

Sawbones 280: Medicine in Japanese American Concentration Camps

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones, a marital tour of misguided medicine. I am your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy. Justin, we're gonna talk about something a little more serious than we usually do.

Justin: We frequently do serious episodes, Sydnee.

Sydnee: Well...

Justin: At this point, I don't think that's a fair descriptor.

Sydnee: I guess, but there's still, I would say, the exception.

Justin: This one's a serious one. Is that what you're saying?

Sydnee: Yes. This is among our serious episodes. I have been, uh, because of various groups I'm in on social media, I have been kept abreast, as many people have, not me alone. But specifically, as a physician, I am... I receive a lot of articles about the medical crisis aspect that is happening along our southern border. Obviously, there is a humanitarian crisis, a much larger issue than just the medical care. But the medical piece of it is called to my attention frequently. I guess those things are... probably just algorithms surface them to me.

Justin: Yeah. Yeah.

Sydnee: The internet knows I'm a doctor.

Justin: Yes. Facebook, specifically, knows you're... knows everything.

Sydnee: Facebook knows I'm a doctor know. And, uh, and I've been reading a lot about the fact that we have been uh, keeping people, human beings, in facilities where they are not receiving proper, or any medical care whatsoever. And I know there have been a lot of court cases and legal arguments recently as to what is necessary to humanely care for humans that you are incarcerating.

I know that there have been... there's been a lot of news about recent arguments from our presidential administration that it is not necessary to provide soap in a humane facility, that that is not part of humane treatment. Soap.

Justin: I wouldn't have think it'd happen, Syd, but I think me and this president finally found something we disagree on.

Sydnee: [laughs] This is the one thing.

Justin: This is the first one of everything. And hey, folks, I mean that literally. [laughs]

Sydnee: And y'know, there... I think that if we had never done this before, um, I don't know. Maybe you could say there was just poor organization. People didn't know what they were doing. But I wouldn't chalk it up to that. There's obviously a lot of malicious intent, and the United States has a history of detaining other citizens, in some cases, and incarcerating them in camps.

And so, I started digging into the history of the medical care that was provided when, during World War II, Japanese Americans were detained and

placed, incarcerated, in camps, mainly throughout the south and west of the country. The southwest and the middle of the country.

Justin: It may be worth clarifying at this moment. There's been a lot of semantic debate, and I don't think unwarranted semantic debate, about concentration camps and internment camps and detention camps. Y'know, just, regular prison. And we're gonna be talking for about a half hour, and I don't want it to be a situation where we seem to be coming down on one side of any sort of like, y'know, vernacular or what have you. That is not our intent here. We're just...

Sydnee: No. I think that it's important that we know what these terms mean.

Justin: Right.

Sydnee: Um, so, the problem with internment, and I didn't know it was a problem until I started researching this. So if you didn't know it was a—

Justin: I know the problem with internment. You didn't know the problem with internment?

Sydnee: No, the problem with the word 'internment.'

Justin: Sydnee, I'm shocked. For once, I am on the right side of history. You saw no problem with it?

Sydnee: No.

Justin: Sydnee!

Sydnee: And obviously, I mean the term.

Justin: I'm aghast.

Sydnee: I thought the appropriate term was 'internment camps.' It turns out that I'm wrong, and probably a lot of other people did not know, either. I

would advise you to look into histories of that time period, of those camps, that are written and recorded by Japanese Americans, and people who actually were in the camps, to talk about it and to explain the situation, as opposed to accounts from the US Government, because the US Government used terms that were intentionally more positive euphemisms for what they were doing.

Because the American public wouldn't like the idea that we were building concentration camps. But an internment camp sounds like something else, and then when you call them an assembly center or a relocation center, that sounds not bad at all, right? So, a lot of these terms that were used were specifically to cover what we were actually doing.

Justin: Right.

Sydnee: The term 'concentration camp,' by the way, we always think, rightfully so, it is connected with the Nazis. But, there are... there have been, throughout history, other examples of concentration camps. The British had concentration camps during the second Boer War. The Spanish had concentration camps during the Ten Years War in Cuba. And interestingly, this has actually been addressed specifically regarding the Japanese concentration, detainment, I think those would be proper words - I would not call them internment camps - during World War II.

This came to a head in 1998, because there was going to be an exhibit about these American camps at Ellis Island, and there was... and the word 'concentration camps' was going to be used throughout the exhibit. And an agreement, there was some discussion, is this appropriate? Is this really, are we misleading? Is this... does this equate it to the Nazi, let's call them what they were, death camps? Does this make it all sound like the same thing?

And actually, it's really interesting. Representatives of Japanese Americans and Jewish Americans came together, the American Jewish Committee, and the Japanese American National Museum Committee, representatives of Japanese Americans, came together and decided that, y'know what? This term is appropriate, because uh, as they put it, all of these camps, and they named some of the ones I've already named, have one thing in common:

the people in power removed a minority group from the general population and the rest of society let it happen.

Justin: Mm-hmm.

Sydnee: And that's a concentration camp. So, the term is appropriate for those intern Japanese Americans during World War II, and I would say would be appropriate along the border today. So, I—

Justin: Is it fair to say that the difference, if we're talking about intern... sorry, internment camp versus concentration camp, that a lot of it is connotation, right?

Sydnee: Yes.

Justin: I mean, it is. It is basically describing the same concept, but it is the connotations that we have with those two terms.

Sydnee: So, at the time, an internment camp could also have referred to a place where people who had actually either committed a crime, or were thought to commit a crime, or were prisoners of war who actually were known to be the enemy, the other side of the war. Where those people were held could also be an internment camp, and so, to use that term for citizens who were taken from their homes and unfairly incarcerated...

Justin: Lumps those two together. Right.

Sydnee: Right. It's not accurate. And so, I... these are the terms we're using. One other terminology I found both Japanese Americans and Nikkei, as a perhaps preferential term, Nikkei, for people of Japanese descent who have left Japan and live elsewhere. Nikkei is also... so I sometimes will use that term to refer to Japanese Americans.

Justin: Okay.

Sydnee: So in case you're not aware, I'm not gonna do an exhaustive history of what the legal and the issues of the war and why we put Japanese

citizens into... Japanese American citizens into these camps. I'm not going to talk about all of the things that went on. There are many atrocities outside of the medical piece of it. I'm just gonna focus on the medicine.

But following Pearl Harbor, the bombing of Pearl Harbor in 1941, Roosevelt issued an executive order 9066, which basically said we are going to have these military exclusion zones; parts of the country where anyone who we could suspect might undermine or harm America can be removed.

Justin: Mm-hmm.

Sydnee: From that part of the country. And this paved the way for the military to remove anyone of Japanese descent from California, and then parts of Oregon, Washington, and Arizona.

Justin: So basically along the pacific coast.

Sydnee: Where the majority, the vast majority of Japanese Americans were living at the time. Well, and Hawaii, I should say. But the continental US was the focus. It's actually interesting, if you look at the numbers, uh, there were a lot more people of Japanese descent living in Hawaii, like, proportionately. But a much smaller proportion of them were placed in camps, whereas a much larger proportion of the mainland Japanese American population was placed in camps for whatever reason.

So, uh, some managed to immigrate quickly out of these areas before the order was given, but the majority did not, and were taken to war time civil control administration centers. Those were what the United States government called assembly centers. And these were kind of hastily built detention facilities to take people and uh, decide what to do with them next. And there are similar detention facilities along the border where people who are captured trying to enter the United States illegally are immediately taken, or legally, I should say, if they are seeking asylum or refugees.

But they are taken immediately to these facilities. And these were basically the same kind of thing that they would build for the army, like an army barrack. Like a quickly assembled army barrack. They were made for mainly

young, healthy men, as you would have in the military at the time. So they had communal bathrooms, they had a mess hall. And I mean, you've got to remember, these were regular, every day citizens who were taken from their homes with what they could carry and put into these facilities. So we're talking men, women, children, the elderly, the healthy and the sick, all placed together.

Some were horse stalls that had recently just been kind of hosed down and cleaned out. Barns and horse stalls, essentially. Bedding was just like, cots and straw mattresses. There was no interior plumbing. They had wood or coal burning stoves if they needed heat, and then basically, everything else they needed, they had to take care of themselves. So, and I'm using this to lead up to some of the medical problems that are gonna occur.

You had regular citizens who were told, listen, in terms of like, food handling, storage, preparation, you figure it out. We don't have the personnel, and we're not gonna do it. So you have people who aren't necessarily trained in food handling, handling the food, which can lead to the outbreak of foodborne illnesses.

So, after this, they realized, y'know, if we're going to keep people here, we probably need to have a system for providing the medical care, 'cause people get sick.

Justin: Right.

Sydnee: Also, when you house them in inhumane facilities, they get sick a lot faster.

Justin: Right.

Sydnee: So, they called the United States Public Health Service in to basically organize some kind of medical care system for everyone who has been incarcerated in these camps.

Justin: Now, what's the American Health Service?

Sydnee: It's the US Public Health Service. It's sort of like... it's medical professionals who have basically been sent, like, they are employees of the government, and sent to places to help provide care. And a lot of the time, like modern day, you'll be sent to like a um, a rural area, or a high needs area. And in repayment, they usually like, pay back your student loans.

Justin: Government doctors, basically.

Sydnee: Yeah. Yeah.

Justin: Okay.

Sydnee: Not forever, though. Usually they will go onto other careers after their loans and time and stuff like that are paid back. But anyway, so, they come from health departments, and they set up with all of these grand ideas. What they're going to be able to provide in these camps. Dentistry, and nutrition, and sanitation, pharmacy, optometry, lab services. We're gonna have nursing services, and midwifery, and social work, and psyche services, and we're gonna have all this stuff, and they have a plan for everything.

They recommend that there should be one physician for every thousand inmates.

Justin: Choooo. That doesn't even seem like a good...

Sydnee: It's actually not a terrible ratio.

Justin: Really? If in like a community?

Sydnee: Well, compared to what a lot of people would have had at the time, pre-war.

Justin: Okay.

Sydnee: It wasn't a terrible ratio. But this was the plan. This was not the reality.

Justin: Ah, okay. Gotcha.

Sydnee: Even one to 1,500 was a rarely attainable goal, once things actually got started. They didn't have... part of the problem at this point is, you've got all these lofty goals, but there's a war. And a lot of the physicians in the country were overseas, had enlisted, and y'know, were being pulled out of their practices and hospitals to go take care of soldiers during the war.

As a result, a lot of uh, hospitals and offices were willing to pay a lot more for physicians who stayed at home. So, why would you go work in one of these, y'know, facilities and one of these camps for a lot less money from the US government when you could go to this other private hospital and get paid twice as much as you would before, because they need you so much, right?

Justin: Right.

Sydnee: The demand was so high. So they had a really hard time finding doctors for these uh, camps.

Justin: Like A League of Their Own.

Sydnee: Yes.

Justin: But instead of playing baseball...

Sydnee: They were providing lifesaving medical care.

Justin: Medical care. Got it.

Sydnee: Yes.

Justin: And there is crying in that.

Sydnee: You can definitely cry in that. That's okay.

Justin: There is crying in medicine. Sorry, folks. Jokes is out of the room. I'm just doing my best here, trying to find any like, little just... great bon mot I can throw in here. Not a lot of great opportunities for humor, as you could understand. Uhh, just doing my best. So, A League of Their Own.

Sydnee: Well, this isn't funny, but this is a—

Justin: It's not funny.

Sydnee: No. But this is a positive note. At this moment, the... what is decided is, y'know, we know, even though we're pretending these aren't fellow humans that we've put in these camps, they are, and we know that some of them are medical professionals. And in fact, before the war, there were 87 physicians, Nikkei physicians operating, and surgeons, in the country, in the four western states that were part of this.

And there were also 137 nurses, and 105 dentists, and 132 pharmacists, and 35 optometrists. Anyway, they had all these professionals among the detained. And so, they said, well, okay. If you will work here, because we're not going to let you leave anyway. But if you work here, we'll pay you about \$20 a month. Which, even then wasn't...

Justin: Yeah, I can't do the inflation calculation on that, but that seems paltry.

Sydnee: Even then, it was not... comparison, one salary I saw, if a white nurse was employed there, so somebody who was not a detainee. If somebody came in and worked at one of the camp hospitals, a white nurse was paid like \$135 a month.

Justin: Okay.

Sydnee: And one of the Nikkei doctors would be paid 20 bucks.

Justin: Got it.

Sydnee: So, there's a comparison that makes sense from the time. Um, so, basically, they said if you will work here, we will pay you, and you can continue to do the job that you did before we incarcerated you. And also, we need you to, because everybody's gonna get sick and we don't have doctors and nurses and medical professionals to take care of them.

And so, at that point, the Nikkei physicians really stepped up and said, okay, we're gonna take care of each other. We are gonna provide universal healthcare to everybody that lives in these camps for however long they're going to keep us here. And initially, they were supposed to only be in those first, the WCCA centers, for two months. So all they had were like, first aid stations. Y'know, they didn't have like, formal hospitals.

Justin: Right, right. Yeah.

Sydnee: Now, they weren't necessarily only there for two months. Sometimes, that lasted a lot longer, which is, again, I think echoes what's happening at the border. And a lot of these initial facilities, people are supposed to be detained for no longer than I think like, 72 hours. Um, but in some of these cases, especially some of the children who have gotten very ill, and some of the children who have died at the border, they were kept there for six days or longer.

So you see these cases where um, exactly what happened here. People are kept there way longer, and they don't have the facilities.

Justin: The wheels of bureaucracy never turn as quickly as they say they're going to.

Sydnee: Exactly. So, uh, so they... so they have these crowded, unhealthy, unsanitary conditions inside these WCCA centers, and people staying there much longer than they had intended. So it was absolutely essentially that they had these physicians who were able to step in and immediately begin taking care of people.

The first goal was an inoculation program, because the doctors knew and the medical staff, not just the—

Justin: Could spread in a camp situation, you could have... it could be exponentially worse than outside of a situation like that.

Sydnee: So they immediately began immunizing, as long as they had immunizations. Shortages of supplies were always an issue. Always an issue. So anything I'm saying that they did, please know, it took longer and was harder and they never had enough, even though they worked as hard as they possibly could.

But they immunized everybody against diphtheria, and typhoid, and small pox, and whooping cough. They had uh, during a three month period, they gave 28,923 typhoid immunizations, and 11,475 small pox immunizations, which is a lot. But you gotta remember, at the end of the day, we are talking about between 110 and 120 thousand people who were placed, who were incarcerated in these camps by the end.

So, that was the beginning at the WCCA centers. Now obviously, this was not the last step. You might not know this. I've actually learned a lot about this process. From there, the citizens would be sent to WRA centers, and I want to talk about the next step, because a lot more medical care would happen at these facilities, because they were kept there a lot longer.

Justin: Mm-hmm.

Sydnee: But before I do that, let's go to billing department.

Justin: Okay, let's go.

[theme music plays]

Justin: It may seem a little weird to be doing ads on an episode like this. Unfortunately, we don't know sort of what these topics are gonna be when we're figuring out like, ad calendars and all the boring business stuff of podcasting. So to try to strike a balance, we thought that we would take the

money that we get from our lovely sponsors this week, and uh, donate it to RAICES Texas.

Sydnee: RAICESTexas.org is a 501C3 nonprofit agency that promotes justice by providing free and low cost legal services to underserved immigrant children, families, and refugees.

Justin: Fantastic. So, uh, with that in mind, here is a quick word from Squarespace. If you are building a website, and you want to get your dreams out of your... get out of my dreams and into my webpage. What do you think about that? It's kind of a parody on...

Sydnee: Like a modern take.

Justin: A modern Billy Ocean thing. Uh, you can do so with Squarespace. It allows you to showcase your work, put your content out there, sell stuff, and uh, you can do all the website things. You know the things that websites can do. And these are really nice looking ones, too. They have customizable templates, created by world class designers that are optimized for mobile.

They got a new way to build, buy domains, and... you can't build a domain. That's actually the purview of... I don't know, a shadowy organization? There is a group that does it.

Anyway, you choose, and you buy the domains, and then you choose from over 200 extensions. And they got built in search engine optimization. SEO, in the biz. So, it is a great way to get your website off the ground, figuratively speaking. Websites do not fly in actuality.

So, head to [Squarespace.com/Sawbones](https://www.squarespace.com/Sawbones) for a free trial, and when you're ready to launch, use the offer code SAWBONES to save 10% off your first purchase of a website or a domain.

[sighs] Well, Syd, summer's here.

Sydnee: Yes.

Justin: Literally today, I think, as we're recording.

Sydnee: Oh, today, yeah. Uh-huh.

Justin: Welcome, summer. And um, that means it's shorts weather for Hoops. But y'know what I noticed? My beloved MeUndies, when I wore my boxers...

Sydnee: They were hanging out underneath your shorts.

Justin: They were hanging out underneath the shorts.

Sydnee: At least they are MeUndies, so they were attractive patterns that you could see extending from the legs of your shorts.

Justin: They're attractive. But there was like, a black and white stripe pattern from MeUndies that did make it look like Beetlejuice was trying to escape from my crotch.

Sydnee: [laughs]

Justin: So, what did I do? Well, I go to MeUndies and I buy myself a bunch of briefs. That's too much information, I've realized, as I've said it here. But that's how much I love MeUndies. I could've just done some sexy cutoff boxers like people do, where you get the scissors and you cut them off for summer. But I didn't do that. I went and bought handcrafted briefs.

Sydnee: I love that scene in '80s movies.

Justin: Love that. Love that classic bit. But MeUndies also has loungewear, the softest loungewear on the planet, in fact. Hang out in their super comfy lounge pants and onesies. You want to try MeUndies? You're tired of the hype? You want to experience it for yourself? Get 15% off your first pair, free shipping, and a 100% satisfaction guarantee. The boxes are a delight. The briefs, which I'm wearing now, by the way, also super comfortable. Fantastic stuff.

Go to MeUndies.com/Sawbones right now. That's MeUndies.com/Sawbones.

So, Syd, where were we?

Sydnee: So as I mentioned, we're about to be transferred out of these WCCA centers, and I want to talk about the more permanent kind of... semi-permanent hospitals that were set up. One example I did want to give of the food handling and storage issues. This sounds like a small thing, but food poisoning can be a big problem.

And at one point, there was a center about 35 miles south of Seattle, the Puyallap center, where some spoiled Vienna Sausages made everybody so sick that they were having to leave the barracks in the middle of the night to run to the public latrines, and they were some distance away. So they're all taking their flashlights and having to run along these... there was no roads. I mean, this is just all outside.

Justin: Sure.

Sydnee: So they're having to try to make it all of these, again, men, women, children, the elderly, the sick, the healthy, everyone, to make it to these public latrines quickly and wait their turn because their sick. Gastrointestinal distress. And there were so many people running around with all the flashlights, they thought... the sentries thought it was an escape, and there was almost a huge panic.

Justin: Oh, my gosh.

Sydnee: And it was all due to foodborne illness, and this was a common problem. One thing that was noted, I would say, over and over again, is that uh, obstetrical care was something that nobody thought of, initially. And it... but it, especially, as we move on to the war relocation authority centers, which was where they were supposed to be slightly more permanent places where you could be detained for a longer period of time - so more comfortable, more services - before... the plan was to relocate people to these non-military exclusion zones, right?

Justin: Mm-hmm.

Sydnee: Other places in the US where we're going to let you live, now that we've taken everything from you and taken you from your home. We're gonna send you somewhere else. Or, you could be possibly sent back, or sent to Japan. Especially, it's worth noting, at the time, there was not a pathway for a lot of the uh, Japanese Americans who had actually immigrated to Japan. Not first generation or second generation, but who had actually been born outside of the US. There was not a pathway for them to become citizens in the US, period.

So, this created a great deal of strain, especially uh, they were in the country for long periods of time, maybe almost their whole life. But they still couldn't own property. They couldn't vote. They couldn't—they weren't officially recognized as Americans. And so, they faced the threat of deportation in this situation.

But in these camps, uh, they realized at 6:40AM on September 22nd, 1942, that uh, people give birth sometimes.

Justin: Ah, that had escaped them until that exact moment.

Sydnee: Yeah, and they weren't really, uh, set up for anyone who gives birth, or the giving birth process, or what they would do.

Justin: Why on God's green earth would they not take that person to a medical facility?

Sydnee: Well, they didn't. They had to uh, quickly, the doctor had to think quickly. And Dr. Eugenia Fujita, who was the attending who delivered this first baby, had to think quickly, get a dining hall table and cover it up with some towels, and uh, this... our first baby, Mrs. Thomas Tekaki gave birth to our first baby named Eugenia, after the doctor who delivered her, that day, on a table in a temporary infirmary in the laundry hall.

But, I will say that one thing that is noted is that the maternal care was actually kind of a bright spot in a lot of the care people receive, because the

doctors realized pretty quickly that they were not gonna be given appropriate facilities to do this. And so, they put a lot of time and effort into prenatal care, postnatal care. They uh, would not let the midwives deliver the babies, because even though they were allowed to, prior to being detained, uh, the government, the army insisted that it only be physicians who deliver the babies for whatever reason.

And so, the midwives were allowed to provide a lot of prenatal and postnatal care. So these patients... these detainees who were pregnant probably got a lot more prenatal care than they might have outside. This is not justification, but they did get prenatal and postnatal care.

And they eventually started taking them to local hospitals to actually give birth, 'cause they realized that this could have been catastrophic. And at times, unfortunately, there were catastrophic cases. But, they began to at least have a plan in place to provide for people who were pregnant and giving birth.

At the war relocation authority centers, like I said, they were supposed to have a lot more permanent facilities. They were supposed to have hospitals built before anybody got there. They were supposed to have x-ray and lab equipment, medications. Of course, they didn't. Again, bureaucracy. They had the beginnings of these things. Sometimes half of these things.

Justin: Not helpful.

Sydnee: No.

Justin: Not helpful.

Sydnee: No. But they did not, uh, when people first got there—

Justin: I guess if it's the bottom half... that's, y'know, maybe you could make something work there.

Sydnee: And you're thinking, like, well, people were only kept there for so long. What do you need? Do you need a hospital? Yes, you do. The

hospitals, over the course of these hospitals, once they were built and staffed and people used them, uh, recorded a total of 5,981 births. 1,862 deaths. Inpatient and outpatient services were, I mean, countless. They have numbers. Thousands of people went in and out of these hospitals. People get sick. People get sick.

And again, when you keep them in these... when they're incarcerated, when they're in these camps, we know people get sick a lot faster. Um, another area they didn't have a shortage was dental care, actually. Dental care, actually, was pretty excellent within these camps. And again, when I'm complimenting the care that was provided, remember – detainees provided this care. It was—

Justin: This is not a compliment to...

Sydnee: No, the US military was not—

Justin: Right.

Sydnee: And while they would at times have non-Japanese physicians and nurses – of course, they had to. There were times when you had to employ people, and they did find people. They were not the... they were not the ones who were providing the most consistent care. It was often the Nikkei physicians and nurses who were doing so.

They... when they moved everybody to these WRA centers, they had a whole other host of issues they faced. The initial places, the initial camps where people were kept, were pretty close to like... like I mentioned, the one that was like, 35 miles south of Seattle. They were pretty close to where the original Japanese populations existed.

Justin: Mm-hmm.

Sydnee: Now, these other centers were set up mainly in like, desert areas. And so, there were extreme temperatures, and they weren't really prepared to deal with how hot it got inside these camps in the summer, and how cold

it would get in the winter. And so, I saw one mention that the nursery, at one point, it was 105 degrees inside the nursery. Like, that's...

Justin: That's... oh, yeah.

Sydnee: It's unacceptable. You can't have, y'know, newborns in a temperature like that. Um, and this was very hard on the very young and the very old of the population.

Dust was a huge problem. This doesn't sound like a huge problem, but when you're talking about these like, poorly ventilated buildings where people are living, the dust storms would get so thick that they said you could see, like, when you would get up in the morning off of your cot, there was an outline of your body in the dust that settled on you, that you were breathing all night. And what resulted from that was a lot of respiratory illness.

Justin: Of course, yeah.

Sydnee: So a lot of... asthma was a common problem. Um, there were a lot of pneumonia. A lot of people got coccidioidomycosis, which is unique. It's like a... to this part of the country, and it's an illness that can... it's sort of a flu-like, but can also cause pneumonia illness.

There were uh, malaria was a big problem, especially at the Arkansas camps. They eventually brought the mosquito problem under control, but it was a big problem initially. Again, food, inadequate food handling was a huge problem. Inadequate food supply. Not only did people suffer from issues like salmonella, related to spoiled food, but they also suffered from nutritional deficiencies, vitamin deficiencies, because of just inadequate supply.

It was a frequent... the US military would publicize often how little they were spending per inmate in these camps, how little money they spent on food. To contrast, they would always publicize the number. We only spent, it was like, 37 cent per inmate on food in the camps, but our troops get 55 cent per troop, so don't worry. Don't worry. We're not feeding them too much, was the message that they wanted to make sure the public got.

TB, tuberculosis, is a huge threat in any situation where people are living in close quarters like this, and accounted for 11% of the deaths that would initially occur, or that would eventually occur in these camps.

As time went on, because the whole idea was that you would go to these relocation centers and be sent somewhere else, uh, physicians started to leave. And so, at times, it would become a big problem to provide medical care, just because doctors left. They moved somewhere. And you kind of see, it was interesting. These were things that I learned.

This divide between some of the physicians who were immigrants to this country, and the first generation Japanese Americans who were actually born in this country. A lot of the immigrants to this country felt the need to stay. And they all did. They all felt this compulsion that, even if their family had gotten a place to go, and they could leave and start a new life and be outside the camps, a lot of them struggled with the responsibility of taking care of their, y'know, fellow Japanese Americans.

Justin: Sure.

Sydnee: And they found that a lot more of what are called Issei, or the immigrants to this country who were not technically citizens of the United States, they were more likely to stay and continue to provide care even if they could have left, because they felt this obligation to maintain.

But even with that, people were leaving, and as they brought in more and more Caucasian physicians and nurses to fill these spots, uh, the care suffered somewhat. Not necessarily from incompetence, as much as cultural issues. Cultural ignorance. There was a lot of divide. And I would say, well-founded mistrust.

Justin: Sure, of course. Yeah.

Sydnee: Despite all of these issues, despite all of the struggles, by the time, in December of 1944 when there were two court decisions handed down. One was *Korematsu v. the US* which said, basically, yeah, we don't

think it was unconstitutional at all to take all of these citizens out of their homes. That was fine. You can call it a military exclusion zone and move all these people.

The Supreme Court decided that. They also made a decision, *Ex parte Endo*, which said it's not okay to put them in facilities, though. So you could've... the removing was fine, the camps are not.

Justin: So they just stand outside, then. They have to leave their houses, and then they have to go somewhere else, but we don't have a place for them.

Sydnee: I don't know what the legal solution to that was.

Justin: Right, yeah. That seems a little contradictory.

Sydnee: So, by the following January, uh, officially, the policy, you couldn't incarcerate. It was illegal. Unconstitutional to actually incarcerate people. So, uh, this began the end of incarceration; although, the last camp didn't close until March 20th, 1946.

Justin: Ooh. Bureaucracy moves slow.

Sydnee: Even though... and so, through that whole period, you still had doctors and nurses and other medical personnel taking care of people within these facilities. And it really is a testament to the Japanese Americans, to the Nikkei, to the Japanese immigrants who had not been granted citizenship status, who should've been by all rights, but didn't have a legal pathway to at the time. It is really a testament to them that care inside these facilities was as good as it was.

And again, in a... I am not saying that it was a paradise. No. There were all kinds of health problems that, let's be honest, were created by the camps. The very nature of the camps created most of these issues. But these... these physicians, and nurses, and dentists, and pharmacists, and midwives persevered, and managed to provide, for their limitations, a very high level

of care to their fellow detainees. Which is admirable, and a bright spot in a very, very dark story. A dark chapter of our history.

The legacy, of course, persists. It would be very ignorant to assume that once everybody was let out of the camps, that everything was fine, that you don't suffer long-term consequences from that. There were some children, or as some adults today note who were born inside the camps, for the first four or five years of their lives, that's all they knew.

Justin: Sure. Of course.

Sydnee: So, post-traumatic stress disorder was a common problem. Anxiety and depression. And when you left, I didn't even get into, when you left, it's not like they gave you everything back they took from you.

Justin: Sure.

Sydnee: You'd lost your land, your home, your possessions. You had to go somewhere new and start over again. So there were all kinds of long term issues that a lot of the detainees suffered, due to that kind of toxic stress and the adverse childhood events that the children in the camp suffered. And there was one study I found that showed that even just being in the camps probably uh, limits the expected lifespan of an individual when compared with a cohort that genetically is similar, but did not experience the camps.

And I think that this is useful for us to reference and talk about, because I think everyone would agree that that was a horrible, horrible thing that we did and shouldn't have done. It was wrong legally and morally, and on every level that you can be wrong. It was wrong. And it is what we are doing again.

Justin: Mm.

Sydnee: At the southern border. Whatever your personal feelings are on immigration, I think we can all agree that taking fellow human beings and putting them in unsanitary, unsafe, unhealthy conditions where they don't

have proper food or water or a surface to sleep on... you can read any of the accounts.

People are kept, obviously, behind these fenced in, if you want to call them cages, or you want to call them fenced in areas, whatever words you want to use. They're sleeping on concrete floors. Babies. Y'know, five months old. Five month old, sleeping on concrete floors. Being given not proper nutrition, and then obviously, not proper medical care in any sense of the word.

Justin: Of course.

Sydnee: So, uh, there have been a lot of petitions and movements by uh, physician groups, especially the pediatricians in Texas have been very vocal, trying to get the government to let them in to provide more consistent services.

A lot of the people who are coming to this country have already been put through severe environments and situations, have traveled long distances, have perhaps had their medications taken from them, stolen from them, or in some cases, just taken by border patrol as routine. Just take your backpack, and if that has your insulin in it, now you don't have your insulin.

And there isn't necessarily a lot of people at the border who have any kind of medical training to recognize who needs immediate evaluation by a hospital or clinic, and who can go straight to these facilities. So we're just... we're repeating these mistakes all over again.

Justin: Um, is there anything to be done?

Sydnee: [sighs] Yes.

Justin: Aside from the obvious like, make a, y'know, political pressure that you can apply seems, y'know, protesting and voting for good people that don't support concentration camps. That seems like a groovy start.

Sydnee: Sure. I mean, I think one thing is, we need to acknowledge what these are. They are concentration camps. If you feel better calling them

detainment camps, okay. Internment camps is not technically accurate I would say, because of the connotation. Although, I guess *technically* it could be accurate. But the connotation, I think, leads you to believe that these people have done something wrong, and they haven't. They are asylum seekers. They are seeking asylum, not concrete floors and cages.

But uh, they are... one, let's call them what they are. And then, let's recognize that that's a humanitarian crisis, and the United States doesn't want to be involved in that. And I would say, calling your personal legislator, senators and congress people, and letting them know that you care about this issue. You don't have to—I think a lot of times, when we call, we think we have to have like, a specific piece of like, legislation that we're calling about. Like, I'm calling to ask you to vote yes or no on blah blah blah.

And that's great, but you can also call to say, I just want my senator, whoever, to know that I really care about this. This matters to me. And whatever action they take or don't take will help decide my vote in the future, and I would like to see action taken. The other thing that you can do right away that's even easier than making a phone call, 'cause I hate using the phone, too. I feel you. I'm solidarity if you don't like making phone calls.

You can donate to RAICES Texas. That's RAICETexas.org, who can help, hopefully, make sure that people are getting, asylum seekers and immigrants, are having a... there's a just process for this. And I would say, those are the main two things you can do today. 'Cause we didn't even touch on the fact that it is a medical issue that we are separating families.

It is a medical issue that children are being removed from their parents. That kind of toxic stress, that adverse childhood event, will damage them, possibly forever. And they will require extra medical care, and likely mental health services and social services for the rest of their lives because of the damage that is being done in the name of the United States. And that's all of us. At least, us, too, as citizens. That is a medical issue, and uh, we have to stop.

Justin: Uh, folks, thank you so much for listening to our episode. I know it was a tough one, so thank you for hanging in there and not looking away, which I think is the easiest thing to do.

Uh, our theme song is provided by The Taxpayers. It's called Medicines. You can find their music on Bandcamp, I believe, if you want to find more Taxpayers music. And um, we are on the Maximum Fun network, which has a lot of great podcasts you can go track down.

But um, we will be back again next week, statistically speaking, with what almost certainly will be a more lighthearted episode.

Sydnee: Sure.

Justin: But until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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