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89. Ibid., Dec. 23, 1944.

90. Carter, *Summary Report of the School Program*, April 1945.

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The Heart Mountain Hospital Strike of June 24, 1943

Louis Fiset

INTRODUCTION

On October 31, 1942 the *Heart Mountain Sentinel* published a brief but laudatory article on the project's hospital under the headline, "Camp Hospital Expands, Among State's Best." With five wards and three operating suites for major and minor surgeries and emergencies, the writer cited it as one of the largest and best equipped hospitals in Wyoming. The seventeen-wing facility was staffed by 150 employees, including nine physicians, ten registered nurses, three graduate nurses, and forty-nine nurses aides. Others included ten licensed pharmacists, eleven dentists, and three optometrists, as well as additional employees to staff the public health department and conduct sanitary inspections in the community.[1] Interestingly, the reporter's optimism concerned Army officials who feared a backlash from an angry public who might interpret the new hospital as coddling.[2]

The *Sentinel*, however, painted an inaccurate picture of actual conditions at the project hospital. Lack of equipment and an acute shortage of supplies hampered operations, forcing the physicians to transport patients to the nearby towns of Cody and Powell, or as far away as Billings, Montana, for surgeries or therapies not yet available at the center. Back-ordered supplies failed to arrive, causing the chief medical officer, Dr. Charles E. Irwin, to scramble for basic supplies such as swabs, needles, and drugs, on the local economy.

More importantly, because of the War Relocation Authority's (WRA) delay in recruiting a suitable chief nurse for the hospital, the non-professional staff, which would grow to more than three hundred, was poorly organized, developed little professional discipline, and became unmanageable. The chief medical officer and his appointed staff lacked cultural awareness and exerted poor judgment when handling escalating problems with the Japanese medical staff. The physicians themselves, having suffered loss of prestige after being forced to abandon their prewar medical practices and accept demeaning salaries and spartan living conditions in the relocation centers, escalated prewar professional jealousies and rivalries during their confinement, and turned on each other, affecting the whole hospital. As a result, resentments built up against the Caucasian authority and resulted in two hospital walkouts in 1943.

An examination of the events leading up to these strikes may provide clues to the causes of other inter-group conflicts at both Heart Mountain and the other nine relocation centers administered by the WRA.

EARLY DAYS OF HEART MOUNTAIN HOSPITAL

The hospital first opened as a clinic on August 12, 1942, following the arrival of one evacuee doctor, a senior medical student, a registered nurse, and an evacuee student nurse. They were among an advance group of 292 men and women from the Pomona Assembly Center sent to help prepare the center for the later arrival of ten thousand residents from Pomona and the Santa Anita Assembly Centers.[3] With a Public Health officer present on loan from the Wyoming State Health Department as an overseer, the clinic saw its first patients in a converted recreation hall in Block 1. It was a crude beginning, with sheetless army cots, water unfit for use, equipment borrowed from physicians' own personal kits, and sterilization of instruments provided from the heat of steno cans. One of the two appointed (Caucasian) nurses on duty at the time explained:

> We were giving baths in fire buckets. We had no towels, wash cloths, or soap. We did have blankets, mattresses, and pillows. For a long time it was quite a common sight to see patients lying without pillow cases on their pillows; maybe they would be covered with towels and maybe they wouldn't.[4]

On August 13th a worried Dr. G.D. Carlyle Thompson, the WRA's chief regional medical officer wrote of his concerns that the Army Corps of Engineers might not complete construction on the seventeen-wing hospital by their August 20, deadline.

> The foundation of the power house has just been poured and the chimney is still in the process of building. None of the wards is completed. Only the foundation of the mess hall has been laid. There has been absolutely no work done on the steam lines and there are major gaps in the plumbing. None of the floors is down.[5]

Although two carloads of medical equipment had arrived by August 13, equipment for the one hundred bed hospital unit and fifty and twenty-five bed expansion units were still "in transit," as was diagnostic x-ray equipment. Because of the unavailability of necessary surgical equipment, the first surgical case, a Cesarean operation, had to be sent out to a surgeon in nearby Cody, on September 4, 1942. By November 24, nearly seven months after the evacuation from the West Coast began, less than seventy-five percent of the 175 bed units were on hand, and instrument sterilizers for each ward, as well as sterilizers for the obstetrical delivery room, and a disinfector, were still missing.[6] Medical students provided their personal microscopes to enable minimal blood work in the reagent-poor medical laboratory.

Despite these handicaps, the resourceful staff had treated 178 inpatients, with fifty-four still on the wards by October 1, less than two months after its opening.

The average hospital stay was eight and one-half days. The hospital's success included the arrival of two new-borns.[7]

APPOINTED PERSONNEL

Heart Mountain's chief medical officer, Dr. Charles E. Irwin, arrived at the project on August 17. He assumed overall responsibility for hospital operations with instructions from his superior, Dr. Thompson, to run the facility autonomously. His orders were to develop and maintain the medical staff, run the public health program, whose mission was to check communicable diseases and prevent epidemics, procure all necessary equipment and supplies, and oversee the steam laundry for the entire center. Because of his clinical background in radiology and surgery,[8] he was expected to provide care for the center residents, as well. In addition to Thompson, Irwin was accountable to the project director.

United States Public Health Service advisors to the WRA recommended in June 1942 that one nurse be made available for every two hundred residents and one physician for each one thousand residents.[9] These optimistic projections proved unattainable because of the increasing drain on medical manpower caused by the war and because too few Japanese physicians and nurses were available to meet this need.[10] The goal, which would have provided one nurse for every five patients on the wards far exceeded Dr. Irwin's more modest plan to provide eighteen to twenty Caucasian nurses to supplement what the Japanese could contribute. This would have placed one nurse for each 350 residents. In fact, his staff never included more than ten total nurses at any one time. Recruitment of civil service nurses was difficult because the WRA had to compete with hospitals and clinics throughout the country begging for help to replace staff going off to war, and were offering higher salaries and more comfortable working conditions. Turnover in Caucasian staff at WRA hospitals was high due to both spartan and difficult living conditions, and difficulties of getting along with the Japanese staff. Recruitment of a chief nurse for the project hospital proved the most difficult task of all, and the delay in finding someone to accept long term appointment led to serious consequences for the hospital.

The first chief nurse, Mrs. Martha Partridge, arrived with Dr. Irwin on August 17, to relieve Miss Gertrude Wetzel who had been on hand as a temporary coordinator to greet the first arrivals. Partridge soon demonstrated she was unequipped to handle the daunting task of setting up a hospital from scratch, and her inability to get along with Irwin quickly led to a loss of confidence. The evacuee physicians, who had no say in her hiring and were bristling at the idea of taking orders from a woman, cooperated with Dr. Irwin in communicating the medical staff's dissatisfaction to Dr. Thompson, hoping that with her departure they themselves might take over the organization and running of the hospital. Partridge left the project after only six weeks on the job.[11]

At the time of Mrs. Partridge's departure in October, the physicians' ranks

swelled to nine, providing one physician for every eleven hundred residents, more favorable than the 1 to 1,500 ratio considered by public health officials as the minimum acceptable standard during wartime. (See Table). This physician-to-population ratio exceeded that for seventeen states in 1940.[12] Although no board certified specialists were among the group, at least three competent, general surgeons (Kimura, Nakaya, and Hanaoka) were represented, as well as an obstetrician [Kimura], and a pediatrician [Ito].

The nursing staff was also at its peak, with ten Japanese registered nurses (RN) and graduate nurses, and five appointed nurses. Although at full capacity this number could provide only one nurse for every thirteen ward patients, it nevertheless compared favorably with the nurse-to-patient ratios at other centers.

Unfortunately, a decline in professional staff soon followed, beginning in November, from which the hospital would never recover.

LACK OF ORGANIZATION

Mrs. Partridge's departure left a void in the office of chief nurse that would last for three months. During this time the hospital enjoyed little, if any, organizational leadership. Irwin had no administrative assistant on whom to delegate tasks that would free up time to take over the chief nurse's official duties. This would have provided an opportunity for the Japanese physicians to step forward and model the hospital after their own perceived needs. It is unclear the extent to which they possessed the necessary skills to organize the ever growing institution. In addition, the doctors were becoming very busy, especially now that some physicians were relocating in search of medical opportunities elsewhere.[13] Many residents, having come from farm areas in Southern California where rural medicine was more primitive and less available than in urban areas, were taking advantage of the opportunities for free medical care. Also, because of spartan living conditions in the center's barracks, with their lack of running water and lavatory facilities, home care and post-illness recoveries with family members in attendance were difficult, making hospital patients out of individuals with otherwise minor illnesses. This took away nursing staff from the outpatient clinic areas, making the doctors' time less efficient.

More important, the doctors were themselves unorganized as a group. As a result of developing factions, jealousies, and professional rivalries that preceded their movement to Heart Mountain, which increased with their demeaning circumstances, the physicians expended much energy attacking each other, uniting only against a common opponent, the administration, that obligated them to toil under oppressive conditions. A disorganized and resentful hospital staff greeted Margaret Graham, the new chief nurse, on her arrival at the project in January 1943.

THE MARGARET GRAHAM INCIDENT

The hospital employed more than six hundred workers, most of whom had little or no previous experience in hospitals and were non-professionals drawn from the Heart Mountain population and trained on the job. Workers were hired for the dietary kitchen and mess hall, as clerks, secretaries and other front office workers, clinic section aides and orderlies, ambulance drivers, nurses aides, laundry workers, janitors and maintenance workers. The majority of hospital employees were under twenty-five years of age, ranging in age from fifteen to seventy-one.[14] All came from the imprisoned population whose pro-rated salaries of $12 to $16 per month provided them with little more than pin money. For many the resentment of incarceration spilled over to a general resentment of all authority, including that of the hospital administration. As a fringe benefit of hospital employment many of the workers, especially the more youthful ones, felt fun should be part of the job. As a result the hospital, over time, gradually became a meeting place for off-hours recreation. The mess hall became a gathering area away from the drab and unexciting barrack life, and activity went on late into the night, at the expense of patients recovering in the surrounding wards. Parties became commonplace occurrences. Cheers followed lunch hour home runs on the makeshift diamond between the nurses' quarters and the obstetrics ward. From a hospital administrator's point of view, the hospital staff was amok.

In addition, the hospital mess hall workers were on the Transportation and Supply Department payroll, as were all mess hall workers. But because the hospital mess hall was an integral part of the hospital complex, the workers fell under the natural authority of the chief medical officer. But the invisible Dr. Irwin exerted little control over the workers, who preferred to answer to their own, more permissive steward, Mr. Haller.

Expectations of the non-professional staff toward how the hospital should be run was building for five months, and a collision between the new, no-nonsense chief nurse and the youthful workers and seething professional staff seemed inevitable.

On January 13, 1943, Margaret Graham arrived at the project, having been dispatched from the Minidoka Relocation Center by Dr. Thompson. This new assignment would mark her third as a chief nurse in WRA hospitals. She brought a reputation of competency and an ability to perform her assigned duties in a prison hospital environment. Soon, however, she revealed herself to be brusque in demeanor, with little patience for the gross inefficiencies and lack of organization that confronted her.[15] Without regard for the etiology of the "pathological" conditions facing her, she set forth to clean up the mess. The evacuee registered nurses, the student nurses, and the majority of the nurses aides, all of whom were trained by the nursing staff, reluctantly saw the need for her presence and supported her efforts. The non-professional staff, however, saw trouble ahead with the potential loss of their "fringe benefit" and immediately began circulating a petition designed to rid the community of this

individual they described as "dictatorial, snoopy, brusque, uncooperative and prejudiced." It was to be a single incident involving Miss Graham and the doctors, however, that resulted in a walkout to protest her authority.

With reorganization of the hospital came reshuffling of office space and office furniture from temporary into permanent quarters. On February 11, less than one month after her arrival, and under Irwin's instruction, but without his first advising the doctors, Miss Graham removed desks from the doctors' quarters, and in so doing piled the contents of the drawers and desktops on the floor. This enraged three of the doctors (Suski, Ito, and Hanaoka), who may have been looking for an excuse to react. The three immediately signed a circulating petition demanding her removal, and further, requested an audience with Project Director Guy Robertson later in that same day. The petition, dated February 13, 1943, specifically omitted the office of the chief nurse as the source of their protest, directing their demands squarely at Miss Graham who was seen as "antagonistic, abusive and dictatorial beyond reason" and a detriment to the morale of the hospital. The petition carried three hundred signatures.[16]

In the meantime the on-duty medical staff refused to open the clinic; the entire outpatient clinic, with the exception of the evacuee RN in charge, walked out in sympathy with the doctors. As patients left the hospital the pharmacy put up a sign "ON VACATION."[17]

Following the hearing with the doctors, in which Robertson sided with the physicians, the project director sent a memorandum to his subordinate, Dr. Irwin, outlining his reasons for supporting them. He cited the employee staff as a loosely knit organization unaccustomed to discipline, organization, and hard work, and who would resent anyone who attempted to establish hospital discipline and organization. This resulted from the project's failure to successfully recruit a long term chief nurse to train and guide the employees and who could develop the hospital into an efficient organization, having to rely instead on staff unfamiliar with hospital protocol and unaccustomed to the strict discipline required in most hospitals. Although those tasks might naturally have shifted onto Irwin's shoulders, his staff "have had too much work to do to be able to give time and attention to this office which is outside their responsibility as to details of performance."

More important, to Robertson's eyes, was the general opinion among the hospital workers that Miss Graham appeared to exhibit a racially superior attitude and demonstrated bad manners in her general conduct and attitude. He dismissed the racial feeling as a mutual antagonism based upon her strict discipline and her failure to gain cooperation in the conduct of her office. But at the same time he confided to Irwin that he believed Graham too gruff and with too high expectations of inexperienced help. He also placed responsibility on the evacuee medical and nursing staff for having too little understanding of the difficulties of the tasks burdening the chief nurse, as well as demonstrating too little cooperation from the outset. Robertson encouraged both sides to work out "an amicable and satisfactory conclusion for the

peaceful and efficient operation of the hospital."[18]

Miss Graham, upon receiving a copy of the memorandum, became enraged and wired her resignation to Dr. Thompson. In a personal letter to Miss Stuart, Thompson's chief nurse assistant, Graham blamed both Irwin and Robertson for failing to back her.[19] Thompson, in turn, now faced with the difficulty of recruiting a new head nurse, was furious with Irwin whom he held responsible for the whole affair and thought should have taken the heat rather than the chief nurse. In his mind the "books on the floor" incident was used by the physicians to gain their point, which was to run the hospital, including the nursing service details.[20] But there was little Thompson could do in light of the resignation but attempt to recruit another chief nurse from the dwindling employee pool.

The walkout ended quickly, with the employees returning to work for the sake of the residents, and knowing the administration was on the side of the evacuees. The hospital continued to provide much needed service to the community. By spring the last of the delayed equipment had arrived, making Heart Mountain a fully operational hospital. The need to farm out surgeries to outside hospitals dwindled to only the most difficult medical situations. In March, the camp population stood at 10,691.[21] But now there were six evacuee physicians, a net loss of two from the previous month, dropping the physician-to-population ratio to 1 to 1,781, below the minimum acceptable wartime standard.

The month long interim period between Graham's departure and the arrival of her replacement, Miss Anna Van Kirk, offered yet a second opportunity for the evacuee physicians to take control of the hospital. That they failed to take advantage of the opportunity resulted from their own internal dissension.

PHYSICIAN DISCONTENT

Dr. Wilfred Hanaoka arrived at Heart mountain with the advance group from the Pomona Assembly Center the previous August. While at Pomona he had become the hospital's chief physician, which served a population of 5,681, mostly from the Los Angeles area.[22] Because of his experience organizing that medical unit, he volunteered to help set up the Heart Mountain facility and thus stepped into the position of assistant to the chief medical officer, Dr. Charles Irwin. A month later six physicians were on duty. Four, including Hanaoka, left behind prewar practices in Los Angeles; three of the group practiced at the Pomona Assembly Center. Only Dr. Robert Kinoshita, from Medford, Oregon, was an unknown outside the greater Los Angeles area.

Although Hanaoka's colleagues accepted his role as Irwin's assistant, it nevertheless rankled the others that he should have that status while being the youngest physician in the group, at thirty-four. He had received his medical license in 1935, ranking him only fourth in professional seniority. Asian culture places strong emphasis on age and experience, and certainly the older Dr. Ito, at fifty-four and with twen-

ty years of medical experience, would have been a more likely candidate to serve as Irwin's assistant.

Hanoaka's duties as Irwin's assistant encompassed the recruitment of hospital workers, authorization of recommended surgeries, and in the absence of a chief nurse, responsibilities related to housekeeping and operations of the hospital. Soon grumbling from the residents about favoritism in hiring practices reached Irwin's ears, and by Christmas, alliances were forming among the physicians whose ranks had now reached eight.

The rivalries among the LA physicians likely began prior to the war, and they intensified during their incarceration at Heart Mountain. Three of the younger physicians took sides against Hanaoka and two older physicians for popularity among the center residents, a feud that spilled over into the surgery room. During one routine operation Dr. Kimura (licensed in 1941) began to lecture Dr. Nakaya (1918) on the fundamentals of surgery, including basic suturing technique, creating a tense and humiliating experience for the older, Japan-born physician. Later, Kimura began to horde his personal surgical instruments, transporting them home with him and thus denying his colleagues, especially the older physicians use of an important set of scarce gynecology instruments. He later came to near blows with Dr. Hanaoka during an operation in which Kimura administered anesthesia.[23]

Dr. Hanaoka, Hawaii-born, was raised in a more racially tolerant environment than what he experienced following his move to the mainland. Soon after arriving at Heart Mountain, before the hospital was adequately equipped to perform major surgeries, it became necessary to transport a pregnant woman to the hospital in the nearby town of Cody to stop vaginal bleeding from *placenta previa*[24]. Hanaoka, in the presence of Dr. Irwin and Mrs. Jackson, the acting chief nurse, was subjected to verbal abuse by the surgeon, who opposed the presence of the growing Japanese compound in the area and apparently upset with having a member of the "enemy race"as a colleague. According to Irwin, Hanaoka was visibly shaken by the experience, and the memory of it may have influenced a growing resentment against Caucasian authority.

He was not alone in this building resentment. At one point Dr. Ito (1922) accused acting chief nurse Jackson of lying to him and his colleagues and attempting to dominate the doctors. Since Miss Jackson was present at the center hospital only for the first three months of its history, resentment toward the Caucasian staff appears to have gained momentum quickly.[25]

ARRIVAL OF ANNA VAN KIRK

Following Margaret Graham's departure, Gertrude Wetzel returned to the project on February 26th, on loan from Manzanar as interim chief nurse. Dr. Thompson detailed her from the Manzanar Relocation Center with instructions to remain until the difficult task of finding a permanent replacement could be complet-

ed. She remained until March 16, ten days beyond the arrival of Miss Anna S. Van Kirk. Thompson's original intention had been to send Van Kirk to the Gila River Relocation Center, which had been without a chief nurse for six months. But Heart Mountain, he decided, was in greater need, having never enjoyed the long term presence of a chief nurse, resulting in a project hospital in great disarray. He therefore diverted her to Irwin's hospital. It must have felt to Thompson like a continuous wartime juggling act in attempting to meet the employment needs of the ten project hospitals for which he had overall responsibility.

Van Kirk's history was unusual in that she had sailed for Japan in 1921 to serve as a missionary nurse and stayed for nineteen years. She became director of a staff of eighty-five nurses at the St. Barnabas hospital in Osaka, a position she held for the last ten years of missionary life. There she learned to speak Japanese. Returning to the U.S. in 1941, on one of the last returning ships prior to the outbreak of the Pacific war, she took a position at a hospital in her home town near Philadelphia, turning down Public Health Service employment with the WRA to be near her family. In early 1943, however, she changed her mind, and sought out the WRA. Dr. Thompson greeted her application enthusiastically.[26]

At the time of Van Kirk's arrival in March eight other appointed nurses were on staff, complementing an evacuee staff of two RNs, two graduate nurses, and six student nurses. Six Japanese doctors staffed the wards and clinics, and eighty-three resident nurses aides, clinic aides, and dental aides were on hand. Among the non-professional hospital staff were many new faces, as a result of a high turn-over rate among the predominantly youthful work force.[27]

Trouble began almost immediately. Van Kirk withheld her knowledge of Japanese from the employees for more than two weeks while she sized up what was being talked about on the wards. Finally, her fluency was made public in the *Sentinel* on March 27, 1943. Now, in the minds of many hospital workers, there was a spy in their midst. Like her predecessor, Van Kirk set out to bring order and discipline to the hospital, and in doing so rekindled the resentment of the employees. Little apparently had changed in the attitudes of the employees or the appointed personnel in the interim period. One difference between Graham and Van Kirk, however, was that the latter vowed to stay on.

With little resolution to the growing resentment, on May 15, 1943 Dr. Hanaoka requested a meeting with the chief medical officer regarding his concerns about the relationship between the Caucasian and Japanese medical staffs. Van Kirk, he argued, worked in Japan for twenty years where the Japanese were accustomed to accepting orders. But here in the United States, he explained, Japanese are accustomed to democracy and refuse to accept such orders. He demanded that the powers of the chief nurse be rescinded and warned of an increase in sentiment against both Van Kirk and the chief medical officer if she continued to administer. He then handed Irwin a petition signed by the five physicians on hand, dated May 10, 1943. Its demands included the medical staff be put in charge of the medical lab, x-ray depart-

ment, pharmacy, surgery, and the ambulance department. The petition further demanded the medical staff be consulted before any new announcements or changes of ruling by the chief nurse were made. Current working conditions, the petition concluded, were oppressive.[28]

Although the language of this petition was strong, it carried no threat of a walkout which an earlier petition contained. Further, the consensus of the doctors soon appeared to weaken in the days that followed. Drs. Ito and Kimura reported to Irwin their reluctance in having signed the petition, expressing the desire to rescind their signatures, as they did not agree with all its points. This "act of sabotage" increased disharmony within the physicians' ranks.

The factions appeared so deep seated that Irwin called off further staff meetings until matters could cool down. On June 15, 1943, with Van Kirk still at the project, Dr. Hanaoka further complained to Irwin that Dr. Ito, a pediatrician, was not qualified to consult or assist surgical cases and gynecology. He further admitted to Dr. Irwin that he was "out to get" Dr. Kimura for disparaging him professionally.

With Drs. Ito and Kimura opposed to the petition's demands, Dr. Nakaya now on short term leave from the hospital, and with little hope that his rivals would offer support, Dr. Hanaoka was alone among the physicians in his outrage toward the administration as the hospital staff began its walkout on June 24. Further, Dr. Ito turned in the names of boys threatening to harm members of the hospital staff if they did not strike. The physicians, with the possible exception of Hanaoka, took no part in the walkout.[29]

THE JUNE 24TH HOSPITAL WALKOUT

The walkout began at approximately 9:45 a.m. on Thursday, June 24, 1943. The first workers to leave the hospital were the thirty-three mess hall workers who went out in unison. They were followed by the pharmacy, ambulance drivers, clinic section workers and aides, the sanitation department, the x-ray department, and the telephone operators. All told, 102 workers participated in the strike among the 346 employees working directly in the hospital complex. Notably absent from the group, however, was the front office staff, which contributed only three of its twenty workers, and the nurses aides, whose eighty-nine members contributed only one strike participant. None of the laundry crew walked out, and the physician and nursing staff continued to work. Rumors circulating that the nurses aides and laundry workers would soon join the protesters failed to materialize.

In order to continue hospital operations a skeleton crew of appointed personnel operated the diet kitchen, the warehouse, and the pharmacy, while others drove ambulances at midnight and early morning to pick up nurses aides about to go on duty. The police department handled emergency calls, and Boy Scouts patrolled the hospital corridors at night to control admission to the hospital. These arrangements remained in force until the walkout ended on June 28.

Although fewer than a third of the hospital workers participated in the strike, and despite the non-participation of the doctors and nurses, the walkout created a serious situation for the administration, as well as for the ten thousand residents who relied on the medical and surgical services. No one could predict the extent to which anti-administration reaction might spread, nor could anyone foretell the amount of violence which might break out. The issues were not yet clear and the potential for future trouble was great. Moreover, Heart Mountain had established an earlier precedent for strikes. Earlier, workers had demanded the removal of the Project Steward, the Police and Fire Protection Officer, and the head of the motor pool. Other strikes were threatened by sawmill workers and the carpenters. Thus, the hospital was only one of numerous conflicts between workers and their overseers.

Within two days, however, it became clear that the hospital walkout would not generate excitement within the community. This may partly be explained by the *Sentinel* editor's decision not to cover the story, leaving rumor and exaggerated truths to explain the drama. Informants for the Internal Security Department, which became an active participant in the investigation of the strikers, soon revealed the community to be negative toward the strikers, but who also showed little initial sentiment in forcing the workers back to their jobs.

The residents had little accurate information of their own because the strikers apparently had no leaders and the walkout was poorly planned. No open meetings were held beforehand or after the strike began to discuss the issues, nor were issues ever publicly presented. Neither the administration nor the hospital committee of the Japanese Community Council, an ad hoc group formed as a go-between between the workers and the administration, could locate people to present the case of the workers or take responsibility for their actions.

Thus, the administration waited out the strike until June 28, at which time it terminated all workers involved in the walkout. Project Director Robertson then instructed the Chief of Internal Security to interrogate twenty-nine strike participants to determine who the troublemakers had been. Dr. Irwin and Miss Van Kirk followed with an additional eighty-seven interviews to determine the employees to be reinstated.[30]

The interviews produced transcripts revealing a poorly organized strike; many of the workers appear to have been uninformed in advance of the strike and could not point to certain individuals as leaders. In the end, the interviews, informants' testimony, and conversations overheard by Van Kirk, herself, revealed that no other issue except the removal of the chief nurse was involved. Van Kirk was painted with the same colors as her predecessor, Margaret Graham. A general grudge against the administration pointed directly at the chief nurse.

The interrogations by the Internal Security investigators produced the names of two young Nisei as being the organizers of the resentment, although neither had previous experience as organizers nor had much knowledge of how walkouts should be conducted. In addition to the two young agitators, a third individual, Dr. Hanaoka,

himself, was implicated. Although it appears he did not participate directly in the walkout, his anti-administration and anti-Caucasian bitterness was well known. The loss of his practice in Los Angeles just at the time it began to flourish may have added to the difficulty of rationalizing his evacuation experience. It was no surprise to Dr. Irwin that investigators pointed their fingers toward him as a sympathizer and potential agitator. The ad hoc hospital committee also suspected Hanaoka as a player. But if Hanaoka directly participated in the strike he acted alone, for he had no allies among his peers, even though the other physicians demonstrated little respect for the office of the chief nurse.

In the end the walkout failed for a lack of specific issues and demands, weak leadership among the strikers, and a failure of the physicians to provide leadership for the strikers directly or behind the scenes.

The workers, in the meantime, were in a quandary because they had been terminated, and most wanted their jobs reinstated. On June 30, after all interviews had been completed, a significant number of the former workers presented their apologies to the chief medical officer as a group.

The two young Nisei instigators were banished to the WRA's camp for dissenters, located at Leupp, Arizona. Although a similar fate for Dr. Hanaoka must have been discussed by Director Robertson and his subordinates, this would have resulted in loss of yet another physician in the already dwindling corps of evacuee doctors. Nevertheless, relations with his professional peers had become so strained and his bitterness against Caucasian authority so strong that his presence at Heart Mountain could not continue. Hanaoka's opponents threatened Dr. Irwin with their resignations if their colleague was not transferred.

Irwin provided Hanaoka with the courtesy of requesting his own transfer, and he soon left the project for the Manzanar Relocation Center. Ironically, this move came just months after the surgeon at Manzanar, Dr. James Goto, transferred to the Central Utah Relocation Center in the wake of fallout from the Manzanar riot that occurred in December 1942.[31] Goto, in addition to professional rivalries with other physicians on the staff, had refused to cooperate with authorities in altering autopsy reports on two Japanese American men who had died in the incident, thus branding himself a "troublemaker" in the eyes of the administration.[32]

CONCLUSIONS

The Margaret Graham incident of February 11-13 and the unsuccessful hospital walkout of June 24-28 ultimately imposed little interruption of health care services for Heart Mountain residents. Few patients were inconvenienced, and those turned away soon returned as order was restored. Emergency units were manned with temporary help from the appointed personnel. Although these incidents proved to be minor episodes in the life of a small city hospital that oversaw 84,587 outpatient visits, 5,486 hospital admissions, 391 major surgeries, and 548 live births,

they reveal a complex of factors that help explain the negative interactions between the evacuees and their Caucasian overseers in terms other than pure racism. To be sure, the origins of the incarceration following on the heels of Executive Order 9066 proved to be racist rather than "military necessity."[33] However, the inter-group conflicts at the Heart Mountain hospital have much to do with a wartime bureaucracy unprepared to oversee ten hospitals for 120,000 people in unprecedented prison like settings, with cultural ignorance and insensitivity on the part of its administration, and with professional rivalries and jealousies by the incarcerated physicians. Could the walkouts at the Heart Mountain center's hospital have been avoided?

Recruitment of doctors became a chronic problem that only increased over time as physicians relocated to new practices in the Midwest and East, or took advantage of residencies and other openings resulting from the continuing drain of physicians to the war effort. The nineteen dollars per month professional salary was demeaning and provided little incentive in keeping the physicians on the projects. One early solution proposed to stop the relocation was to offer the doctors commissions in the U.S. Public Health Service, thereby providing them with both prestige and meaningful salaries. This proposal would likely have kept many evacuee physicians at project hospitals, and would certainly have improved morale at Heart Mountain. Although this proposal received consideration as late as November 1943, The WRA ultimately abandoned the plan because of a threat to WRA autonomy, which wanted no interference from outside agencies.[34]

Similarly lacking were recruitment incentives for civil service nurses that might outweigh the spartan living conditions imposed upon otherwise willing registered nurses. That they were never provided contributed to a paucity of chief nurses, too few to adequately staff all ten centers. Heart Mountain suffered because the chief nurse's office was empty at a critical time in the hospital's infancy. The government's bureaucracy was simply too unwieldy to make the necessary accommodations under these unprecedented conditions.

At the project level, Dr. Irwin and his appointed staff, including the nurses, revealed themselves to be ignorant of or insensitive to the cultural needs of the evacuee physicians. Forced upon them was a female in a position of authority, hired to bring organization and discipline to a group of people for whom taking orders from a woman was anathema. Irwin could have tempered growing resentments by making his chief nurses, Partridge, Graham, and Van Kirk less visible. For example, he might have facilitated the chief nurse functions by having her orders written over his signature (i.e., a male colleague).

One of the most difficult aspects of medical practice for the evacuee physicians during incarceration was their perceived lack of voice in policy making matters. They felt powerless. Prior to the war the Japanese constituted a small minority of physicians in hospital settings. They worked in hospitals already well organized and with professionally disciplined staffs. At Heart Mountain, on the other hand, they found themselves to be the majority of physicians, if not the sole providers of care to

the community, and yet found themselves subordinate in all aspects of life. They lived in barracks and ate in mess halls similar to all the evacuees at the center, and received demeaning salaries. They were not free to come and go as they wished. Moreover, their practices were clinical, for which they received little direct compensation from their patients, unlike the private practices in California which they were forced to abandon. Irwin apparently failed to recognize this. Had he done so he might have drawn them into discussions in an advisory capacity. The appearance of power, authority, or control is often as important as having it in reality. Irwin could have consulted them on the hiring of new Caucasian personnel and on the acquisition of new equipment and supplies. The physicians could have been problem solvers rather than part of the problem.

Dr. Irwin additionally seemed unaware of the importance of age and experience in positions of authority. Dr. Hanaoka's position as chief assistant despite his youthful age and lesser experience infuriated his colleagues. The problem was further compounded when Irwin dismissed him unceremoniously, causing him to lose face in front of the entire residential community, as well as his peers. Irwin also seemed unaware of the importance of the trappings of professionalism among the Japanese. The doctors' quarters could easily have been outfitted with furniture comparable to that of offices of the appointed personnel, especially Irwin's own office.

The physicians themselves, however, participated in their own misfortunes. Their professional jealousies and internal quarreling diverted attention from their larger purpose, to organize the hospital after their own vision. Had they taken advantage of the WRA's inability to staff the chief nurse's office at a time when Dr. Hanaoka was in good stead with Dr. Irwin, the hospital might have become a more harmonious place for all the workers. At the least, the non-professional employees who made up the vast bulk of workers, would have had role models to guide them in their professional behaviors.

The conflicted relationship between the Japanese medical staff and the WRA's hospital administration persisted throughout much of the life of the Heart Mountain Relocation Center. Whether or not the walkouts were avoidable may never be known. However, good relations between the groups hinged upon a bureaucracy that was malleable, a local administration with cultural awareness, and an evacuee professional staff capable of transcending its own pettiness.

Table: Licensed Japanese physicians who practiced at the Heart Mountain Relocation Center hospital during part or all of August 1942 - June 1943[35]

Name	Prewar Calif. Address	Assembly Center	Year Born	Medical License
HANAOKA, Wilfred Yoichi*	Los Angeles	Pomona	1908	1935
IKI, George Shigeki*	Sacramento	Sacramento	1892	1921
ITO, Paul Kiuji	Pomona	Pomona	1888	1922
KIMURA, Motonori Morton*	Los Angeles	Pomona	1906	1941
KINOSHITA, Robert Shizuo	Medford, OR	Portland	1906	1936
NAKAKI, Kiyohide*	Los Angeles	Santa Anita (?)	1874	1915
NAKAYA, Fusataro	Los Angeles	Santa Anita	1887	1918
SUSKI, Peter Marie*	Los Angeles	Santa Anita (?)	1875	1917
SUENAGA, Howard Japmes	Guadalupe	Fresno	1909	1938
USHIRO, California Seiki	Palo Alto (?)	Tanforan	1916	1942

*On staff at time of June 24, 1943 hospital strike

Notes

1. Health services provided at Heart Mountain also included dentistry, sanitation, public health, and social welfare activities. Although the workers in these departments had significant impact on the lives of the residents, none participated in the walkouts, likely because most worked outside the actual confines of the hospital and did not come into daily contact with the central administration. Therefore, these departments and their employees will not be considered further.

2. John Baker to Col. E.M. Wilson, November 19, 1942. Records of the War Relocation authority (RG210), Entry 4(b), Box 50, File Health. National Archives, Washington DC (hereafter cited as, RG210).

3. United States, *Final Report: Japanese Evacuation from the West Coast 1942* (Washington DC.: Government Printing Office, 1943), Table 33, 282-84.

4. "The Hospital Walkout," 5.

5. "The Heart Mountain Hospital Walkout June 24,1943," Community Analysis Section Report 38a, Microfilm M1342, Reel 16, frames 546ff, 2. Hereafter cited as "Hospital Walkout."

6. United States. *Final Report: Japanese Evacuation from the West Coast 1942*, (Washington
DC: Government Printing Office, 1943), 563-66.

7. "Hospital Walkout," Appendix A.

8. *Heart Mountain Sentinel*, February 27, 1943.

9. "War Relocation Authority Manual for Medical Service in Relocation Centers," RG210, Entry 16, Box 374.

10. During World War II one-third of the physicians and nurses in the United States were drawn off to the war effort. Frederick D. Mott and Milton I. Roemer, *Rural Health and Medical Care* (New York: McGraw-Hill, 1948), 206.

11. "Hospital Walkout," Chapter 3, 4-5.

12. Mott, *Rural Health and Medical Care*, 206-07.

13. Although the WRA would like to have kept evacuee physicians on the projects, they did not force them to stay, enabling individuals to seek residencies or other employment opportunities that were arising as a result of the wartime drain of physicians.

14. "Hospital Walkout," 26.

15. Guy Robertson to Dillon Myer, February 18, 1943, RG210, Entry 16, Box 369, File 62.010#2.

16. "Hospital Walkout," Appendix X.

17. Margaret Graham to Miss Stuart, February 18, 1943, RG210, Entry 16, Box 369, File 62.010#2.

18. Guy Robertson to Dr. C. E. Irwin, February 16, 1943, RG210, Entry 16, Box 369, File 62.010#2.

19. Graham to Stuart, February 18, 1942.

20. Thompson's handwritten notes on Robertson to Myer letter, February 18, 1943.

21. U.S. Department of the Interior, *The Evacuated People: A Quantitative Description* (Washington DC: Government Printing Office, 1946), Table 7, 19.

22. *Final Report*, Table 50, 373.

23. Dictation by Dr. C.E. Irwin, June 27, 1943, "Hospital Walkout," Appendix E.

24. A condition during pregnancy when the placenta implants in the lower part of the uterus and obstructs the cervical opening to the vagina.

25. Dr. C.E. Irwin Report, May 3, 1943, "Hospital Walkout," Appendix E.

26. *Heart Mountain Sentinel*, March 27, 1943.

27. "Hospital Walkout," Charts I, II and III, and Table III.

28. Petition, May 10, 1943, "Hospital Walkout," Appendix E.

29. Dictation by Dr. C.E. Irwin, June 27, 1943, "Hospital Walkout," Appendix E.

30. Transcripts of these interviews may be found in "Hospital Walkout," Appendix F.

31. For details of the Manzanar riot see Michi Weglyn, *Years of Infamy: The Untold Story of America's Concentration Camps* (New York: Morrow Quill Paperbacks, 1976), 121-25, 132-33.

32. Louis Fiset, "Health Care at the Central Utah (Topaz) Relocation Center," *Journal of the West*, in press.

33. Commission on the Wartime Relocation and Internment of Civilians, *Personal Justice Denied* (Seattle: University of Washington Press, 1997), xi.

34. Dillon Myer and John Provine to G.D. Carlyle Thompson, November 13, 1943, RG210, Entry 16, Box 68, File 62.010#1.

35. American Medical Association, *American Medical Association Directory* (Chicago: American Medical Association Press, 1942, 1950).

Part IV

To Serve or Not to Serve, the Military Question

The Yamano family posing on the porch of their barrack apartment. One son serves in the army while the rest of the family remains behind the barbed wire confines of the camp.