical equipment and supplies, and as a result of his effort to push through certain requisitions during Dr. Carson's absence, and because of suspected intrigue on Dr. Iki's part to have Harada transferred, the latter became involved in a conflict with Drs. Carson and Iki that received community-wide publicity. If Dr. Harada were to be transferred, however, it was generally agreed that a failure to transfer Dr. Iki likewise would show favoritism and increase hostility between them; hence, Dr. Iki too had to be transferred. Most of these men were reluctant to transfer and it was only because of orders from the higher offices that they were willing to agree.

Transfers were arranged of four doctors from Tule Lake in October 1942, including, Drs. Harada, Uyeyama, Muramoto, and Iki. In their place, five doctors arrived from various centers, including, Drs. Hashiba, Baba, Hara, Kazue Togasaki, and Yoshiye Togasaki, who thereafter constituted the permanent staff of evacuee doctors. Dr. Hashiba, <sup>an Issei</sup> 59 years of age, was the oldest evacuee physician on the staff. He graduated from Stanford Medical School in 1917, and had practiced in Fresno where he established a reputation as an outstanding surgeon. Dr. Baba was a general practitioner and surgeon from San Francisco where he had practiced for two years prior to evacuation. Dr. Hara was a young Nisei doctor who had just started gen-

eral practice in San Francisco before evacuation. Dr. Kazue Togasaki, a woman/<sup>of about</sup> ~~over~~ forty, came of a family of well-known women doctors and nurses who had practiced in the San Francisco area. Dr. Kazue was a specialist in obstetrics and gynecology, had received training at Johns Hopkins, and was considered ~~very~~ able in her field. Dr. Yoshiye Togasaki was a specialist in pediatrics, but due to illness worked only in a limited way while at the Tule Lake hospital.

The group formations within the medical staff appeared in a new form with the arrival of the latter group of doctors. Dr. Hashiba stood more or less by himself in the social relationships, but he was politically active within the hospital and could be found identifying himself with one group than another. Dr. Kazue Togasaki and Dr. Baba as well as young Dr. Hara in a lesser degree formed a clique that was very critical of the hospital administration. Dr. Akamatsu and Dr. Ito comprised an Issei grouping that was likewise critical of the administration, but was less aggressive than were Togasaki and Baba. The remaining doctors, the so-called "young doctors", including Drs. Shigeru Hara, Sugiyama, Seto and Kambara, had the main purpose at the Tule Lake Project of enlargening their medical experience and "remaining out of hospital politics". Dr. Watanabe grouped himself most frequently with this last group, but interested himself more in administrative matters and often functioned as an intermediary.

The dentists were apparently well organized and evidenced less conflict among themselves or with the hospital administration than did the doctors. Because of the limitations of facilities, their work was reduced to routine functions and, at the same time, their

needs were less urgent than were those of the doctors. Most of them had practiced successfully for some time in Japanese communities prior to evacuation. Since their relations with the Chief Medical Officer were less close and less complicated than was the case of the doctors, they got along comparatively well with the administrative head, and Dr. Pedicord looked upon them as the most co-operative group in the hospital.

Because of the limitations upon optometry service prescribed by the Administration Instructions, the optometry department functioned on a limited scale and virtually closed down by the spring of 1943. The regulations provided that refraction and other optical equipment should be provided for eye examinations at the project, but this equipment was not supplied for a long time and when it did arrive was very poor and inaccurate. Moreover, glasses were not to be provided by the W.R.A. except in the case of need and of proof from the patient of his inability to pay for himself. Before Mas Sakada relocated, the optometrists used his equipment, but he took his equipment with him to Chicago leaving the department stranded with the poor W.R.A. equipment. In the summer of 1943, Dr. Pedicord was attempting to make arrangements by which a Klamath Falls optometrist would establish a schedule of visits to the project once every two weeks, but by this device it would have been possible to handle ten patients each month which was grossly inadequate for a community of 15,000.

Of the nineteen registered and student nurses listed in September 1942, the bulk of them received their training at hospitals in San Francisco. While the relations between the Head Nurse and the evacuee nurses were generally satisfactory, particularly be-

cause Miss Dunlay who was at the project the longest of all the Head Nurses was well liked by her evacuee assistants, the relations with the other Caucasian~~x~~ nurses was somewhat more strained. As one nurse put it:

Miss Dunlay is very nice, but the other hakujin nurses are almost worse than useless. They're all quite old--one of them claims she's been in nursing for twenty-three years, but wasn't practicing before the war. The only reason they got jobs was because of the present nurse shortage; any R.N. can get a job these days regardless of the kind of training she's had. These women haven't kept up with the new developments in medicine and in nursing techniques. Nursing today isn't anything like it was twenty years ago; there ~~w~~are all kinds of new drugs and equipment that you have to know how to handle, and all kinds of new methods. If you don't keep up, you're lost. Every one of the registered and student nurses are far better trained than the hakujin nurses. The trouble is they can't do anything, and yet you can't tell them that they don't know so we have to do the things for them.1/

A noticeable cliquishness existed among the nurses with the groupings based on the hospital of their training. Most of the nurses received their training at St. Lukes or the University of California Hospital in San Francisco, or the Highland Hospital, and each group sought to draw the support of the student nurses, and the nurses aides. The cleavages in turn were based upon the differences in techniques learned at the different hospitals, and the contentions of superiority or inferiority of one method as over against the others. As with the doctors, there was an extreme shortage of nurses which kept them in a state of overwork.

There were more pharmacists than were necessary for the project, and their role in the hospital was marked largely by the routine of filling prescriptions ordered by the doctors. As for the non-professional staff, except for a few minor incidents there were no difficulties. The main problems were in connection with the shortage of trained personnel/in the diet kitchen, as, for example, i

Problems of the Hospital

The major problems of the hospital revolved about the medical service of the hospital, as contrasted to the relative absence of conflicts and problems among the dentists, pharmacists, optometrists and others. The doctors and nurses were the workers in the hospital most severely under pressure, for not only were their services most in demand, but the treatment of illness involved questions of community welfare in a significant degree which the doctors could not callously overlook. Moreover, in addition to the fact that the evacuee residents were deeply concerned to receive good medical attention at the project, the doctors were also acutely concerned to give the evacuees adequate service. As already pointed out, the interpretation of "adequate service" held by the evacuee doctors differed in many respects from that of the W.R.A. and the Chief Medical Officer.

During the first half year of the project, procurement difficulties and delays were one of the major irritations of the administration, but these delays were acutely felt at the project hospital which could not function efficiently without its supplies and equipment. Elsewhere, it has been pointed out what the nature of the delays were. Supplies ordered as early as June 1942 had not arrived in September, yet some of these were basic in the treatment of common diseases. Dr. Harada was complaining in ~~December~~ September, for example, that instruments for tonsilectomy had not been supplied, while there were any number of cases of badly infected tonsils which required treatment. Because proper instruments were not provided by the W.R.A., the evacuee doctors were forced to

use equipment which some of their own group had fortunately brought with them from their own private offices. Dr. Iki, for example, permitted use of \$4,000 worth of his own equipment, including an operating table, of which he declared, "Some of the instruments are awfully hard to get these days, but you just have to have them for certain types of medical work."1/ On November 30, Dr. Hashiba wrote:

Emergency supplies for the hospital is little easier to obtain now, although we are very short of equipments. I brought with me several trunks full of special instruments with which some of the workers were carried out and will continue to do so but I hope the government supplies soon be available.2/

The gravest supplies and equipments problems were encountered July, during August, September and October, of 1942 when the hospital which had started in June with virtually nothing in it was seeking to build up its basis of operation. Yet, the demands on the hospital were perhaps greater at this time than at any later date for the residents had been virtually without adequate medical care in the assembly centers, they had problems of physical adjustment to the new environment which created unexpected health problems, and the administration was interested in having preventive measures taken among mess hall workers, against typhoid through injections, and through a cursory examination of all incoming evacuees, which were measures that necessarily had to come during the initial period of community organization.

Because of the pressure of their work, the evacuee doctors were outspokenly insistent that the W.R.A. make adequate provisions for work efficiency in the hospital. Dr. Harada was perhaps the doctor most concerned about this problem, although all the evacuee doctors were of the opinion that they worked under serious handi-

caps in the under-supplied hospital. To them the important point was that modern professional standards should not be permitted to lag at the project hospital; they had been accustomed to working with a certain standard of drugs and tools which the project hospital was expected to meet; and they were impatient with the slowness with which necessary supplies arrived at the project and with the apparent obstinacy of the Chief Medical Officer in <sup>not</sup> ordering supplies which were considered absolutely necessary but which the latter defined as expensive and unnecessary. In late August at the request of Project Director Rachford of the Heart Mountain Center, Dr. Carson was called to the latter project to help establish the base hospital at the latter center. Because of evident bad feeling between Dr. Harada and Dr. Iki, Mr. Shirrell advised the Chief Medical Officer that he should take with him one of the two doctors for the two men could not be left together without directorship over them. Dr. Carson chose to take Dr. Iki with whom he was friendly, and left Dr. Harada at the hospital to serve as Acting Chief Medical Officer for a period of three weeks during Carson's absence. However, in anticipation that Dr. Harada might take the opportunity to try to push through requisitions which Dr. Carson had hitherto restrained, it was arranged that all requisitions made out by Dr. Harada also required the counter-signature of Head Nurse Graham.

As Acting Chief Medical Officer, Dr. Harada wrote out requisitions for the hospital, but refusing to comply with the arrangement of getting Head Nurse Graham's signature, he sent the requisitions directly to Mr. Shirrell. The latter, however, refused to countenance the requisitions on the grounds that they also required

the Head Nurse's approval, whereupon an intense argument arose as to the propriety of placing a nurse, a person without a medical degree, over a doctor. For several reasons the evacuee doctors as well as the community supported Dr. Harada on this issue: (1) the issue was evidently one of the evacuees versus the administration, (2) the doctors were agreed that the hospital was inadequately equipped to maintain a decent professional practice, (3) they sided with Dr. Harada in questioning the propriety of placing a nurse over a doctor, and (4) the community looked upon Dr. Harada as fighting for the welfare of the ~~comm~~ residents. The issue was suspended with the return of Dr. Carson from Heart Mountain, but it was the forerunner of further complications when a rumor became current that Dr. Harada was being transferred to another center because of his troublesomeness over the question of procurements.

One very important example of a "critical" shortage at the Tule Lake Hospital was the lack of laundry equipment. A hospital with 150 patients but without laundry equipment obviously was due to encounter serious trouble, but there were repeated delays in the delivery of promised equipment. An urgent request by Acting Regional Director Rowalt to ~~the~~ Colonel Karl R. Bendetsen of the W.C.A.A. indicates how seriously this shortage was felt.

The U. S. Engineers originally ordered new laundry equipment for this project hospital from the U. S. Hoffman Company with a contracted delivery date of August 15. This action was taken in accordance with the instructions contained in a supplemental memorandum entitled "Standards and Details - Construction of Japanese Evacuee Reception Centers", issued on June 18 as a supplement to a June 8 bulletin originating from the office of Colonel Hansston. None of the equipment has been received. In view of the fact that the vendor has repeatedly postponed the delivery date, we feel justified in doubting his ability to deliver the equipment the third week in October, which is

the date now promised for receipt of the goods.

In the meantime, action must be taken to alleviate the situation that exists in the hospital laundry. A few home-style washing machines are the only pieces of equipment being used to provide clean linens for approximately 150 patients. These machines are of necessity overworked, and are rapidly deteriorating, with a corresponding loss of efficiency in operation. The day is not far distant when these machines will break down and be of no further use. The work can no longer be referred to private laundries, because the large volume of work involved has resulted in refusal on their part to accept the work.<sup>1/</sup>

The dentists were short on chairs and other equipment as a result of which dental work was largely confined to emergency ~~work~~ cases, but even of the latter where specialized equipment or supplies were necessary, materials were often lacking and the cases could not be taken. The arrangement was that repair work, for instance, on dental plates should be sent to the nearby city, but laboratories in Klamath Falls were themselves overworked and refused to take additional work. Requests were therefore made for permission to purchase equipment for emergency repairs on the project, but delivery of equipments were much delayed. <Urgent requests were placed for such medical supplies as a cystoscope, incubators, vaccines, diphtheria-tetanus toxoid, and a sizeable array of other items, but they seldom arrived on schedule to the disgust of evacuee doctors.>

The administration explained the delays as resulting from:

(1) the wartime shortages of medical supplies. In response to requests for vaccine, Dr. Thompson remarked in cautioning an economy of its use, "Believe it or not, due to wartime circumstances, even the horses are being hard pressed for the production of necessary biologicals;"<sup>2/</sup> (2) transportation delays; (3) military appropria-

---

<sup>1/</sup> Letter from Acting Regional Director, E. M. Rowalt, to Colonel K. R. Bendetsen. September 1942.

<sup>2/</sup> Memorandum from G. D. Carlyle Thompson to A. B. Carson. June 12, 1942.

tion of supplies which had already been designated for the Tule Lake Project, but which were suddenly recalled because of military need elsewhere; and (4) the complexity of the procurement system. As for the supplies which the evacuee staff requested but which the administration refused to order, the latter took the stubborn stand that they were unnecessary for the adequate health care of the residents. Neither the explanations of delays nor the denial of certain requisitions, however, satisfied the evacuee staff; and if they did not believe that the administration was deliberately interfering with urgent procurement, the evacuees at least held the view that the administration lacked sympathy for the welfare of the community.

One reason for the discontent of the staff over the delays in supplies procurement was the considerable pressure under which the medical staff worked. Because of the opportunities of a free clinical service, there is no doubt that a higher percentage of the population received medical attention at the project than was the case before the evacuation. Dr. Carson reported that there were 5,442 patients received at the clinic during the month of July alone, that is, over one-third of the total population of the community received medical attention. (It is not made clear whether "patients" meant individual persons, or the number of visits.) This is, of course, an incredibly large turnover for a small clinic, although the phenomenon may be explained in part by mass examinations which were given at the time of admission of the newly arrived evacuees and minor illnesses which occurred during the first adjustments to Tule Lake. But, in addition, there was evidence of a tendency among

the evacuees to take advantage of the free clinical service for attention to illnesses which ordinarily would have been treated without a doctor's attention.

Just as the people viewed the canteens as their own enterprises, there was a tendency of the people to consider clinical service as their right and to seek its service sometimes on minor pretexts. In one respect this was highly desirable, for because of the close living within the center community, there was the danger that a communicable disease which once took hold in the community might readily become epidemic. There was the need, therefore, for immediate treatment of all communicable diseases and free public access to the clinic assisted in this purpose. However, there was an attitude of propriety among the residents in their behavior towards the hospital and the staff, but also the suspicion that because the hospital staff were not receiving a compensation comparable to that of the outside, that the service received at the hospital was not as thorough as was desirable. Among the evacuees it was clearly understood that those working for the W.R.A. should not be expected to show efficiency comparable to that of outside workers because of the absence of incentive, but where community functions touched their personal lives, as in the mess hall and the hospital, there was acute concern to receive a high level of efficiency. The following conversation among a group of Issei Co-op leaders illustrates an attitude not uncommon among the residents.

Issei: I've lost 15 pounds. The doctors are impolite.

Ikeda: I have an upset stomach. It used to be that I could eat like a horse, but it's no good when you come here. The doctors are impolite. We should do something about them.

H: A patient waited all morning and then was told to come the following day when his eye hurt.

Ikeda: There's also the fellow with a sore tooth that wasn't treated.

Issei: They should be more kind.

Issei: If they are busy they ought to hire more people.<sup>1/</sup>  
who were

Similarly, those/~~in the~~ hospitalized generally felt that they received inadequate attention from the staff.

Went to the hospital to interview a patient who had cut his neck with a tractor falling on him as it was being unloaded. I asked him if he were treated all right, and he said that they were too busy in the hospital. Apparently he doesn't receive adequate attention.<sup>2/</sup>

At its peak of function, the hospital and clinic treated as many as 400 patients a day; the clinics and waiting rooms were often crowded to overflowing and people were necessarily made to wait for medical or dental attention. As a result, there existed the familiar attitude of patients whose doctors were not as solicitous as the patients desired, that the doctors' behavior reflected their lack of concern for ~~his~~ their ills.

But the hospital was not only under-equipped, it was also under-staffed for the handling of the large influx of patients. The two groups most pressed by the lack of trained personnel were the doctors and the nurses, and in some respects it was the lack of trained nurses, more than the lack of doctors, which affected the efficiency of the clinic and hospital. The lack of trained nurses who could perform their role with the minimum of instruction from the doctors increased the difficulties of the latter in the performance of their work. The doctors claimed a monthly work-time of as much as 300 hours, over 100 hours more than the 190 monthly working hours required of other workers on the project, and while this may have included on-call duty at night when the doctors might get some sleep, it was nevertheless calculated as hours of work since they

---

<sup>1/</sup> Sakoda Journal, Dec. 10, 1942.

<sup>2/</sup> Sakoda Journal, July 28, 1942.

were restricted in their freedom. If the patients complained of inadequate attention from the medical staff, the latter complained of the lack of appreciation from the residents in the difficulties of hospital operations. In the effort to explain the difficulties of the hospital to the community, there were occasional appeals to the public for more understanding. One such appeal which appeared in the project newspaper read:

An Appeal for cooperation and patience<sup>in</sup> was issued by the Base Hospital today. Medical aid is still the period of organization. Members of the hospital staff are being severely over-taxed, and it is hoped that the people of the community will realize the need for courtesy and a sincere cooperative spirit.<sup>1/</sup>

It should be mentioned that the "period of organization" was never completely surpassed. The reference here, of course, is to that period when the hospital was first acquiring its staff, equipment and form, but organization in the sense of harmonious, routine function of most of its parts, which is the character of efficient hospitals, was never achieved at Tule Lake. Its director changed in December, and with the replacement of Dr. Carson by Dr. Pedicord, new procedures were introduced. The Head Nurse changed three times in six months. The staff of evacuee doctors was completed by the last of July, underwent re-organization in November when part of the staff was transferred, and by the spring of 1943, many of the doctors as well as others of the professional personnel were relocating out of the centers causing the need for further re-organization. Supplies and equipment were never in the state which the doctors desired. And, above all, conflicts between the Chief Medical Officer and the evacuee doctors either dominated or was brewing throughout the history of the hospital. There was this basis of

---

<sup>1/</sup> Tulean Dispatch, August 12, 1942.

tension within the hospital situation, and evidences of disorganization, which influenced the behavior of its staff.

The patients' dissatisfaction with the staff of evacuee doctors and nurses, however, was readily transferrable to a discontent with the Caucasian hospital administrator and the W.R.A. As with any ills of the project, among the many ways in which they might be defined, one of the commonest was to see the source of the difficulties in the Caucasian administrators, and the conflicts of the hospital were not the least subject to this inclination. The "heroes" of the community were those who were considered to be fighting in behalf of the people against the W.R.A., and to the extent that the doctors sought to improve the hospital services, they were classed among these "heroes". Or if the patients were critical of the treatment received at the clinic, the doctors would reveal in community discussion the barriers to efficiency set by the W.R.A. and the people would then refer their attack to the administration. The general conflict of the evacuees and the administration was reflected in the relations of the evacuee community to the hospital, and of the evacuee staff to the Chief Medical Officer.

Before discussing the conflicts of the evacuee staff and the community with the hospital administration, however, it is unnecessary to point out the existence of ~~some~~ cliques among the evacuee staff which were based in part upon the differences in attitude held by different groups of hospital workers toward the administration. Other influences had a bearing upon the formation of cliques, for example, their place of origin, age, generation, professional interest, and personality, but all of these were evidently also related

to their relations with the Caucasian officials. Dr. Harada and Dr. Uyeyama formed a group which was most aggressively hostile towards the Chief Medical Officer and other Caucasians, while at the other extreme were Drs. Iki and Muramoto who favored more cooperation with the W.R.A. Drs. Akamatsu and Ite took a pro-evacuee point of view, but held themselves apart from the other doctors to some extent because of slight language difficulties; ~~but~~ they were also critical of those Nisei doctors who gained favors through cooperation with the administration. With them, there was an element of competition with the younger doctors, for they were older in age, but their training and experience in the medical field did not distinguish them as markedly. Of the younger doctors, men like Watanabe, Seto and Sugiyama fell behind Drs. Harada and Uyeyama in their criticisms of the administration, but their hostility towards the Caucasians were much less overt. Kambara, on the other hand, held his own counsel and was sometimes accused of receiving favors because of his quietness and cooperativeness.

With the arrival of the new group of doctors in November, a new clique formation appeared. For one, all the new doctors including Drs. Hashiba, Kazue Togasaki, Yoshie Togasaki, Baba and Hara teamed together in demanding lumber and other conditions of minimum comfort which had necessarily been forfeited due to transfer movements. But there was also a tendency among the male doctors, particularly the Issei, to view with some antagonism the presence of women doctors. Kazue Togasaki, and to a lesser degree her sister who was less a part of the staff because of her illness, found their ally in Dr. Baba. This clique courted the support of Dr. Hashiba and actively

opposed the administration.

The first major incident at the hospital followed the clash between Dr. Harada and the Caucasian administrators, Dr. Carson, Head Nurse Graham and Mr. Shirrell. It will be remembered that Dr. Harada had been outspokenly critical of the inadequate facilities of the hospital, and during his brief role as Acting Medical Officer, he had attempted to force through requisitions which the Caucasians refused to approve. Scarcely before this issue had been quieted, the announcement was made to the medical staff that Dr. Thompson contemplated transfers of a number of physicians in all the centers to balance and equalize the staffs. It is not ascertained that Dr. Harada was singled out as one of those to be transferred, and he himself later denied that any special effort was made to move him, but the rumor became current in the community that Dr. Harada was being transferred because of his "troublesome" behavior in demanding more for the hospital than the Caucasians were willing to give. About September 8 a petition appeared in one of the blocks asking that Dr. Harada not be transferred, and in the course of a few days received wide circulation. The petition was given political significance by additional rumors which declared: (a) Dr. Iki had influenced Dr. Carson to cause the transfer of Dr. Harada, and (b) Dr. Iki had influenced the entire medical staff against Dr. Harada to encourage the idea of his transfer. The community was fully prepared to believe these rumors of Dr. Iki for he was virtually despised by large sections of the population for his activities at the Walerga Assembly Center and at Sacramento before the evacuation. But, in turn, Dr. Iki was highly sensitive to these criticisms because of the troubles he had encountered, and the petition and the rumors were therefore

interpreted as a further criticism of him.

Dr. Iki suspected that Dr. Harada had encouraged the circulation of the petition; on the other hand, Dr. Harada suspected Dr. Iki<sup>of</sup> having encouraged Dr. Carson in the idea of his transfer. None of the doctors were in favor of transfers because of the troubles of migration and separation from friends, but Iki and Harada were particularly concerned not to leave Tule Lake since they had, in the past, competitively sought the patronage of the Sacramento people who were located in the project and they had professional as well as friendship ties with these people which they were reluctant to break. Through a series of conferences among the doctors and the intervention of interested parties, the strained relations between Iki and Harada were ameliorated, but the fact that the issue had been made public created a situation in the hospital that was irrevocable. If Dr. Iki were transferred, Dr. Harada's position with the rest of the staff was likely to be difficult for there was the suspicion that he had encouraged the petition; if Dr. Harada were transferred, Dr. Iki's position in the community would have been intolerable. While both Dr. Carson and Dr. Thompson contended that the transfers were being made to balance and equalize the staffs of the various hospitals, there is every reason to believe that another significant motive in the transfers was to ~~reassign~~ reassign those who were most troublesome at a given centers. There was some evidence that Dr. Harada was actually scheduled for transfer before the question was raised to him, and that Dr. Carson was interested in having both Harada and Uyeyama, who were his most difficult staff officers, transferred out of Tule Lake. The result was that Drs. Harada and Uyeyama were transferred, but Drs. Iki and Muramoto, whom Dr. Carson

probably found most congenial, were likewise transferred.

The transfer orders were a disturbing influence upon the entire medical staff, for all the evacuee doctors were reluctant to leave the center, and eyed each other with <sup>the</sup> suspicion that the others were trying to avoid it by seeking the support of Dr. Carson, or the support of the community. When volunteers for transfers were asked, only Dr. Watanabe responded, but in his case Dr. Carson did not favor a transfer since he was the only reentgenologist available among the evacuee doctors. In the first announcement of those selected for transfer, Dr. Akamatsu's name was included with the other four mentioned above, but Dr. Akamatsu had practiced in Walnut Grove before the war and he was reluctant to leave the Sacramento Valley group whom he knew well. Mrs. Akamatsu felt that "her husband ought to be allowed to stay because they had come here first. Or perhaps they could send someone out who had no family. But Dr. Watanabe is an X-Ray expert, and Dr. Carson probably doesn't want to send him away, she said. Dr. Kambara is a friend of Dr. Carson and for that reason is not going to be sent away."<sup>1/</sup> It was later decided that Dr. Akamatsu would remain at Tule Lake, but the indecision about who should be transferred which persisted for over a month strained relationships in the staff. ~~The doctors who were transferred were provided first-class Pullman berths in accordance with Administrative Instruction 45,~~

The attitude of the doctors toward the transfer is suggested in a teletype message from Project Director Shirrell to the Regional Office which read, "Despite seeing Administrative Instruction 45, doctors desire absolute assurance Pullman reservations for selves

---

<sup>1/</sup> Sakoda Journal, Sept. 28, 1942.

and families. Otherwise refuse to go."1/ Administrative Instruction 45 covering payment of travel expenses of evacuees provided that, (a) for trips not involving overnight travel, funds be advanced to cover transportation by coach or bus, plus \$1.00 per meal, and (b) for trips involving over-night travel, funds be advanced to cover first-class transportation and Pullman berth, plus \$1.00 per meal. In the cases of Drs. Iki and Muramoto, who were being transferred to Gila, Arizona and Manzanar, California, overnight trips were clearly involved; but Drs. Harada and Uyeyama, who were reassigned to Topaz, Utah (near Salt Lake City), were not so assured since their rail travel from Reno, Nevada to Ogden, Utah, could be negotiated by day.

The consequences of the transfers were as disturbing as the uncertainty preceding them. Upon arrival at the Tule Lake Project, the new group of doctors found all available lumber for making household furnishings already appropriated by the residents, while no provisions of lumber were made for them by the W.R.A. In the case of Dr. Baba, for instance, while at the Gila River Relocation Center, he had made various pieces of furniture out of the available lumber supply, but <sup>he</sup> ~~these~~ <sup>of them</sup> had been deprived/when he was transferred to Tule Lake. He and his mother and sister were given an apartment with only army cots. The other transferred doctors found much the same situation, and they jointly presented a protest to the administration over this circumstance.

The main issue of the doctors was that because of their great need in the centers, exceptional demands of professional services were made of the doctors and even subjected them to transfers unlike any other groups, yet in all other respects---in their wages and pri-

privileges---they were granted only the same conditions as all other evacuees. In fact, Project Director Shirrell stated this as a policy when asked by Dr. Carson, following pressure from the newly arrived doctors, for special lumber considerations for the doctors. Shirrell at first refused to give them any lumber declaring that it was a W.R.A. policy that no group of evacuees no matter how important their services could secure special privileges not available to other evacuees. When Mr. Shirrell finally conceded to ~~xix~~ give them some lumber, the amount given them was considered quite inadequate. In a report of a general meeting of the combined medical and dental staff that was described as a "statement of the present attitude of the staff," this account was given of the foregoing controversy.

The very inadequate provisions for the housing of the medical staff has been a bone of contention and a source of irritation on the part of the new arrivals to the medical staff at Tulelake. The medical director, Dr. Carson, being sympathetic to their requests, tried in his way to obtain sufficient lumber to give their quarters some semblance of dwellings. He took up the matter with Mr. Shirrell, the project director. Mr. Shirrell refused the request, on the ground that the medical staff were no better than the general population and hence, not entitled to any privileges. Subsequently after much trouble and argument on the part of Dr. Hashiba with Mr. Shirrell, Mr. Shirrell finally conceded to the new arrivals five eight-foot pieces of 2x2 and wall boards of sheet rock which were later to be distributed for partitioning among the colonists at a later date. This, obviously, was inadequate to construct necessities such as chairs, tables, and shelves besides the partitions and left the doctors still far from satisfied.<sup>1/</sup>

The meeting of November 21, 1942 between the Chief Medical Officer and the evacuee doctors was specifically intended to clarify the question of lumber provisions to the new doctors, but its general intent was to raise the basic issue of the relationship of

---

<sup>1/</sup> "Report of a General Meeting of the Combined Medical and Dental Staffs at the War Relocation Authority Project," Tulelake, Newell, California. November 21, 1942.

the evacuee doctors to the W.R.A., the Chief Medical Officer and the community. While their remarks on the question of lumber provisions specifically considered the difficulties of the newly arrived doctors, their report/<sup>unequivocally</sup>~~specifically~~ stated that the statement expressed the present attitude of the medical and dental staff and clearly reflected a general attitude of the staff.

The medical staff disagrees most emphatically with the project director, that it is the intent of the War Relocation Authority to treat them on the same terms as the general population. Because if this were true, they should have been accorded the privileges of remaining in the same relocation project as the community to which they were a part in civilian life. To the contrary, the medical staff has been shunted from pillar to post without regard to their individual preferences, but to the locale of their greatest usefulness, as interpreted by the regional office. As a consequence, when the medical staff in many instances, as in this case, arrives on the scene, most of the evacuees are settled in their quarters and have availed themselves of what little has been provided for their use. The duties and skills of the medical staff especially at the present time when they have to fit into an active schedule of a hospital which is running under capacity load preclude their shifting for themselves as scavengers and carpenters, etc. to hunt for scrap lumber and build partitions, benches and other crude pieces to supplement the cot provided by the War Relocation Authority. Even if there were a wood-pile, the physician could not leave his patients in the hospital to drag a few paltry pieces home. The medical staff feels that the least an organization could do for a group that must devote so much of its time for the welfare of the entire community is to provide the minimum in decent living quarters.

Furthermore quarters for the Caucasian personnel are even now being constructed and furnished under priority in a manner that the Japanese staff could not have dreamed of asking. For this reason, priority, the phrase so glibly bandied about by our executives, does not constitute a valid excuse in the minds of the medical staff. Then too, if the medical staff can buy the needed lumber, as suggested by members of the Caucasian staff, the word priority, again, has no meaning, for War Relocation Authority, obviously, has more priority than the private citizen.

As a group, we are helpless in pressing our demands. We are compelled by moral obligation and oath to remain at the call of those that need care and we cannot cease to treat the sick because we are not ourselves cared for. The hardships endured merely deplete our reserves and make us less useful to the community we serve as we can readily testify.

The medical staff wishes to bring the above matters to the attention of the proper authority, to obtain a clarification of its status and the policy of the War Relocation Authority in this regard. They believe it will result in a more efficient and harmonious operation of the entire program.1/

While the lumber question was paramount at this time, the familiar question of supplies likewise was revived for discussion at this meeting.

#### REQUISITION OF NEEDED SUPPLIES AND DRUGS

Dr. Hashiba and other staff members have to lend many of their personal instruments to carry on the numerous operations that have to be done in this hospital. Perhaps, some of these instruments could not be obtained because of the general shortage of instruments throughout the country, but there has been no quibbling as to whether they will be later compensated by the W.R.A. He and we do not believe they will. On the other hand, many articles, as for example a "T" tube which is necessary for a gall bladder case awaiting surgery for months, Penrose drains, lipiodol and a host of minor items hold up surgical procedures until they are obtained. We are told there is an emergency fund; vaguely, that it may be up to \$500.00, whether per week or month or year is not stated. Most articles requisitioned will have to be approved by Washington, which procedure, at best, requires two months, we are told.

The staff strongly recommends a less cumbersome method be provided for the immediate wants of the hospital. If the articles could even be borrowed, until new supplies came in, much could be accomplished. A more flexible method should and must be devised to eradicate some of the frustration constantly experienced in so badly organized a health set-up and to forestall some unpredictable catastrophe that may engulf us in as uncertain a future as these times promise.2/

It was the consensus of the staff that "Concerning personal requests, we have found our medical director (Dr. Carson) though sympathetic, wholly inadequate."3/ Indeed, the opinion that the director was inadequate went beyond their estimate of his willingness to meet personal requests; they considered him not sufficiently aggressive in producing the much needed supplies and in ~~pro~~ administering the hospital. The evacuee doctors held a low opinion of his

---

1/ Ibid.

2/ Ibid.

3/ Billigmeier Report, "Health Section", p. 11.

medical ability and some times explained his failure to improve hospital conditions as the result of the narrowness of his medical experience and the consequent insensitivity to the shortcomings of the hospital. Dr. Carson was clearly conscious of these attitudes of the staff and the community toward him, and his reaction is expressed in the statement made just before he left in December 1942, "I've never seen such pettiness and bickering in my life; we've tried so hard and never have met with so little response."1/ Yet, he was also sympathetic with the position of the professional staff of the hospital. In a letter to Dillon Myer written two months after his resignation and his induction into the Navy, in which he criticized the lack of discipline and the uniform treatment of all evacuees at the centers, he remarked, "What has ever been done for the professional group? Their hours far exceed W.R.A. policy limits, and your office has received numerous communications from me on this subject."2/ This was the same letter which he ended with the statement, "I am interested only in the Japanese Americans in the true sense. As for the others, I consider them as enemies and would gladly assist in their destruction as well as those with whom our forces are in actual combat in the South Pacific."3/ Throughout his administration, one gets the picture of him as a man seriously attempting to be fair in his judgement of the people, but who was overwhelmed by the criticisms of himself and could scarcely restrain his expressions of resentment.

A Caucasian who knew both Dr. Carson and some evacuee physicians gave this picture of their relationship:

---

1/ Billigmeier Report, "Health Section," p. 14.

2/ Letter from Dr. A. B. Carson to Dillon Myer, March 1943.

3/ Ibid.

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 and in his attempts to secure compensation for the used equipment. 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. He felt that those using their own equipment should be duly compensated. 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, will admit no such fact even when it is painfully obvious.<sup>1/</sup>

These views of Dr. Carson emerged only after the experience of the evacuee doctors with his successor, Dr. Pedicord, whose relationships with the evacuee doctors <sup>were</sup> ~~was~~ even more strained and turbulent. There were some far reaching changes in hospital administration with the arrival of Dr. Pedicord. One of the major policies which he introduced was that of economy in all matters of the hospital. Dr. Carson, he contended, spent too much money on expensive medicine whereas cheaper medicine was good enough for these people. He attempted to reduce the hospital staff. He slashed the quantity of supplies ordered, and he refused them permission to order equipment which they considered necessary. In several instances, this practice precipitated a sharp conflict. The most serious incident occurred when the physicians ordered a Stillé plastic knife listed at \$27.00 which was very efficient and time consuming, but Dr. Pedicord consented to ordering only the \$16.50 instrument which was far less effective. The doctors felt that inasmuch as time was so important because of the limited personnel, the extra cost was a

---

<sup>1/</sup> Billigmeier Report, p. 16.

good investment. The controversy stirred up by this incident was described as "sharp and surprisingly enduring." Another such incident occurred when Dr. Pedicord refused to order a good grade of scrub brush for surgical use.

More irritating to the doctors than the economy policy was the conception of hospital administration which Dr. Pedicord introduced which brought him much more directly in a supervisory role over the entire hospital, but particularly over the medical staff. In his opinion, Dr. Carson had been doing a \$100 a month job at the center hospital, that is, spending too much time with the actual administrative affairs of the hospital and too little time supervising the medical practice of the doctors under him. Dr. Pedicord therefore instituted the procedure of requiring all departments to consult frequently with him, give accounts of the work they were performing, and receive advice and instruction from him on their practices. However, he did not limit himself to conferences, but 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. Conflicts flared, for the evacuee doctors were extremely sensitive to this evident doubt of their medical competence, resented his interference, and considered his imposition of authority as the treatment of doctors like "scrub women".

One of the major conflicts ~~involved~~ resulting from this policy involved Dr. Kazue Togasaki, a specialist in obstetrics and gynecology, and an outspoken woman with, allegedly, somewhat domineering behavior traits. She had received specialized training at Johns Hopkins, had several years of experience in her specialty before the

war, and considered that she knew vastly more about her field than did Dr. Pedicord who, by his own admission, hadn't delivered a baby for eighteen years. Dr. Togasaki objected strongly to the Chief Medical Officer's interference in her work, although unfortunately no data is available regarding the specific character of his interference, but her conflicts with him were only a more open expression of the resentments which were felt throughout the staff. According to Dr. Bass, the tuberculosis specialist at the project, professional jealousy played a part. Furthermore, some of the evacuee physicians, who felt some resistance to women doctors to begin with, resented what they felt were her attempts to take control of the hospital after her transfer to Tule Lake. Dr. Pedicord was suspected of using the antagonisms against Dr. Togasaki for his own ends, throwing his sympath~~y~~ and support on the side of the opposing faction and thus increasing her difficulties within the hospital staff.

The conflict came to a head when an accident occurred to one of the patients of Dr. Togasaki. While she was not directly responsible for what happened, she allegedly allowed an interne to perform a complicated medical procedure without adequate supervision, and Dr. Pedicord used this incident to secure her transfer to Manzanar.

Protests against Dr. Pedicord's interference accumulated for some time and eventually culminated in a special meeting of physicians and internes with Project Director Coverley, Dr. Pedicord and Dr. Bass, who was by then acting as Assistant Medical Officer. The evacuee physicians expressed the opinion that the function of the Chief Medical Officer consisted chiefly of managing administrative

affairs of the hospital and performing office routines, which had been the roles assumed by Dr. Carson, and felt that Dr. Pedicord should similarly limit himself. The doctors declared themselves competent to ~~to assume~~ full responsibility for their patients, but cited numerous instances in great detail in which Dr. Pedicord had countermanded their orders, postponed operations and otherwise interfered with their practice. Pedicord then made it clear that he had been directly charged with supervisory authority and responsibilities, and indicated that he did not intend to deviate from his previous policy. Since the Project Director lent his support to the point of view of the Chief Medical Officer, adding that he would not interfere with the latter's assigned functions, there was no recourse for the doctors but to accept the supervision of the Chief Medical Officer. Pedicord, however, assured the staff that he intended this policy of close supervision to be of a temporary nature until he was reasonably assured that the medical staff was fully capable and trustworthy.

In part, the objections to Dr. Pedicord stemmed from his personality characteristics. He was blunt and seemingly unfriendly. In speaking of this, the Medical Social Worker, Miss Nakazawa, stated: "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 to me with all their woes. They were ready to go on strike against him. I was going to quit and transfer to the Social Welfare department."1/ Dr. Thompson, who was advised of this difficulty, asked Dr. Pedicord to be a little more careful of the manner in which he ~~spoke~~

---

1/ Billigmeier Report, p. 20.

dealt with the members of the staff. Pedicord defended himself by stating that he always spoke in that manner and that at home people took it for granted and knew it didn't mean anything, but since then there was a noteworthy improvement in his manner.

There was 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 held a second type of meeting. This meeting was conducted by the doctors themselves; invitations to attend were always transmitted to Dr. Pedicord and to Dr. Bass. Attendance was not compulsory, but since the medical director felt it desirable to keep an ear to the ground, he attended regularly. The meeting permitted the director to transmit and explain changes in policy originating in his office or at the national level. But it also frequently happened that policies suggested by the doctors were discussed which the medical director had not considered but to which he had no objections. An illustration of the manner in which these meetings permitted smoother relations is cited by Dr. Bass.

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 propaganda. A statement for the 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.<sup>1/</sup>

One of the major complaints of the evacuee staff had been that they were too much bound by restrictions from the medical director and the W.R.A. but these meetings served to give the evacuee staff a sense of participation in policy formation. Sometimes decisions originating with Dr. Pedicord were submitted to the staff for discussion and criticism.

By the late spring of 1943, when Dr. Pedicord had been on the project for four or five months, there seemed to be an improvement in his relations with his staff. Dr. Pedicord at one time gave a dinner for the dental staff, but when Dr. Bass brought to his attention that this might incur the resentment of the medical staff, Pedicord expressed the view that such a consideration wasn't worth worrying about since the doctor's didn't deserve a dinner. Presumably, the dinner which Dr. Pedicord gave the doctors at a later time therefore indicated an improved relationship with his medical staff, and some of the exchanges in speeches seemed to indicate greater harmony.

At the dinner one of the evacuee doctors, Dr. Hashiba, stated in 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 shiny bald head. Dr. Pedicord replied in a similarly friendly vein.<sup>2/</sup>

To Dr. Baba, however, this incident only gave evidence that  
(1) the doctors were desirous of getting along amicably with Dr.

---

<sup>1/</sup> Billigmeier Report, pp. 20-21.

<sup>2/</sup> Ibid., p. 19.

Pedicord "despite his incompetence and interference," and (2) the doctors were no longer willing to stand firmly on their rights. The evidence is strong that morale in the hospital was far from being as strong as the superficial indications of harmony might suggest. The nursing staff was being gradually depleted by relocation and nurses aides were increasingly difficult to get in adequate numbers. But the relocation of doctors was perhaps the most serious threat to the community, and to the hospital staff, for there was no assurance that replacements by Caucasian doctors could be had. Dr. Baba, for instance, felt that he could no longer work under Dr. Pedicord and left for Elgin, Illinois to work as a resident physician in the Elgin Hospital. Dr. Watanabe, who had forsaken the idea of returning to the University of Chicago at the time of evacuation, because of his hope of helping the evacuees, felt by the spring of 1943 that there was little satisfaction in the work at the center hospital and decided to follow his original thought of returning to Chicago to continue his specialized training. Dr. Seto was seeking a commission in the Army, but he too relocated very early to the Midwest. In the latter two cases, committees of colonists who were increasingly disturbed by the loss of doctors approached Drs. Baba and Seto asking them to remain. While the doctors clearly felt a responsibility to remain and help the evacuees, they were also pulled by the fear that if they remained while other doctors left, some of them sooner or later might be left in a position of being totally unable to leave.

Drs. Hashiba, Ito and Akamatsu were among the minority who felt an obligation to remain with the evacuees until the last contingent of evacuees had left the center, but the younger doctors were rest-

less, and the populace sensed that there would be diminution of their staff. Various proposals were suggested as means of remedying the situation. It was suggested that the W.R.A. pay the evacuee doctors salaries sufficient to keep them at the center, but the agency saw no possibility of giving the doctors special opportunities at the center. In fact, the W.R.A. strictly followed the practice of treating the medical staff no differently from anyone else in their relocation placing no barriers in the way of their outward movement. To overcome the resulting doctor shortage, it was promised that every effort would be made to replace outgoing doctors with Caucasian medical officers paid on Civil Service, and there was even the suggestion at one time that the medical personnel be commissioned by the military. The evacuees, however, were conscious of the shortage of medical personnel on the outside, and had serious doubts of the likelihood of receiving Caucasian medical assistance.

Individuals who were particularly concerned about the health service of the community organized themselves into a hospital committee formed on a ward basis. Harry Mayeda, president of the defunct Council, and individuals in the planning board, were instrumental in starting the organization. A plan was established of receiving a voluntary contribution of 5¢ a month from <sup>each resident</sup> ~~the populace~~ to build a special fund for hospital needs. Some of the proposed programs were: (1) to overcome the serious lack of nurses aides by offering additional monetary inducement in addition to their regular \$16 a month salary; (2) to purchase equipment costing \$175 necessary for an operation on a woman with a congenitally dislocated hip where an abscess was forming. Dr. Hashiba wished to operate before the ab-

cess broke, but the W.R.A. provided no instruments for the operation, and he was refused permission by the Western Defense Command to return to his office in Fresno to get the equipment which he ~~needed~~. had in storage; and (3) <sup>to financially assist</sup> a young man with tuberculosis of the spine needed treatment that would cost well over \$1,000.

While Dr. Pedicord's conflicts with the medical staff were sublimated through conferences and protests, his relations with the non-professional staff were never completely harmonious. In accordance with his general policy of close supervision over hospital activities, Dr. Pedicord issued summary orders and regulations which comparatively restricted the freedom of the non-professional staff by contrast with their circumstances under Dr. Carson. One such order which led to a conflict occurred when the Chief Medical Officer imposed a closer check on mileage of hospital vehicles and the number of passengers transported to the hospital. In addition he instituted an ~~examinto~~ <sup>in</sup> examination into the necessity of the various types of rides extended. The chauffeurs resented not only the new regulations, but also the comment which Dr. Pedicord reportedly made, "You chauffeurs 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 heard or overheard by the chauffeurs. A meeting of the chauffeurs with Dr. Pedicord was called, and the latter was asked whether he had made the remarks. The Chief Medical denied making the remarks ~~of~~ of saying anything with derogatory intent, but he declared that he was not at all sure that the chauffeurs were not transporting people who were not entitled to it, and expressed his intent of investigating the question. Dr. Pedicord then explained the necessity for the rules which he had imposed, and the

agreed to accept them and expressed their desire to cooperate with him.

Part of the complaint against the Chief Medical Officer arose from the fact that he had issued orders and expressed criticisms through various chauffers instead of channelling his orders through the time keeper. The latter individual had, under Dr. Carson, received supervisory authority over the other chauffeurs, and the latter had become accustomed to accepting orders from him. The chauffeurs felt that since they had always received their orders from the timekeeper, that instructions and criticisms should be channeled through him, and the timekeeper too was hurt because his prerogatives had been neglected. Dr. Pedicord agreed to comply with their wishes but reserved the right to criticize on the spot any whom he saw violating regulations.

In conjunction with a new general policy of the Mess Management Section of curbing the amount of food consumed at special kitchens, Dr. Pedicord and the Project Steward decided to impose stricter regulations over the hospital kitchen. Employees entitled to meals at the hospital only while on duty were told to stop the practice of taking all their meals there. Nurses aides on the night shift were instructed that they would receive only their dinners at the hospital, and would not be fed at 10:30 when they quit work. The Chief Medical Officer also announced that boiler men could return to their own mess halls for all meals since their presence at the hospital was not so vital that they had to eat at the hospital kitchen. Thereupon, the boiler men went out on strike for seven minutes in protest against the ruling, but the evacuee doctors promised to make an investigation which permitted a temporary settlement of the problem. Some of the physicians and nurses

were in favor of circulating a petition to oust Dr. Pedicord and of striking.

Over the week end of May 22 and 23, Drs. Hashiba, Akamatsu and Ito investigated the situation and found that a great many people on the hospital staff were eating at the hospital mess hall only because the food was superior to that served in other halls. They concluded that Dr. Pedicord was justified in his regulations because many of the employees had sufficient time to return to their own blocks for meals, and that the boiler men were interested only in getting better food.

In the meantime, a hospital committee composed of community members became excited over the possibilities of ousting Pedicord, and against the advice of the technical staff of the Planning Board, started to circulate a petition. Upon learning of the petition, Dr. Hashiba and another doctor rushed to the planning board to explain that the investigating committee of doctors had found Dr. Pedicord justified in his act, and asked that the petitions be withdrawn.

Less than a month after this incident, however, a petition ~~was~~ ~~circulated~~ demanding that Dr. Pedicord be replaced was circulated and received 7,478 ~~XXXXX~~ signatures. A committee <sup>consisting</sup> of Mr. Ikeda, Mr. Yoshida, and Mr. Y. Tsukamoto, presented the petition to Mr. Coverley on June 25, 1943, and at the same time a copy was sent to Dr. Hohn Provinse, Community Services Division, Washington, D. C. The letter to Dr. Provinse began, "The colonists of the Tule Lake War Relocation Center are very very hopeful an imminent shortage of medical personnel at the center may be averted by prompt action in regard to two items."1/ The two items on which action was desired were not

---

1/ Letter to Dr. John Provinse from "Colonists of Tule Lake..."

specifically stated, but they evidently (a) a demand for Pedicord's replacement by a Dr. Collier, and (b) measures to stop the relocation of doctors by an increase in their compensation. The enclosed report by the hospital committee addressed to Dr. Provinse and to Mr. Coverley reflects some of the basic grievances of the residents toward Dr. Pedicord, and is therefore reproduced in full.

Dr. Pedicord during five months of Hospital administration has proven himself incapable of operating an adequate health program.

During this period, he has engendered hatred from his staff and patients as well as becoming notorious within the colony as a whole. This hatred and resentment has been developed by the following characteristic traits of the chief medical officer. His attitude toward evacuees, both staff and patients, is unsympathetic and dictatorial. This lack of sympathy coupled with discourtesy is illustrated by his habit of addressing evacuees as "Japs"; and by his consistent rude and heavy handed treatment.

In Dr. Pedicord's dictatorial attitude toward his staff, he is guilty of continual flaunting of authority and enforces discipline by means of orders rather than through organization and the respect of his staff.

The base hospital has on its professional staff, highly skilled physicians who prior to evacuation had achieved recognition and high standing in the medical field. Dr. Pedicord interferes with their professional duties, and in spite of lack the other physicians follow his close direction. He allows personal differences with his fellow physicians to effect his decisions in respect to treatment of patients.

Dr. Pedicord does not make a sincere effort to obtain necessary medical equipment for the hospital. This is illustrated by the fact that the hospital committee found it necessary to collect funds from the evacuees for purchase of necessary equipment despite the government's commitment to provide medical necessities. Shortages of equipment due to war conditions has been given as an excuse for lack of action. However, necessary equipment belonging to resident physicians is available in storage. Dr. Pedicord has made no attempt to utilize it. If it is impossible to obtain such equipment, then it is the responsibility of the administration to take the patient to the nearest hospital where it is available. This he has refused to consider.

The chief medical officer's whole approach to hospital administration is characterized by acting in terms of economy rather than service. This he has accomplished by economizing not through organization or streamlining, but by curtailment of services. This is illustrated by the complete abolishment of special diet kitchens for diabetics, ucler cases, etc. Overnight he terminated the entire home nursing program for the colony.

Evacuee physicians and dentists have a deep feeling of loyalty and responsibility for the dare of their fellow pvacuees. As a result of the above type of administration, many feel that they can no longer function under Dr. Pedicord's administration and either be of service to the evacuees or retain their own integrity. Therefore, we are faced with rapid relocation by dentists and physicians. This is not a true nor healthy relocation since many are leaving for non-professional work such as agricultural labor. This in turn, coupled with distrust of the hospital administration, is resulting in a greatly accelerated sentiment of bitterness, resentment, and distrust by the colonists toward the whole government program as well as justified fear for their own health and welfare.

During Dr. Pedicord's recent absence of several weeks, the Base Hoppital after months of chaotic administration, enjoyed a short period of honest, sympathetic, and intelligent supervision from Dr. Collier who, we understand, has now been transferred to the Gila River project.

This committee feels that the government is sincere in its attempt to provide adequate medical care and proper health administration for the project and therefore requests that Dr. Pedicord be removed from the project and Dr. Collier be appointed as chief Medical Officer.<sup>1/</sup>

~~Three weeks ago the Japanese ph~~ <sup>the committee</sup>  
In the report to the Council listed the following grievances as the basis of their protest.

Three weeks ago the Japanese physicians met with Mr. Coverley and asked for removal of Dr. Pedicord. The following week, they again went before Coverley. No progress.

Yesterday, (June 24) Dr. Collier received a telegram instructing him to leave for Gila by bus this monring.

This morning, at 10 o'clock the doctors again met with Coverley who told them he could not comment about what he was going to do. The Japanese doctors asked for a more substantial salary.

About two weeks ago the Japanese doctors wrote to Dr. Thompson about Dr. Collier being a very satisfactory man for the local hospital and asked for an early agreement.

---

<sup>1/</sup> Statement of "Colonists of the Tule Lake War Relocation Authority Center," to the Project Administration, June 25, 1943.

Dr. Collier had told the Japanese doctors in a very confidential way that Dr. Pedicord was trying to punish the Japanese colonists by a curtailment of services.

Instances of Pedicord's high handed policies:

Ever since March the hospital was suffering from lack of "shoku en chusha" (intravenous injection). Requisitions had been put in but nothing done about it. Yesterday used the last drop.

Nearly 300 people are desperately in need of dental plates. (These need them for medical reasons, such as ulcers, etc.) Pedicord made no attempt to get the supplies--now it is impossible to get them.

As so great a number of the dentists are leaving, there is going to be only one dentist remaining to take care of the entire project. Pedicord has done nothing about trying to take care of the situation.

All through the representations to Coverley and to Thompson the Japanese doctors have made no intimidations of resigning or of quitting for any reason, but they have declared that they could not work amicably with Dr. Pedicord.<sup>1/</sup>

In a letter addressed to Harry Mayeda, president of the then defunct Council, Project Director Coverley considered the accusations brought against Dr. Pedicord and refuted a number of them. Mr. Coverley's replies on these points were undoubtedly ~~were~~ more accurate than the statement of grievances written out by the committee, and serves to correct some of the misimpressions evident in the committee report. Mr. Coverley's reply, however, failed to alter fundamentally the attitude of the people toward Dr. Pedicord, and Coverley's letter read in this light casts some illumination upon the essential character of the grievances against Dr. Pedicord.

I am asking an inquiry into the accusations directed against Dr. Pedicord in order to satisfy myself completely as to their truth or falsity. I am prepared to state from my own experience that some of the charges are unfounded. For example, it is said that he has made no effort to obtain needed medical equipment and supplies. I can assure you that this is not the case. Furthermore, you may not be aware that Dr. Pedicord has made numerous and persistent attempts to obtain military passes for his staff to return to the restricted area in order to secure some

---

<sup>1/</sup> Ibid.

of their personally owned instruments. He extracted from me a promise to call personally at the Presidio in order to secure such a permit even though I was convinced that it would be useless. I did talk however, with the military authorities in an effort to obtain such a permit which was refused as I had expected.

It was also charged that Dr. Pedicord had neglected or declined to take patients to outside hospitals for necessary treatments. I happen to know that he has written numerous letters to doctors outside the project whom he knew to be qualified to give certain types of treatment in an effort to induce them to render services to our patients. The fact that the doctors refused to take the patients is of course, no fault of Dr. Pedicord. It is also stated that he terminated the entire Home Nursing Program for the patients. This is not a fact. The Home Nursing Program was discontinued upon instructions from Miss Joy B. Stuart, Nursing Consultant from the Washington office.

Furthermore, it is my understanding and belief that some members of the professional staff of the hospital have found it quite possible to work harmoniously and effectively with Dr. Pedicord. I am skeptical therefore as to whether or not he merits the accusation that he has earned the hatred and contempt of his entire staff.

I am glad that you are aware from our past associations that I am always glad to receive in a spirit of cooperation, reason, and equity any complaints the residents might have regarding the services rendered by the W.R.A. I make it plain however, that the actions to be taken in rectifying any adverse condition (alleged) or improving any service are my administrative responsibilities. Whether the action requires termination or replacement of personnel is a decision which I must make. I think it fair to advise you that I refuse to become subject to the type of pressure represented by the petition insofar as it calls for personal changes. The appointed employees of the WRA have a right to expect that determinations regarding their status with the organization shall be made by the government and not by the evacuees. I will appreciate it if you will communicate my views on this point to the other members of your committee and to any one else who may be interested.<sup>1/</sup>

letters from

In further support of Dr. Pedicord several ~~of~~ the evacuee doctors were included showing that they were able to get along with Pedicord and that they liked and respected him.

There is no reason to believe that Coverley was disguising the facts when he pointed out the instances in which Dr. Pedicord made efforts to get supplies and services which the residents and the

---

<sup>1/</sup> Letter from Harvey M. Coverley to Harry Mayeda, June 28, '43

evacuee physicians desired. Mr. Coverley's statement that the Western Defense Command refused permits to evacuee doctors to return to their homes to obtain surgical instruments left in storage raises questions as to how the requests were broached. Permits were occasionally granted for evacuees to return to their former communities for important business. Reverend Tanabe returned to Tacoma, Washington to attend his mother's funeral when she died in a Tacoma hospital after evacuation. Reverend Kitagawa was permitted to travel in the White River Valley area of Washington to take care of businesses of some of the former residents of that district. Tom Yego returned to Placer County at the request of the W.R.A. to get out of storage his packing-shed equipment which the project badly needed during the harvest of 1942. It would seem that returning to obtain medical equipment left in storage, which were badly needed at the project hospital, would constitute equally legitimate business, and that the army authorities would have granted permits if they had been convinced of the urgency of the need.

If Dr. Pedicord were absolved of the charges made against him as a result of the explanations offered by Mr. Coverley, it may then be questioned what the grievances were which the residents held against him. Fundamentally, the popular grievances ~~were~~ probably had its source more in the general restrictions upon the hospital than in Pedicord himself. As a W.R.A. functionary, Pedicord carried out policies which were written into the administrative directives guiding his action as Chief Medical Officer; and among the two most important of these policies were those of economy and close supervision over the work of the staff. Many of the troubles of the Tule Lake

hospital were inherent in the nature of center hospitals. Hospitals are expensive institutions---~~and~~ unlike other center hospitals, the Tule Lake unit contained two tuberculosis wards---, but in projects where the general emphasis in all operations was one of economy, it is not surprising that the hospital should be one of the divisions which would feel most acutely the limitations upon appropriations. Opposed to this is the notion current in modern society that in matters of health people should be given the best of care; however little a people might be provided in food, shelter, clothing and jobs, the sick among them, at least, must be given treatment and therapy equal to that of others. In addition, the W.R.A. was here dealing with a group of workers trained to an "occupational psychosis" about maintaining professional standards. The very size of the Tule Lake medical staff (which was probably larger than at any other <sup>center</sup> hospital: 12 doctors and 2 internes) complicated the task of hospital procurement. As Dr. Pedicord remarked, "....we are not elaborately equipped to satisfy the personal wants of ten different doctors for particular instruments for particular operations;" and many of these doctors were specialists.

Moreover, the general situation in the <sup>spring</sup> and summer of 1943 was such as to cause serious concern in the community about the hospital. The professional staff including doctors, dentists, <sup>nurses</sup>/optometrists and pharmacists, were relocating or preparing to relocate in large numbers. Nurses aides were increasingly difficult to get, and the shortage of the non-professional staff added to the burdens of the professional workers. Community attention, therefore, was exceptionally drawn toward the hospital and its problems.

The situation was such that any Chief Medical Officer probably would have encountered difficulties in operating and administering the hospital to the satisfaction of the community and the staff. Added to this situation was the popular conception of Dr. Pedicord as a dictatorial and economizing administrator which had been developed particularly during the early period of his administration. Pedicord's personality was such that it did not readily draw the trust of the evacuees, and there was, in fact, the tendency to regard him as unsympathetic to the evacuees. His use of the term, "Jap", may not have contained any ill intent, but to a population sensitive to criticism from the majority group, it was a significant factor in shaping an adverse ~~pink~~ estimate of him. There are evidences that Dr. Pedicord was both an outspoken and obstinate individual, but bluntness again was a trait not well suited to the promotion of friendly relations between administrators and evacuees. Furthermore, the evacuee staff was unanimously agreed that Dr. Pedicord sought to economize and to maintain closer supervision over the workers more than did his predecessor, yet even Dr. Carson had been criticized for his interference and his economizing.

The hospital was one of the areas of potential tension within the project system, and several reasons may be cited for this condition. (1) The W.R.A. administrative system called for supervision by a white doctor over evacuee doctors, but the latter who were sensitive and jealous of their professional status were <sup>not</sup> easily led to accept Caucasian authority. (2) The inherent difficulty of this relationship was aggravated by the opinion that both Dr. Carson and Dr. Pedicord were inferior physicians and incompetent administrators.

(3) The schism between the Caucasian medical officers and the evacuee doctors had its basis in the evacuation, the evacuee status of the doctors, and the necessity of accepting evacuee living conditions despite their professional rating. (4) W.R.A. restrictions upon procurement of hospital supplies, as well as the delays due to transportation difficulties, were a source of irritation to professional workers accustomed to the conveniences of offices and hospitals on the outside. (5) General W.R.A. treatment of the doctors, as, for example, in their transfers and resulting housing problems, were considered to be inequitable and undeserved. (5) The community, which was dependent upon the limited supply of evacuee physicians, for their medical attention, was deeply concerned about losing this source of professional service. Finally, since there was no question of alternative choices of doctors or hospitals for residents of the center, personal grievances against a doctor of the hospital did not result in a search for another doctor or another hospital, but rather in protest against the one health service open to them.