A HISTORY OF RESISTANCE AND COMPLIANCE:
JAPANESE-CANADIAN HEALTH, HEALTHCARE, AND HEALTHCARE PROVIDERS
DURING INTERNMENT (1942-1949)

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By

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ABSTRACT

In the early months of 1942, the Canadian government orchestrated the mass internment of the entire Japanese-Canadian community. The federal government justified this decision for reasons of national security and out of concern for Japanese-Canadian welfare. Within weeks, over 22,000 people of Japanese descent living mostly along the coast of British Columbia were uprooted and confined in inadequate living spaces in the BC interior. Despite official government statements, Japanese-Canadians’ health and wellbeing suffered. Members of the Japanese-Canadian community with healthcare skills were expected to provide care for their fellow internees. Health and healthcare shifted in the community. But Japanese Canadians brought with them decades of community knowledge about circumventing racist healthcare spaces and policies in Canada. In doing so, they changed internment healthcare spaces and rural and remote medicine in interior British Columbian towns.

My research considers some of the ways internment spaces affected the general health of the community, the reality of which forced the government of Canada to make healthcare an aspect of internment policy planning. Each chapter demonstrates, through a unique and under-examined source base, that healthcare was an important aspect of Japanese-Canadian internment. From examinations of personal photographs to oral history interviews to public history displays this dissertation takes a socio-cultural approach to historical analysis and shows how healthcare considerations challenge our understandings about Japanese-Canadian internment. In doing so, this work demonstrates that Japanese-Canadian internment is an essential part of understanding the history of healthcare in Canada.

I argue that internees experienced further racialization, segregation, and discrimination within healthcare spaces as both healthcare professionals and patients. But they navigated these restrictions with community and professional knowledge established before the 1940s. I also explain that while health was not initially a central concern of internment policymakers, it became a reality of internment that internees had to face. Good health of internees quickly became a campaigning tool which the government made ready use of. Further, my research demonstrates that the labour of these racialized healthcare providers, who were also internees, continued into the post-internment period and re-shaped rural healthcare in select regions of British Columbia.
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As many of my peers have acknowledged, researching and writing during a pandemic was not easy. I was fortunate to have the unwavering support of my supervisory committee and other mentors who ensured I could continue my work.

I want to extend particular thanks to my supervisory committee. Thank you to my committee members George Keyworth and Elizabeth Scott – your support and perspectives throughout this process have been invaluable. Special thanks to my cognate, Helen Vandenberg, who not only supported my work and was constantly excited about my research but also provided me with research opportunities to expand my perspectives on the history of health. The research we conducted strengthened my own study and I thank you for the opportunity to work with you. I also extend my thanks to my external committee member, Jordan Stanger-Ross.

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He comes to conferences and listens to my rants without having to be asked. Thank you for being excited about my work, even though you undeniably have the cooler job.

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Thank you to all the staff members at the various archives I consulted for your guidance and recommendations during the research process. Thank you to the staff at the Royal British Columbia Museum and Archives who assisted me both in-person and virtually. Thank you, Andrew Chernevych and the team, at the Galt Museum and Archives. A special thank you to Lisa Uyeda and Linda Kawamoto Reid for your enthusiasm about my work, your willingness to spend days exploring material with me, and the warm welcome when I visited the Nikkei National Museum in Burnaby, BC. Thank you for also connecting me with Denise Calderwood who graciously shared her work, *Tabiji*, with me. Thank you also to Theresa Tremaine and the staff at the Nikkei Internment Memorial Centre in New Denver for your assistance.

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Lastly, thank you to the Social Sciences and Humanities Research Council (2020-2023) for funding parts of my PhD education so I could research and write this dissertation.
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LIST OF ABBREVIATIONS

BCA – British Columbia Archives, Victoria
BCSC – British Columbia Security Commission
JACL - Japanese American Citizens League
LOI – Landscapes of Injustice (research collective and archives)
NAJC – National Association of Japanese Canadians
NFB – National Film Board of Canada
NNM – Nikkei National Museum, Burnaby
NIMC – Nikkei Internment Memorial Centre, New Denver
UBC – University of British Columbia
VGH – Vancouver General Hospital
MAPS OF JAPANESE-CANADIAN INTERNMENT SITES
These maps mark the major, official internment sites for Japanese Canadians in the 1940s. Satellite camp sites, and even unofficial, internment locations surrounding the marked locations certainly existed. This serves as a general indication of where most Japanese Canadians were interned across the country (Map 1), in British Columbia and Alberta (Map 2), and a zoomed in map of the Kootenay Mountain/Slocan Valley region in British Columbia (Map 3).

Map 1: Map of Canada with official sites of Japanese Internment marked

Map 2: Japanese-Canadian internment sites in British Columbia and Alberta. The agreements with these provinces are discussed in the introduction (page 20-21).
Map 3: Japanese-Canadian internment sites in the Kootenay Mountains/Slocan Valley regions of British Columbia.

Click the following link for the interactive map: https://www.google.com/maps/d/u/0/edit?mid=1wpKzwiZCpIzT8-R8SBdduaNSaDA-DI&usp=sharing
INTRODUCTION

In July 1942, Dr. Lyall Hodgins of the British Columbia Security Commission instructed Dr. Masajiro Miyazaki to “go to Bridge River and look after the Japanese evacuees there.” During the Japanese-Canadian internment of the 1940s, Dr. Miyazaki served his own ethnic community in the Bridge River Valley, and others in the surrounding area. Despite his status as an internee, his expertise as a medical professional allowed him to cross racial boundaries when providing healthcare.¹ Dr. Miyazaki’s services in this remote, rural space during and following the Second World War created opportunities for White, settler-community members to cross racial boundaries and enter the racially segregated internment space to access professional medical care.² He also ventured outside the internment site boundaries, entering Indigenous spaces to provide healthcare services. In particular, he cared for expectant mothers who preferred his care within their community to the alternative of being forced to seek care in metropolitan hospitals away from their kin.³ He provided healthcare services for these communities while also maintaining his practice within the Bridge River internment sites. Though these internment sites were not walled-camps with physical borders, there were very clear race-based boundaries established and accepted by those within and outside of the internment site. However, healthcare needs and the professional expertise of Dr. Miyazaki lessened these strictly defined racialized spaces. Dr. Miyazaki was only one of the many Japanese-Canadian physicians, dentists, ophthalmologists, nurses, nurse aides, midwives, and orderlies who provided what the Government of Canada deemed an “excellent programme of medical care” during the Second World War.⁴

³ Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 9, LAC, Ottawa; Maureen Lux, Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s (Toronto: University of Toronto Press, 2016), 159.
All the Japanese-Canadian physicians who were employed by the federal government during internment had established practices in Vancouver, British Columbia before the internment policies forced some of them to Hastings Park, and, eventually, all of them to interior British Columbia locations. Most of them received at least some of their education and training at Canadian universities. At the internment site of New Denver, British Columbia, Dr. Uchida provided services at the local hospital and the purpose-built tuberculosis hospital, or Sanitorium. Likewise, the federal government paid Dr. Shimokura to care for the roughly 2,600 Japanese Canadians interned at the Tashme, British Columbia internment site. With the onset of internment, the government employed Dr. Shimotakahara to serve both the internee and local community members in Kaslo, British Columbia. He provided care alongside his long-time colleague, Public Health Nurse Yasuko Yamazaki, and her sister May Komiyama (née Yamazaki), who was a nursing student.  

Japanese-Canadian women, like the Yamazaki sisters, were also called upon to provide healthcare to their interned community members. Therefore, most Japanese-Canadian women who provided nursing services during internment were trained within the internment sites themselves. They became nursing-aides or medical secretaries who worked beneath a supervising matron, typically a White woman who was a Registered Nurse. Japanese-Canadian women were trained out of necessity – the realities of internment sites meant that more people were needed to support healthcare services than were formally educated to do so. By 1942, less than a dozen Japanese-Canadian women were trained as registered nurses or public health nurses. Nursing programs in Vancouver, at both the Vancouver General Hospital (VGH) and the University of British Columbia (UBC), debated admitting “Oriental” students throughout the 1920s. It was not until the mid- to late-1930s that both the VGH and UBC programs graduated their first Japanese-Canadian nurses. However, internment needs surpassed race-based education restrictions for women as nursing staff. Jean Shikego Kitagawa’s experiences exemplify the demand for work and the ability for Japanese-Canadian women to fill this gap in the healthcare services within internment sites. Jean was employed by the government to be a

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medical secretary, first at the Hastings Park internment site in Vancouver, then at the New Denver Sanatorium. Her experiences of internment were shaped by the work she was trained to provide. Jean’s movement between internment sites and institutions, similar to other women who filled healthcare service positions during internment, demonstrates the permeability of internment spaces.

The experiences of healthcare providers like Jean, and those patients who they provided care to, are not central to popular histories of Japanese-Canadian internment. Government agents minimally documented their work. Moreover, to date, there are no historical monographs dedicated solely to the analysis of how Japanese Canadians changed medical care in the rural and remote communities they inhabited over the course of the 1940s. This dissertation addresses this gap and explores the health of Japanese-Canadian internees and the inherent contradictions that came with providing healthcare in a racialized context.

It is important to examine this moment in Canadian history from a healthcare perspective for two main reasons. First, because Japanese Canadians provided care to their own dispossessed, uprooted, and interned community. This approach to care did not happen at other racially segregated healthcare spaces in Canadian history. Unlike in Indian Hospitals, for example, Japanese-Canadian people operated internment hospitals and clinics provided a culturally inclusive space for the continuation of professional work, created a platform for medical professionals to make demands on behalf of their community’s needs, and arguably gave Japanese Canadians a space to continue resisting racism in medical care. Second, in a pre-Medicare era, this federally funded source of healthcare provides an opportunity to investigate state-level healthcare provisions before in Canada. Japanese-Canadian healthcare experiences during internment thus provide us with a moment to analyse the deployment and development of federally funded healthcare services in an era which pre-dates Medicare. This internment care was a particular moment when federally funded health care was provided, ironically, to racialized ‘enemy aliens’ during the Second World War, before it was systematically provided to other Canadians. Recognizing the historical significance of this intervention is essential because it not only expands our current body of knowledge on the experiences of Japanese-Canadian internees, but also highlights how one ethnic community resisted racism in health care, adapted

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to racial segregation, and functioned after the restrictions of internment lifted across Western Canada.

Throughout this dissertation, I argue that health and healthcare significantly shaped the experiences of internment for Japanese-Canadian internees. I demonstrate that Japanese-Canadian healthcare providers changed healthcare accessibility in remote and rural places in British Columbia. Lastly, I show that themes of health and stories of healthcare experiences often contribute to memorialization of internment across time and place. More than detailing the exact ways in which healthcare was provided, or solely asking how healthcare was provided, the purpose of this dissertation is to show why healthcare was a significant part of the internment experience for internees, communities surrounding internment sites, and federal policy makers.

There are therefore three central goals of this dissertation. First and foremost, I demonstrate that the day-to-day experiences of Japanese-Canadian internees were influenced by the healthcare services provided. I highlight how internment spaces affected the general health of the community, the reality of which forced the government of Canada to make healthcare an aspect of internment policy planning. As both healthcare professionals and patients, internees experienced further racialization, segregation, and discrimination within healthcare spaces. But they navigated these restrictions with community and professional knowledge established before the 1940s.

The second goal of this dissertation is to demonstrate the shift in government attention to the health of internees. I argue that the government’s concern for the health of internees went from negligent to highly attentive when constructing a narrative about the government’s choice to intern an entire ethnic community during the Second World War. Through an in-depth examination of government documentation and propaganda, I show that while health was not initially a central concern of internment policymakers, it became a reality of internment they had to face. Good health of internees quickly became a campaigning tool – both within the nation and for international relations – which the government made ready use of.

Finally, I argue that Japanese-Canadian internment history is a crucial consideration in the broader history of healthcare in Canada. Through an examination of public history displays that commemorate this dark chapter in Canadian history, I investigate how healthcare provisions emerge as a bright spot in that past, something that rural and remote host communities celebrate as a positive byproduct of the internment history. The labour of these racialized healthcare
providers, who were also internees, continued into the post-internment period and shaped rural health care options going forward, both in terms of how interment is remembered but also in terms of on-going service provisions, especially in rural and remote regions.

My work brings together these objectives to show that Japanese-Canadian internment history should not only include discussions of healthcare as central to experiences of internees but is also as a vital part of history of rural medicine and racialized healthcare providers in Canadian healthcare history. Internment healthcare is institutionally complex and broader than imagined. Moreover, the healthcare provided within internment spaces was diverse. Healthcare also made internment spaces permeable – internees could move between spaces for care and other citizens could venture into racially segregated spaces based on individual healthcare needs. The healthcare organization and allowances made within Japanese-Canadian internment spaces were specific to these spaces and meaningfully different from other racialized healthcare spaces in Canada.

Anti-Orientalism and the Japanese Community in Canada before Internment (c.1877-1941)

The first recorded Japanese immigrant to settle in Canada was Manzo Nagano in 1877. Japanese emigration statistics suggest just under 9,000 people left Japan for Canada between 1891 and 1901. Though these emigrants passed through Canada, they did not all settle in Canada. Many passed through Canadian port cities on their way to the United States which also had a growing Japanese immigrant population along the West Coast. In 1900, there were approximately 5,600 Japanese residents in Washington state and 2,500 in Oregon. In 1910, the population rose to 57,000 along the West Coast of the United States. By 1920, the population had increased to over 200,000. The Japanese population in Canada remained much smaller. In Canada, by 1901, census records indicate that 4,738 Japanese people were living in the country, with about 90% living in British Columbia. Japanese immigrants settled throughout British

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Columbia, where industries such as mining, lumber, and fishing offered employment. In the late nineteenth and early twentieth centuries, most remained along the southern coast of the province establishing fishing enclaves on and around Vancouver Island, and in the lower mainland region, predominately in Vancouver, New Westminster, and farming towns in the lower Fraser Valley. At the time the Japanese immigrant population was still significantly smaller than the Chinese population in British Columbia which, in 1901, was 14,628. Japanese emigration records suggest another roughly 6,000 people left Japan for Canada between 1901 to 1911; with 9,021 people of Japanese descent reported as living in Canada by the time of the 1911 census. Between 1885 and 1914, only slightly more than three percent of the 3.5 million newcomers to Canada were Asian.

Many of these early immigrants were lower to working-class Japanese men who, “like immigrants from Europe... came to Canada because they hoped to find the economic opportunity that they could not find at home.” These men mostly came from villages in the Shiga and Wakayama prefectures – which were not the poorest or most crowded areas of Japan, but upward economic mobility in these regions was not easy. Similar to Chinese immigration at the turn of the twentieth century, a pattern of chain migrations of workers whose goal was to return home developed. Initially, White labourer and labour organizations led demands for restrictions upon Chinese workers who came into Canada from California and China in the thousands from 1858 (Fraser Gold Rush) up to the 1880s. Anglo-Canadian labour organizations in British Columbia believed these Asian workers, who accepted lower pay and poor working conditions, posed a threat to their labour conditions and job security. The public was quick to support labour organizations, and newspapers promoted the idea that these Asian workers posed a threat to the creation of an ideal, White, Anglo-Saxon, Canadian society. Politicians assumed “anti-Oriental” stances partially to secure the labour vote in British Columbia. The United States and Canada introduced restrictions upon Chinese immigration, in 1882 and 1885.

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14 Roy, A White Man’s Province, 92.
15 Roy, A White Man’s Province, xii.
18 Roy, A White Man’s Province, xii.
respectfully, for the first time. Japanese workers quickly filled the increasing demand for labour. As restrictions upon Chinese immigration became stricter, the Japanese community became more prominent in both nations. However, the number of Japanese immigrants working temporarily or seasonally remained smaller than the Chinese immigrant community until the 1920s.\textsuperscript{20}

Chinese immigrants arrived in Canada before the first Japanese immigrant settled in the nation. They were used as a cheap labour force in British Columbia, and across Canada, particularly in the drive to complete the railway and develop natural resource economies.\textsuperscript{21} However, Chinese immigration to Canada was significantly limited by the available finances of Chinese immigrants. The Head Tax, an admittance fee that only Chinese immigrants had to pay, placed an economic restriction upon Chinese immigration when it increased from $50 in 1885 to $500 in 1903. Then, building upon these economic barriers, the \textit{Chinese Immigration Act} virtually ended Chinese immigration to Canada in 1923. Up until 1947, very few Chinese families were established in Canada because of these restrictions.\textsuperscript{22} A lack of Chinese women in Canada meant the decline of the Chinese population through the 1920s. Because of the halt in Chinese immigration, the Japanese community in British Columbia bore the brunt of cyclical anti-Orientalist movements in British Columbia in the late 1930s and early 1940s.\textsuperscript{23}

There were times when newspapers and politicians in British Columbia tried to differentiate Japanese immigrants from Chinese immigrants, even though populations described simply as “Oriental” were often lumped together in public discourses. Politicians and the public viewed China as a backward nation, while Japan was viewed as more modern because it was adapting to Western customs and notions of modernity. Chinese immigrants in British Columbia were mostly represented in newspapers as a work force appropriate for menial labour that no White person would desire to do. Conversely, newspaper accounts described Japanese immigrants as hard-working, skilled, efficient workers who could come to dominate any given industry – such as fishing. This differentiation was initially beneficial to public views of the Japanese community in Canada, but it ultimately came to position the Japanese people as a threat to White workers and economic security.\textsuperscript{24}

\textsuperscript{20}Fiset and Nomura, \textit{Nikkei in the Pacific Northwest}, 5.
\textsuperscript{21}Adachi, \textit{The Enemy that Never Was}, 38-39.
\textsuperscript{23}Ward, \textit{White Canada Forever}, 142.
\textsuperscript{24}Adachi, \textit{The Enemy That Never Was}, 40-42.
Even so, public opinions about the Japanese immigrant community in British Columbia fluctuated – sometimes they were on par with Chinese immigrants, other times they were understood to be a better alternative.\textsuperscript{25} However, the Japanese immigrant community in Canada “always considered themselves as separate from the Chinese as they were from other groups.”\textsuperscript{26} Ken Adachi shows that “opinions on the desirability of the Japanese presence in British Columbia, pronounced mainly by those employers eager to seize upon a new source of cheap labour, ran counter to the prevailing feeling and political action in the province in the last decade of the nineteenth century.”\textsuperscript{27} Public opinion swayed, and support of Japanese immigration varied depending on who benefited from Japanese immigration over time, but political opinion in the province persevered in its strict anti-Asian campaign.

Popular concerns eventually overshadowed the realities of economic need and became essential to shaping political action regarding Asian immigrants in British Columbia. Perceptions of Asian immigrants worked in tandem with growing perpetual fears about unchecked immigration and the threat of British Columbia being overrun by Asian immigrants. Ultimately these concerns led to calls for strict immigration restrictions upon “Orientals” in British Columbia.\textsuperscript{28} The so-called “Oriental problem” was “easily adapted to a provincial right campaign.”\textsuperscript{29} British Columbia historian Patricia Roy succinctly explains that “the Asian question was always political, but it had moved from being largely an economic matter with racial trappings which divided white British Columbians to a mainly racial one with economic underpinnings which united them.”\textsuperscript{30}

Thus, British Columbia attempted to place restrictions upon naturalization laws for Asian immigrants residing in the province in the late nineteenth century. The provincial government attempted to prohibit the employment of Asian people on public works projects. The Japanese Canadian community was not given the right to vote in British Columbia, or by extension in federal elections, despite their growing importance within the province’s economy. The \textit{Provincial Elections Act} of 1895 denied the franchise to naturalized and Canadian-born subjects

\begin{itemize}
\item \textsuperscript{25} Adachi, \textit{The Enemy That Never Was}, 39-40.
\item \textsuperscript{26} Adachi, \textit{The Enemy That Never Was}, 40.
\item \textsuperscript{27} Adachi, \textit{The Enemy That Never Was}, 41.
\item \textsuperscript{28} Roy, \textit{A White Man’s Province}, xii.
\item \textsuperscript{29} Roy, \textit{A White Man’s Province}, xvi.
\item \textsuperscript{30} Roy, \textit{A White Man’s Province}, xvii.
\end{itemize}
of Chinese and Japanese origin. This effectively disqualified them from some fields of employment where licenses or contract regulations required the applicant to be a citizen on the voter’s list. These ranged from logging licenses to pharmaceutical student-apprenticeships to any political position provincially or federally. But these laws did not exempt the community from tax income obligations.

At the national level, “Canada was bound by imperial policy to disallow British Columbia’s efforts to enact “anti-Oriental” legislation concerned with the prohibition of employment and immigration.” In an effort to maintain a positive relationship with Canada, Japan voluntarily set restrictions on emigration and claimed the “charge that Japan was attempting to colonize the province [of British Columbia] was ‘absolutely baseless’.” The government of Canada, despite enacting restrictive policies for Chinese immigrants, took great steps not to offend Japan because they were a major trading partner of the British Empire and “a nation perceived to hold a conception of progress and civilization more assimilable to the European cultural tradition than that of its more mysterious Oriental neighbour.” Therefore, despite taking legal measures to limit Japanese immigration to Canada, the government did not officially halt immigration at any given time because of diplomatic relations. Essentially, as Roy summarizes, “it was easy to talk about Asians; it was difficult to do very much.”

Though the federal government took little restrictive action against Japanese immigration, “in the hands of British Columbia’s early provincial politicians, the race idea was a useful idiom around which to forge a regional consciousness.” When the federal government would not support British Columbia’s requests for further immigration restrictions, the provincial government would turn to legislation which they could control – such as public health motions that stressed the urgency of “enforcing sanitary regulations.” British Columbia politicians claimed that both Japanese and Chinese immigrants lived in enclaves that endangered public

32 Adachi, The Enemy That Never Was, 52.
33 Adachi, The Enemy That Never Was, 41.
34 Adachi, The Enemy That Never Was, 44.
35 Anderson, Vancouver’s Chinatown, 59.
36 Roy, The Triumph of Citizenship, 5
37 Roy, A White Man’s Province, 35
38 Anderson, Vancouver’s Chinatown, 46.
39 Anderson, Vancouver’s Chinatown, 53.
health and morality and did not contribute to the development of the nation. Further objections were rooted in complaints over their employment as cheap labour which allegedly undercut the wages of White men and women. Historian Benjamin Bryce demonstrates how exclusionary legislation and restrictive licensing practices for salmon fisheries and canneries, from 1900-1930, was another method of enacting Japanese-Canadian exclusions from the rich resource economy of the province. These ideas grew and were bolstered by notion of ‘race’ and assimilation of the ‘other’ which were dominant in late nineteenth and early twentieth century nation building rhetoric, all of which worked to the benefit of middle-upper class ideals of Canada as a nation of British stock.

To placate provincial politicians and growing unease among the public about the “Oriental problem” in British Columbia, the federal government funded a Royal Commission on Chinese and Japanese Immigration in 1901. The final report of the Commission recommended that suitable legislation be established regarding Chinese immigration and supported an increase to the Head Tax rate. Regarding the Japanese, the Commission reported that they were not an assimilable group of immigrants and, though slightly more desirable than Chinese immigrants, because they were keener competition for the working man. Their drive and energy were dangerous and therefore their numbers needed to be controlled through emigration prohibitions in Japan. The only immediate action the federal government took following this Commission was an increase in the Head Tax to a restrictive $500 in 1903.

There was a period of general inaction on behalf of the federal government which followed the Commission, but public dislike for Japanese immigration escalated into protests and riots in 1907. Public action was driven by the newly founded Asiatic Exclusion League of Vancouver. The establishment of the League in 1907 was sparked by a combination of repeated inaction by the federal government, a sudden increase in Japanese immigration to British Columbia, and Japanese military victories. The League in Vancouver was modelled after similar groups that were forming in major cities along the West Coast of the United States. Among the members of the group were conservative, nativist political leaders, middle-class business and British-Canadian cultural leaders from the city, and, perhaps most importantly for their ability to

40 Roy, The Triumph of Citizenship, 5
42 Roy, The Triumph of Citizenship, 5
43 Roy, A White Man’s Province, 117
relay information quickly and widely, newspaper representatives who spread the doctrine of the League.\textsuperscript{44} Of all the immigrant groups from the Asian continent, the League believed the Japanese were the most dangerous. The fact that the Japanese were a superior “Oriental” race was not questioned – in fact, it led to greater hostility towards the community in British Columbia because they threatened the status quo whereas the Chinese were deemed too backward to cause a real threat to society.\textsuperscript{45}

In 1907, more Japanese immigrants arrived than ever before, or after, to the province of British Columbia. Between January and June, there were 3,247 arrivals, in July, 2,324, and more to come.\textsuperscript{46} The high number of immigrants concerned members of the Asiatic Exclusion League because Japanese immigrants were setting up businesses, putting down roots, and displaying a sense of permanence.\textsuperscript{47} The heightened immigration numbers escalated provincial agitation over the “Oriental problem” and pushed the Canadian government to formalize an agreement with Japan restricting future immigration. This agreement marked the beginning of a trend of the province pressuring the national government to action over a race-based, socioeconomic, regional issue.\textsuperscript{48}

The general opinion of Canadians regarding Japan shifted at this time as well because of Japan’s increasing military victories. While some Canadians, including some British Columbians, celebrated the victories of Japan in the early twentieth century, others worried about invasion or informants among the immigrant community. The language in newspapers and the records of the League are strikingly similar to the concerns propagated by the province once again in 1942. Both times concerns centred upon the potential for Japanese military invasion and the threat of informants disguised as successful labourers, particularly fishermen. These themes are prominent in the press and in political speeches in 1907 and appeared again in 1942 as these stereotypes and beliefs about the ethnic community continued to be prevalent.\textsuperscript{49}

Amidst mounting frustrations about the “Oriental problem” in British Columbia, on Saturday September 7, 1907, the Vancouver Asiatic Exclusion League facilitated a demonstration. The day began with a parade that crossed central Vancouver and ended at City

\textsuperscript{44} Adachi, The Enemy That Never Was, 66.
\textsuperscript{45} Roy, A White Man’s Province, 117.
\textsuperscript{46} Roy, A White Man’s Province, 186.
\textsuperscript{47} Roy, A White Man’s Province, 186.
\textsuperscript{48} Adachi, The Enemy That Never Was, 63.
\textsuperscript{49} Adachi, The Enemy That Never Was, 67.
Hall. The crowd began with about 2,000 men but reached over 8,000 participants by the time it reached City Hall later that day. Protesters called for preservation of “Anglo-Saxon blood,” the end of cheap immigrant labour policies, and pressed the federal government to accept a Natal act.50 A portion of the crowd at City Hall quickly dissolved into a mob of about 1,000 people when a brick was thrown through the window of a Chinese store. In addition to wrecking Chinese-owned businesses, the mob also ransacked stores on their way through “Little Tokyo,” which centred along Powell Street. Police reinforcements, who were sent to protect the mob members from retaliation, did not arrive until nightfall. The Japanese community organized patrols to keep the area safe through the night – newspapers claimed they were “indignant and in no mood to be submissive.”51 Fortunately, there were no serious personal injuries.

The following night, Japanese people equipped themselves with “stones, clubs, and knives,” while the Chinese community members bought “revolvers, rifles, and knives for self-defence.”52 The Japanese showed a level of protective militancy, while the Chinese demonstrated their centrality to the local economy by pulling workers from hotels, laundries, and other services. The riot ended quickly, but the repercussions were evident, and differences in the Japanese versus Chinese responses had lasting implications.53 Though the trouble caused by the rioters calmed over the course of a few days, the tone set by the riot remained and the Asiatic Exclusion League was not deterred from their efforts.54

The federal government looked upon the riot with disbelief, but once again did not take any immediate action. This inaction only alienated anti-Orientalists in British Columbia further. The Member of Parliament for Vancouver equated the riot to the Boston Tea Party. He claimed that if the federal government remained indifferent to “Oriental” immigration issues in British Columbia, the province would have to contemplate leaving Confederation.55 The strong belief among most, if not all, politicians in British Columbia was that the Laurier government was ignoring their grievances. Therefore, throughout the provincial elections of 1907-1908, Japanese immigration was a platform issue used by all parties and candidates. Calls for “Oriental”

50 Roy, A White Man’s Province, 192. This iteration of a call for a Natal Act was predominately based on a language test that BC politicians believed would “bar any unwanted immigrants.” For more details see: Roy, Mutual Hostages, 43.
51 Adachi, The Enemy That Never Was, 74-75.
52 Roy, A White Man’s Province, 193.
53 Roy, A White Man’s Province, 193; Adachi, The Enemy That Never Was, 76.
54 Adachi, The Enemy That Never Was, 76-77.
exclusion and slogans of “White Canada” were prominent and resonated with the majority of voters at the time who had concerns over preserving an ideal Anglo-Saxon “race” in Canada and ensuring the ability for British-Canadians to access the workforce without concerns of cheaper, “Oriental” labour infiltrating the resources-based economy sector of the province.  

One change to federal immigration policies emerged in late 1907, following the riot, but it was largely left to be enforced by Japan. The Hayashi-Lemieux, or Gentlemen’s Agreement was established with Japan in 1908 and very few revisions were made until the 1920s. The United States entered into a similar Gentleman’s Agreement with Japan at roughly the same time. The Gentlemen’s Agreement capped yearly immigration quotas of men from Japan – significantly decreasing the yearly influx of new immigrants to Canada. The new agreement significantly changed the makeup of the Japanese community in Canada. Since these agreements limited the number of men who could emigrate to Canada each year, but made no stipulation about women or children, there was an increase in Japanese women arriving in British Columbia after 1907. Many of these women entered the nation as “picture brides,” having only been seen by their new husbands in photographs before their arrival in a new country.

For a short time, the arrival of Japanese women mitigated public concerns about immorality and degeneration of national interests. It also led to the establishment of the first generation of Canadian-born people of Japanese descent, or the Nisei. The establishment of families and permanent settlement in Canada further differentiated the Japanese from the Chinese communities in British Columbia. The Japanese community in British Columbia began to put down roots – having children, establishing multi-generational families, all while maintaining their cultural customs. These acts of settlement exacerbated the perceived threat to the ideal British, Canadian society in the coming decades.

With the outbreak of the First World War in 1914, British Columbia politicians put aside their longstanding campaigns against Asian immigrants when Japan became a military ally. Moreover, both Japanese and Chinese resident numbers in British Columbia declined at this time due to worsening economic conditions and new legislation that limited “Oriental” employment

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56 Adachi, The Enemy That Never Was, 84.
58 Fiset and Nomura, Nikkei in the Pacific Northwest, 5.
59 Roy, A White Man’s Province, xii.
60 Adachi, The Enemy That Never Was, 85.
opportunities within the province. This reprieve in politically driven anti-Asian sentiments was short lived. By the end of the First World War, politicians in British Columbia reinvigorated questions about the “Oriental problem” and the “yellow peril.” These issues were paralleled by a sudden influx of returning or new “Oriental” immigrants to British Columbia, which coincided with a full-scale revival of anti-Asian campaigns.

In the 1920s, the government of Japan once again reduced the number of people allowed to emigrate to Canada each year with an amendment to the 1907 Gentlemen’s Agreement. But by the early 1920s, the increasing presence of Japanese women in British Columbia meant that more families had been established and the population continued to increase despite the lower rate of immigration. In the span of twenty years the number of people of Japanese descent in Canada (still predominately in British Columbia), tripled to over 15,000. In another weak effort to quell provincial unease over the “Oriental problem” the federal government temporarily limited the number of fishing licenses granted to Japanese fishermen in British Columbia – a step which was eventually disallowed but nonetheless temporarily halted Japanese dominance of the industry.

The Japanese question entered a new phase in the 1930s with the coming of age of the Nisei. The Nisei, a generation of Canadian-born people of Japanese descent reached the age of majority in the 1930s and sought the reversal of the 1895 Amendment to the BC Registration of Voters Act, which stated that Japanese people (as well as Chinese and First Nations people) were disenfranchised provincially and, by extension, federally. Campaigns for their enfranchisement reinvigorated political discussions about the maintenance of British Columbia as a “White Man’s Province.” Earlier established trends of economic underpinnings to race-based concerns continued to permeate public opinion and subsequent political campaigning in British Columbia into the Second World War.

With the onset of the Second World War, anti-Japanese agitation escalated once again. Most federal government representatives, as well as military interests, were aware that there was more of a threat from “local internal danger . . . than any immediate threat from without.” However, in October 1940, the Cabinet War Committee conceded to persistent requests from

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61 Roy, A White Man’s Province, 265
63 Fiset and Nomura, Nikkei in the Pacific Northwest, 7
64 Roy, A White Man’s Province, 265.
66 Roy, A White Man’s Province, 265.
67 Roy, Mutual Hostages, 43.
British Columbia officials and exempted Japanese and Chinese Canadians from conscription. That same month the Cabinet War Committee struck a Special Committee on “Orientals” to investigate Japanese and Chinese people in British Columbia. On December 2, 1940, after two months of quiet interviews, the Special Committee reported that there was “substantial suspicion of Japanese Canadians” and widespread belief that their loyalty lay with Japan. The report clearly also states that there was no hard evidence produced to support such suspicions.68

Another re-invigoration of anti-Orientalist goals in British Columbia occurred after the attack on Pearl Harbor on December 7, 1941. Federal representatives were concerned about potential repeats of the 1907 riot following this attack by Japanese forces on American soil. Some scholars argue that long-standing public agitation in British Columbia pushed provincial politicians to convince the federal government to see the merits of total internment.69 By this time anti-Japanese sentiments became an unquestionable part of the social and political identity of the public, and of political platforms, in the province of British Columbia. Even though, by the time of the Pearl Harbor bombings, over sixty percent of people of Japanese-descent in British Columbia were born in Canada, the entire community faced internment.70 Ironically, the treatment of the Japanese in British Columbia during the Second World War heightened the public awareness surrounding the mistreatment of Chinese immigrants in Canada – culminating with the relatively smooth repeal of the exclusionary Chinese Immigration Act in 1947.71

68 Roy, Mutual Hostages, 43.
The Enactment of Japanese Internment Policies in Canada

Japanese Canadian Ken Adachi describes the December 7, 1941 and the military attack at Pearl Harbor as an opportunity for “anti-Japanese interests in the province [to produce] a savoury propaganda item which far exceeded their most optimistic hopes.” Indeed, “anti-Oriental” citizen associations in the province seized the opportunity to write letters and keep anti-Japanese discourses loud and prominent in the press. They capitalized on this moment to push for federal action, all while preaching that total exclusion of the Japanese community from British Columbia was the only solution.

In the first week of January 1942, provincial politicians met with representatives from the Department of External Affairs, the armed forces, and the RCMP in Ottawa. Among those present, there were no representatives from outside of British Columbia who viewed total evacuation and detention of all people of Japanese descent as necessary. The Canadian Army representatives, who were facing a heightened threat of Japanese attack on the West Coast of Canada, did not support the proposed evacuation. Likewise, the RCMP representatives reported that no further internment was needed – about 500 potentially subversive Japanese men in British Columbia had already been interned in Ontario prisoner of war camps. In stark contrast to labour interests in British Columbia, the federal Department of Labour argued that it was in the interest

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Adachi, The Enemy That Never Was, 201.

of the national war effort to allow Japanese fishermen to continue working. The extreme views of British Columbian politicians in these meetings were loud and strong enough to overpower these other perspectives in the room. Eventually their desires shaped the federal actions that led to total internment of the ethnic community.

Newspapers and British Columbia politicians were quick to express narratives of national security and wartime military needs as the central reasons for the quick enactment of internment policies. In general, this line of reasoning went publicly unquestioned for years. But the sequence and timing of events which followed Pearl Harbor suggest there was no overarching military necessity to intern the Japanese in Canada. The declining power of the Japanese military by June 6, 1942 at the Battle of Midway, dispelled any myth surrounding potential military invasion by Japan on the Pacific Coast of North America. Rather, as Adachi states, “all the arguments for evacuation were mobilized under the waving banner of national security.”

Canadian politicians also looked to the United States to see what actions would be taken in their nation. As Patricia Roy explains, “although British Columbians were proud of their British heritage, the United States often provided the model for responses to Asian immigration.” For about two weeks following Pearl Harbor, American newspapers and government officials from Pacific Coast states called for tolerance and calm among citizens. The FBI arrested about 1,000 suspects from within the Japanese-American community, but considered everything under control after these arrests – they did not feel there was a need for further action or total relocation of the ethnic community. The army officer in charge of the Western Region of the United States, General John De Witt, did not share this view. His strong anti-Asian views seeped into his subsequent support for more drastic action against the Japanese-American community. The Department of Justice struggled to make the War Department realize that mass expulsion of Japanese Americans was unconstitutional. Ultimately it was the views of the War Department and General De Witt that won out when mass internment of the

75 Adachi, The Enemy That Never Was, 204.
77 Adachi, The Enemy That Never Was, 222.
79 Roy, A White Man’s Province, xv.
81 Taylor, A Black Mark, 166-167.
community was enacted in 1942. The American commitment to Japanese internment was the last
demand point in ensuring the policy was followed through in Canada, even though Prime
Minister Mackenzie King had already decided to move forward with the mass evacuation of
Japanese Canadians by the time President Roosevelt signed Executive Order 9066 beginning the
process of internment in the United States.  

The pace of internment in Canada was quick, considering the bombing of Pearl Harbor,
the catalyst event which initiated policies of Japanese-North American internment, occurred in
America. Race-based mobility restrictions upon the Japanese community in Canada were enacted
before similar restrictions were formalized in the United States. By mid-January 1942, the
British Columbia government prohibited Japanese fishing and began confiscating Japanese-
Canadian property as a precursor to federal legislation and restrictions. A month later, on
February 24, 1942, the Canadian government passed Order-in-Council P.C. 1486, which gave
the federal Minister of Justice the power to remove any and all people from a protected area: in
this case, a 100-mile wide strip off the West Coast of British Columbia. A week later the
federal government, through the Department of Labour, created a civilian force through the
enactment of Order-in-Council P.C. 1665 (March 4, 1942). The civilian agency was responsible
for the relocation of the Japanese-Canadian population from the protected area. This agency was
the British Columbia Security Commission (BCSC), which orchestrated the movement of all
Japanese Canadians. The BCSC had the power to enact the internment but had not developed a
long-term plan. Though the BCSC formally dissolved shortly after the movement of the last

82 Adachi, The Enemy That Never Was, 216.
83 Letitia Johnson, “Diversity in Adversity: Health Care Provisions by and for the Nikkei in Canada during
84 The “Landscapes of Injustice” interdisciplinary and multi-institutional project looks at the issue of
property confiscation surrounding Japanese Canadian uprooting and internment, see “Purpose,” Landscapes of
85 The protected area is described in the official Royal Canadian Mounted Police order as “Commencing at
boundary point No. 7 on the International Boundary between the Dominion of Canada and Alaska, thence following
the line of the ‘Cascade Mountains’ as defined by paragraph 2 of Section 24 of the Interpretation Act of British
Columbia… [along designated and described lots]… to the Southerly boundary of the Province,” as cited in
Sunahara, The Politics of Racism; “Notice to Male Enemy Aliens,” February 7, 1942, Issued by the Royal Canadian
area” and “exclusion zones” in both Canada and the United States, see: Stephanie D. Bangarth, Voices Raised in
Japanese Canadian from the protected area in fall 1942, it continued informally as the central operator of internment, as a branch of the federal Department of Labour.\(^8^6\)

Japanese Canadians were not all moved to the same locations during this process of internment, nor did they all remain at the same location for the duration of internment. Those who lived along the coast of British Columbia, beyond Vancouver and its surrounding areas, were initially brought to the Hastings Park Provincial Exhibition Grounds in Vancouver. Within ten days of the BCSC being struck, about 2,500 people had already been moved from the coast to Hastings Park in March 1942.\(^8^7\) Roughly 8,000 people were held at Hastings Park, over the course of seven months, while the BCSC selected interior internment locations and prepared for the relocation of the entire ethnic community. Though the Assembly Centre at Hastings Park officially closed on September 30, 1942, about 100 tuberculosis patients and hospital staff remained at Hastings Park Hospital until Spring 1943 when the Sanatorium at New Denver opened.\(^8^8\)

Many Japanese-Canadian women, children, and elderly people spent the majority of the 1940s interned in one of the ten “interior settlement centres” in British Columbia. These included: Tashme, Greenwood, Slocan (Slocan City, Lemon Creek, Popoff, Bay Farm, Rosebery), New Denver, Sandon, and Kaslo.\(^8^9\) Japanese Canadians were, in the early stages of relocation, sent to a designated camp depending on their religious affiliation. United Church members were sent to Lemon Creek and Kaslo. Slocan City was designated as Anglican but had a large and socially dominant population of Buddhists. The small population of Japanese Canadians who were Roman Catholic were sent to Greenwood. All the interior settlement centres included Buddhists because the population was so large. Eventually, religious separation by internment sites relaxed because there was not enough space at any given location to maintain strict religious differentiation.\(^9^0\)

The role of religious and charity organizations in internment policy and spaces was prompted by financial concerns. The BCSC approached, and was approached by, religious and charity organizations to help facilitate (and offset the costs of) providing services within interior

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\(^8^7\) Adachi, *The Enemy That Never Was*, 218.

\(^8^8\) “History” Hastings Park 1942, last updated in 2017, [http://hastingspark1942.ca/history/](http://hastingspark1942.ca/history/)

\(^8^9\) See Maps of Japanese-Canadian internment Sites

settlement centres. The BCSC entered into formal agreements with the Roman Catholic Church in Vancouver, the Anglican Church, the United Church of Canada, and the Salvation Army. Though a large portion of the Japanese-Canadian population was Buddhist (most of the *Issei* generation), no agreement was reached with the Buddhist Church. Ultimately, this outcome suggests underlying assimilative goals of the nation taking precedence within BCSC legislations. Education, healthcare services, and religious services were supported by Christian religious organizations within these internment sites, both financially and through voluntary or paid staff.\(^91\) All these Christian church groups encouraged internees to comply with internment measures in support of national security.\(^92\) The church groups also encouraged and supported financially, when possible, the relocation of internees to more eastern locations in Canada.\(^93\)

Some of the interior settlement centres were “ghost towns” – resource-extraction centred towns that had empty and abandoned infrastructure that was easily repurposed by the BCSC to accommodate internees. Unlike the American internment camps which were all purpose-built, Tashme, Lemon Creek, and parts of New Denver were purpose built camps. At these internment sites, the federal government provided basic welfare services to internees, housing, and other basic needs – though all of these services were inadequate.\(^94\) Internees arrived with very few belongings. All property they were unable to take with them was placed in the custody of the Custodian of Enemy Alien Property.\(^95\) Men whose families were held at the “interior settlement centres” were compelled to work at seasonal camps nearby, in industries such as lumber or road construction. Some of the road construction camps included: Hope-Princeton, Revelstoke-Sicamous, and Blue River-Yellowhead.\(^96\)

Japanese-Canadian families of a higher economic class could apply to go to one of the five “self-supporting projects” in British Columbia, where internees were responsible to pay for their own living expenses, including everything from food to housing to healthcare. These self-supporting camps were: East Lilloet, Bridge River, Minto City, McGillvray Falls, and Christina

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\(^95\) Adachi, *The Enemy That Never Was*, 218.

Lake. Scholar Mary Taylor describes self-supporting internment sites as spaces where Japanese-Canadians felt “some modest extent of control of what happened to them,” but they were quick to discover that the hardships at self-supporting camps were “as severe as those experiences by their friends and relatives in the ghost towns.” In East Lillooet, for example, internees had no electricity or running water, had to build their own shacks to live in, and had to find their own sources for heating said shacks once they built them. There were no schools for their children and only one physician was designated for the entirety of the self-supporting projects which spanned many small towns and outposts.

There were some Japanese Canadians who left British Columbia entirely with the onset of internment policies. Roughly four thousand Japanese Canadians elected to go to farms and factories in Alberta and Manitoba to serve as farm hands or labourers. The BCSC entered into a formal agreement with the Social Credit Government of Alberta in May 1942, which promised “absolute control over evacuees” and the promise that the roughly 2,500 evacuees would be removed immediately following the ceasing of emergency measures. Manitoba had no formal agreement but was assured the circa 1,500 evacuees could be removed whenever requested. Both provinces agreed to such arrangements because of a desperate need for a sugar beet labour force – from harvesters to processors. Despite the sometimes harsh working conditions, these settings were attractive because they allowed families to stay together. These Japanese-Canadian internees were also subjected to difficult living conditions and inadequate support for many of their basic needs. Finally, there were families, which had the financial means to move without government assistance, who opted to leave British Columbia for other areas where Japanese Canadians were established in small numbers. These relocations took them to metropolitan centers in Central and Eastern Canada, like Toronto, Montreal, or Halifax, as well as smaller

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97 See Maps of Japanese-Canadian internment Sites.
98 Taylor, A Black Mark, 100.
99 Taylor, A Black Mark, 100; Miyazaki, “My Sixty Years In Canada” (manuscript, 1973), 30-32.
100 Adachi, The Enemy That Never Was, 281.
103 There are of course exceptions and variations among these four classifications. For more on the variations and impact of different types of relocation sites, see Mona Oikawa, Cartographies of Violence: Japanese-Canadian women, Memory, and the Subjects of the Internment (Toronto: University of Toronto Press, 2012).
cities like Lethbridge and Winnipeg where there were small, but well-established, communities of Japanese descent.\textsuperscript{104}

The different internment sites in British Columbia and across the prairies suggest a level of choice was afforded to Japanese Canadians regarding their internment location. But the quality of such a choice was diminished by realities of class-based limitations to unhindered movement and was combined with the shared reality of hardships across internment spaces. All of the options that Japanese Canadians faced regarding their placement at various internment sites were shaped by the federal government’s ultimate goal of removing all Japanese Canadians from their concentrated communities in British Columbia to other provinces, east of the Rocky Mountains. This goal was constantly at the forefront of policy and practices enacted by the BCSC and was a federal response to British Columbia’s long-standing “anti-Oriental” sentiments.

**Similarities and Differences in Japanese-American Internment**

Though the internment of Japanese Americans was an important consideration for Canadian politicians, there were significant distinctions that characterized the Japanese-American internment experience. First, the movement and internment of Japanese Americans was facilitated by the military under the War Relocation Authority. Unlike in Canada, where a new Commission under the direction of the federal Department of Labour was created to facilitate the internment effort, the American military was central to the planning and efforts of Japanese-American internment. The army argued that “concentration camps” were one way to protect the Japanese community from hostile Americans following Pearl Harbor and propagated that the policy was necessary for national security. Though there were similar narratives in Canada, the Canadian military did not support this justification as fervently.

On February 19, 1942, President Roosevelt signed Executive Order 9066 authorizing the Secretary of War to prescribe Military Areas and allowing for the exclusion of people from said military areas at the secretary’s discretion. The Executive Order did not include the words “Japanese” or “Japanese American,” but the intention was clear.\textsuperscript{105} On March 11, 1942, the

\textsuperscript{104} Adachi, *The Enemy That Never Was*, 251-278; Specific stories are available through provincial or municipal Japanese-Canadian associations, such as: “History Preservation,” Japanese Cultural Association of Manitoba, last updated 2022, [https://www.jcamwpg.ca/history-preservation/](https://www.jcamwpg.ca/history-preservation/); “History of the Edmonton Japanese Community Association,” Edmonton Japanese Community Association, last updated 2022, [https://ejca.org/history](https://ejca.org/history).

Wartime Civil Control Administration (WCCA) was established and given the mandate to find temporary ‘assembly centers’ to temporarily house over 100,000 Japanese Americans. A week later, the War Relocation Authority (WRA) was established by the President with Executive Order 9102 on March 18, 1942. The WRA was mandated to find permanent concentration camp sites east of the mountains in California, Oregon, and Washington. The army prioritized the evacuation of Japanese people. They claimed there were plans for the later removal of people of Italian and German heritage, but that never occurred.

Days after the WRA was established, Civilian Exclusion Order No. 1 was passed which excluded people of Japanese ancestry from Military Area 1 (Bainbridge Island and Washington state). Two more Military Areas and associated exclusion orders passed within weeks, facilitating the total exclusion of Japanese Americans from the Western United States. On March 22, 1942, the first of the American internment camps opened at Manzanar. Nine more Japanese-American internment camps opened between May 8 and October 6, 1942.

A little over three years after the bombing at Pearl Harbor, on December 17, 1944, the United States rescinded all exclusion orders upon Japanese Americans. All internment sites were closed within one year, following the Supreme Court’s ruling that the WRA had no right to detain loyal citizens. Subsequently, the Department of the Interior submitted the Bill on Evacuee Claims to Congress in 1946. After two years of campaigning by the Japanese American Citizens League (JACL) the Evacuation Claims bill was signed by President Truman. Both nations developed policies that led to the dispossession of Japanese property. However, in the United States not all property left behind by Japanese Americans was sold, whereas in Canada all Japanese Canadian property was sold for a fraction of its market value. Americans were quicker to realize many internees suffered significant financial losses and introduced measures to address these losses.

107 Reeves, *Infamy*, 64.
Canada and the United States also promoted the dispersal of people of Japanese heritage to more eastern locations. But unlike their Japanese American neighbours, Japanese Canadians had restrictions upon their movement within British Columbia until 1949. In April 1947, the Canadian government lifted travel bans on Japanese Canadians in all other provinces except British Columbia. Travel bans within the protected area, along the West Coast of British Columbia, were not lifted for two more years.

Japanese Canadians also faced an exploitive policy of deportation and repatriation which Japanese Americans did not. This policy aimed to expatriate not only Japanese foreign nationals but also Canadian-born citizens of Japanese ancestry. Japanese-Canadian internees were subjected to a repatriation survey, also called a loyalty survey, which sought to differentiate between those loyal to Canada and those loyal to Japan. Those who were deemed loyal to Japan risked facing deportation under three Orders-in-Council passed under the War Measures Act. Repatriation surveys were presented as a voluntary declaration to leave Canada, while deportation under various clauses outlined in these Orders granted sweeping powers to federal Labour Minister Mitchell to interrogate internees and deem them not loyal to Canada and therefore candidates for deportation. The Repatriation Survey and the subsequent efforts by federal government to justify deportation affected those people born in Canada, some of whom had never before been to Japan. Those Japanese Canadians who were loyal to Canada, or could prove such, were expected to move east of the Rocky Mountains and comply with all government orders or risk having their loyalty questioned again.

The haste with which this survey and repatriation was carried out was influenced by the American decision to allow Japanese Americans to return to the West Coast in late 1944. Canadian officials invested in efforts to further disperse Japanese Canadians through the nation, rather than allowing them to return en masse to the West Coast. The number of Japanese Canadians who agreed to repatriation increased because of misunderstandings and administrative errors made by the federal government. By the end of the war, many people reconsidered their decision for repatriation. In the end, 4,527 of the 6,844 adults who had signed for themselves or

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114 Bangarth, Voices Raised in Protest, 3
115 Fiset and Nomura, Nikkei in the Pacific Northwest, 261.
116 Bangarth, Voices Raised in Protest, 3
117 Adachi, The Enemy that Never Was, 308-309.
118 Sunahara, The Politics of Racism, 120.
on behalf of their families, reversed their decision and applied to remain in Canada. The remaining circa 2,300 applicants, with their families, left Canada for Japan.\textsuperscript{119}

**Continued Restrictions: The Japanese-Canadian Community in Post-War 1940s**

The post-war discussions about what steps should be taken regarding Japanese Canadians were closely aligned with debates about the *Canadian Citizenship Act* (1947) which changed the identity of Canadians from that of British subjects to citizens of Canada.\textsuperscript{120} At the time, Japanese Canadians, regardless of their birth-place, remained disenfranchised, while Japanese Americans who were born in the United States were allowed to vote under provisions laid out in the Bill of Rights.\textsuperscript{121} A few weeks after passing the *Canadian Citizenship Act*, Prime Minister King cancelled the repatriation program for Japanese Canadians. Then, in June 1948, Japanese Canadians were given the right to vote.\textsuperscript{122} Shortly after, municipal and provincial politicians in British Columbia were left with no other option but to open the doors back up to Japanese Canadians who now had the right to vote and to contest any action taken against their rights as citizens. However, census records indicate that less than 3,000 Japanese Canadians, of the pre-war coastal population of roughly 22,000, returned to the coast by 1951.\textsuperscript{123}

After being forced to relocate and make a home at an internment site for the bulk of the 1940s, some Japanese Canadians chose to remain in these communities. Those who lived at the self-supporting internment sites were not forced to disperse east of the Rockies like their family and friends at the interior settlement sites.\textsuperscript{124} But most of the internees who had spent the majority of the internment years at the government-supported interior internment locations chose to resettle permanently east of the Rocky Mountains.\textsuperscript{125} The events surrounding internment sparked the development of significant collective community action and organized dissent which followed Japanese Canadians wherever they settled after 1949.\textsuperscript{126}

\textsuperscript{119} Sunahara, *The Politics of Racism*.
\textsuperscript{121} Bangarth, *Voices Raised in Protest*, 3; Fiset and Nomura, *Nikkei in the Pacific Northwest*, 256.
\textsuperscript{124} Taylor, *A Black Mark*, 102
\textsuperscript{125} Stanger-Ross and Sugiman, eds., *Witness to Loss*, xxix.
\textsuperscript{126} Bangarth, *Voices Raised in Protest*, 3
Major Historiography Trends in Japanese-Canadian Scholarship

The first scholarly study of Japanese internment in North America was conducted in the 1940s by Forrest E. La Violette. The internment sites in both nations offered an opportunity to study ethnic segregation within a defined space. La Violette spent time at internment sites in both Canada and the United States performing anthropological studies of these spaces.127 His work provides important first-hand, outsider perspectives of internment spaces. More significantly for this study, La Violette’s observations help to build a foundational understanding of the health and healthcare provided inside internment sites in both Canada and the United States.

In the late 1950s, Japanese Canadians began publishing memoirs and other similar reflections that included details about personal experiences of internment. Healthcare was sometimes part of these personal accounts of internment but was not a central theme within any one publication of the time. Community activists’ encouraged publications by Japanese Canadians after dismantling the internment policies. Often these personal works were published in combination with anniversaries marked by provincial or federal opportunities for funding of research by community members. For instance, prompted by the British Columbia Centennial in 1958, community associations sponsored the writing of a history of the Japanese community in Canada by Ken Adachi. To date, Adachi’s work is one of the most thorough, detailed overviews of Japanese-Canadian history. Adachi used his skills as a journalist to undertake the long process of interviewing Japanese Canadians across the nation to assemble a history of the community. He relied on government records on immigration trends, from both Canada and Japan, as well as interviews and personal recollections about the Japanese immigrant experience in Canada in his monograph. In doing so, The Enemy That Never Was presents a comprehensive overview of the Japanese community in Canada – from the first arrival of immigrants to the activism of the redress movement in the early 1970s. Adachi’s impressive overview of internment spaces, conditions, and policies contains sporadic mention of health conditions for internees. He addresses the important role of Japanese-Canadian physicians, such as Dr. Uchida at New Denver, in supporting healthcare delivery during internment. However, like other works of the era, healthcare is only passingly mentioned in favour of other seemingly more important factors for community members, such as education and dispossession of property. The focus on these

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themes is closely tied to the era in which the book was published. Though his research began nearly two decades prior, Adachi’s book was not published until 1976, at which time the redress campaign was thoroughly underway and community activism from within the Japanese-Canadian community was growing.\textsuperscript{128}

Community activists encouraged Japanese Canadians to record their experiences in memoirs. Multiple Japanese-Canadian and Japanese-American memoirs about internment and the life of Japanese immigrants in North America emerged in the 1960s and 1970s.\textsuperscript{129} One memoir in particular, written by Japanese-Canadian physician Dr. Masajiro Miyazaki, centred healthcare in a personal account of internment. Miyazaki documented his work as a racialized, segregated healthcare professional during internment. Though his experiences were shaped by his gender, professional position, and his placement in a self-supporting community they nonetheless illustrate the ways in which healthcare shaped internment. There were no publications before his memoir that detailed Japanese-Canadian physicians’ encounters with the BCSC, day-to-day healthcare practices, and the breadth of medical professional practice during internment years. His memoir is vitally important to consider when nuancing historical understandings about the confinement and surveillance of internment spaces. Dr. Miyazaki moved between internment spaces and often used his professional standing to engage in healthcare work outside of designated internment sites. His experiences, as recorded in his self-published memoir, reveal the complicated nature of boundaries during internment and the ways in which healthcare shaped and reshaped professional and personal limits of movement for Japanese-Canadian internees. The focus on healthcare in his recollections is the first substantial community production which suggests healthcare services were a significant contributing factor to internment experiences for the Japanese-Canadian community.\textsuperscript{130}

Publications like Miyazaki’s supported the work of activists in both nations. In addition to considering the political and economic factors behind immigration restrictions and internment policies, authors made concerted efforts to bring individual, personal experiences into these historical studies. These stories about real people resonated with the public and revealed one strategy of community activism used by the Japanese-Canadian community – personalizing their history and putting a face, or faces, to their stories. These changes also reflect historiographical

\textsuperscript{128} Adachi, \textit{The Enemy That Never Was}.
\textsuperscript{129} Miyazaki, \textit{My Sixty Years in Canada}.
\textsuperscript{130} Johnson, “The Case of Dr. Masajiro Miyazaki,” 135–143.
trends in academic research as well. Indeed, the 1960s marked the beginning of the rise of social history alongside prominent social movements, all of which prioritized a “bottom-up” people-based historical and social activism approach.\textsuperscript{131} My work, as a health history focuses on diverse primary sources, works towards furthering these same goals. In particular, this study’s focus on photographs aims to illustrate the people, literally show the faces of those internees who made it possible to maintain sufficient health within, and beyond, Japanese-Canadian internment sites in the 1940s.

The first scholar to undertake archive-based academic research on the internment of Japanese Canadians was Ann Gomer Sunahara. Sunahara was the first researcher to gain access to and investigate records pertaining to internment policies held at Library and Archives Canada in the 1970s. She undertook this research because of familial connections to internment. She produced a monograph explaining in detail how and why internment was enacted in Canada, focusing on the political actions taken by the nation. Her study, \textit{The Politics of Racism} (1981), was used by community activists to support their case for redress.\textsuperscript{132} In Sunahara’s research, health is mentioned very briefly in relation to BCSC mandates. The nature of her source base and her central goal of detailing the politics and decisions behind internment limited the number of personal accounts and individuals present in her study. Though undeniably valuable, a thematic focus on healthcare promotes a more bottom-up approach to internment history than Sunahara’s work and illustrates exceptions and limitations to the legislation and policies that Sunahara traces in her work. In contrast to her work, my research centres individuals as both healthcare professionals and patients and demonstrates how the attention to the exceptions to the rules outlined by scholars like Sunahara provides a more holistic view of the realities of internment for Japanese-Canadians.

Two decades of Japanese-Canadian activism, supported by academic and community research, culminated in the first political apology issued by the government of Canada in 1988.\textsuperscript{133} In September of that year, Canadian Prime Minister Brian Mulroney made a formal apology to Japanese Canadians, describing internment as a “dark chapter” in the history of the nation. The apology included a $300-million-dollar compensation package for former internees and their

\begin{footnotesize}
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\item Carl Berger, \textit{The Writing of Canadian History: Aspects of English-Canadian Historical Writing Since 1900} (Toronto: University of Toronto, 1986), 259–293.
\item Sunahara, \textit{The Politics of Racism}.
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\end{footnotesize}
families. The financial compensation and market value of losses incurred is complex and debated by historians, but it is generally agreed that the Bird Commission made financial estimates that were reflective of 1940s market value of goods and property. But, as Jordan Stanger-Ross and Landscapes of Injustice Research Collective effectively argue, the subsequent sale of goods and property by those who benefited from the forced sale of such out of Japanese-Canadian ownership was where the inadequacies of compensation was initially felt by Japanese-Canadian community members.

Nonetheless, Japanese-Canadian community representatives negotiated the redress package and emphasised community engagement in consultation and facilitation of funds. Art Miki, former president of the National Association of Japanese Canadians (NAJC), and scholar Audrey Kobayashi recall the success of the redress movement and the eventual apology from the Canadian government were celebrated within the community and spurred other communities in Canada to action as well. The federal redress funds “revitalized [the] community.” Many Japanese-Canadian seniors’ residences were supported through this funding. In practice, some of this money therefore went towards health and welfare of the senior members of the Japanese-Canadian community. However, it is striking to note that the redress campaigns and general community activism throughout the 1970s and 1980s did not focus on health or healthcare. The emphasis on property and citizenship rights (likely strategically) overshadowed any mention of medical professional capabilities or ill-health spurred by internment conditions. Money was specifically allocated to cultural centres and for the stimulation of research; funding “a lot of writers to write our history,” as Miki recalls. Among these scholars was Art Miki’s brother, Roy Miki, whose books *Justice in Our Time* (1991) and *Redress* (2004) offer intimate insider recollections about the redress movement itself. Roy Miki’s work perpetuates a lack of focused attention on health and healthcare in community publications in favour of an emphasis on activism, property rights, citizenship campaigns, political action, and legislative victories for the Japanese-Canadian community.

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135 Stanger-Ross, ed. *Landscapes of Injustice*, 341.
137 Stanger-Ross, ed. *Landscapes of Injustice*, 452
Scholars Jordan Stanger-Ross and Matt James note that seniors within the Japanese-Canadian community felt a sense of closure with the public apology from the government, and many community members were satisfied by the continued financial support for institutions and scholarships that engaged with the long history of Japanese Canadians, including the history of internment.\textsuperscript{139} Supported institutions included the Nikkei National Museum (NNM) which continues to be a central facilitator of Japanese-Canadian research. Indeed, the apology and financial support for community-led research initiated many works in the 1980s and 1990s – research was both funded and made possible because of the documents generated by and interviews conducted through the support of the redress settlement. Once again, sparse details are deducible from these sources about health and healthcare during internment. As is demonstrated in Chapters Three and Five, piecing together information about property loss experienced by physicians is one way to gather a sense of the importance of dispossession to the professional capacities of Japanese-Canadian professionals. However, this type of property dispossession was at no time singled out for its importance in the wider redress efforts.

Methodologies and approaches to historical research which focus on the everyday experiences of community members, like oral histories, remain central in the retellings of internment history through different lenses of analysis. This began in the 1970s and 1980s, when emerging and increasingly accepted methods of social and cultural history examinations also influenced the type of studies about internment that were published. But, still, these works do not take a medical history approach to their analysis, therefore limiting their engagement with an important and widely shared aspect of internment. For instance, historian Barry Broadfoot engaged with oral history methodology to document the personal stories of Japanese Canadians who experienced internment. \textit{Years of Sorrow, Years of Shame} (1977) was the first book-length examination of internment to rely almost entirely on oral history methodology.\textsuperscript{140} Healthcare is a surprisingly limited part of the discussions Broadfoot details. He briefly includes of a couple medical professional’s anecdotes about healthcare services deployed before and during internment\textsuperscript{141}, but situates them as a small part of their larger personal experiences, not affording them much more than a passing mention.

\textsuperscript{139} Stanger-Ross, ed. \textit{Landscapes of Injustice}, 457-458.
\textsuperscript{141} Broadfoot, \textit{Years of Sorrow, Years of Shame}, 208-210.
The importance of centring previously silenced voices and members of the community continues to shape the production of community-orientated historical examinations of internment. Recently, the experiences of women and children, are more visible because of oral history and community engaged research approaches. Mona Oikawa’s monograph *Cartographies of Violence* (2012) is one example of the significance of oral history research in internment histories. Her work looks at Japanese-Canadian women and intergenerational oral transmission of memories of internment. Informal healthcare practices between women and the passage of intergenerational healthcare knowledge between Japanese-Canadian women during internment are again, surprisingly under-represented in the histories presented by Oikawa. She makes important observations about broad-based, gendered understanding of internment as violent and harmful to women and children which influence my own attention to internee deterioration, mentally and physically. But my work strives to push these arguments further. It builds upon her conclusions about the harms of internment by infusing this understanding of internment conditions with specific people – patients and professionals – whose personal encounters with healthcare services during internment were shaped by the negative effects of internment policies, places, and practices.

Scholarly interest in the history of anti-Orientalism in British Columbia also led to research on the Japanese, as well as the Chinese, community in Canada. Peter Ward’s study *White Canada Forever* (1978) exemplifies this trend in scholarship. Ward’s work first appeared at a time when the history of nation building was a central concern of scholars of Canadian history. But it was also a time when social history, labour history, and women’s history were emerging. The goal of his study was to “examine the place of immigrants in the popular mind, exploring the influence of cultural stereotypes on popular politics and public policy.”

This research diverges from Ward’s *White Canada Forever* by demonstrating how the presence of Japanese-Canadian healthcare providers during internment influenced more inclusive policies in medical practice and did not solely result in public outcries for discriminatory policies in immigration and employment. In fact, alongside the strong anti-Asian campaigns centred in British Columbia that Ward traces, my research shows the complexities of race relations in

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142 Oikawa, *Cartographies of Violence*.
healthcare deployment in remote and rural spaces of the province and the importance of racialized healthcare providers in sustaining healthcare in Canada.

Patricia Roy similarly has published multiple books, articles, and chapters contributing to our understanding of Japanese internment within the broader context of anti-Asian political goals in British Columbia. Roy’s early work, such as Mutual Hostages (1990), makes important contributions to internment history because of its clarity and attention to details. For instance, she expertly outlines the different types of relocation sites in a clear and detailed way. As well, her analysis of the BCSC is incredibly concise. She also offers a thorough comparative to Japanese-American internment, highlighting the different approaches taken by the BCSC’s American counterpart, the War Relocation Authority (WRA).\textsuperscript{144} Her work over almost three decades places local history within national and international contexts to provide an analysis of internment alongside broader historical trends such as nation-building, anti-Orientalism, nativism, and regional differences in Canada. However, her work is limited in its investigation of internal divisions within the Japanese-Canadian community. Sweeping observations about the differences between Japanese immigrants and other Asian immigrant groups leaves her arguments at times under-developed and perpetuates stereotypes about immigrant communities. An analysis of professional capabilities and patient-orientated experiences of internment spaces combats such trends in the historiography of Japanese internment in Canada.

Transnationalism and international comparatives have shaped recent publications on Japanese internment in North America over the last twenty years. New studies and new editions of earlier significant works on internment include comparatives of the Japanese-Canadian and Japanese-American experiences. Roger Daniels, an American historian of immigration, is among the scholars who shifted their focus to more international comparatives of internment. His monograph, Concentration Camps North America (1989), updates his earlier research with supplemental analysis of the similarities and differences between the Canadian and American enactment of internment policies during the Second World War.\textsuperscript{145} Further attention to analysis grounded in place has expanded highly-localized histories of internment in the past two decades. Louise Fiset and Gail Nomura’s Nikkei in the Pacific Northwest (2000) is indicative of shifting scholarly attention to transnational experiences of Japanese immigrant communities and place-

\textsuperscript{144} Roy, Mutual Hostages.  
based research that emphasises the collective experiences of those within the Pacific Northwest region. Studies by historians such as Patricia Roy and Andrea Geiger demonstrate how regional and local historical analyses of internment allow for the integration of internment history into larger national and international historical stories. Connie Y. Chiang’s *Nature Behind Barbed Wire* (2018) demonstrates that the field of Japanese-American internment studies is increasingly attentive to issues of environment, place, and constructions of space. Considerations of place, space, and time also bring the topic of Japanese-Canadian internment into discussion with other similar events in Canadian history. Since Japanese-Canadian internment is also only one instance of civilian internment in Canada, this event is included in studies that examine other examples of internment across time and places in the nation.

Most recently, Canadian scholarship on internment has been dominated by the success of the *Landscapes of Injustice* project. This research collective focused on the theme of dispossession in historical examinations of Japanese-Canadian internment. This multi-year, multi-institutional, SSHRC-funded project asked “why and how dispossession occurred, who benefited from it, and how it has been remembered and forgotten.” The project produced various publications, including *Witness to Loss* (2017) and *Landscapes of Injustice* (2020). A multi-institutional, international research collective recently launched building off the success of the *Landscapes of Injustice* project. The new research initiative, *Past Wrongs, Future Choices*, reflects current historiographical trends in internment history which prioritize transnational comparatives and community-engaged research. Historians of healthcare and internment can learn a lot from the research and publications produced by the thematic analysis of dispossession

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150 Stanger-Ross and Sugiman, eds., *Witness to Loss*.

surrounding internment. Just as *Witness to Loss* presents a history of a Japanese-Canadian man who helped the federal government orchestrate the dispossession of his own community, historians of medicine and internment must also consider the complicated nature of Japanese-Canadian healthcare work during internment, at various kinds of internment sites. Similarly, *Landscapes of Injustice* challenges our perception of Japanese-Canadian internees as complacent and instead considers how the community resisted policies of internment and how internees retained agency. Expanding these discussions to include healthcare serves to further our understanding of activism and shifts perceptions of resistance demonstrated by the ethnic community before, during, and after internment years.

**Building a History of Health and Japanese-Canadian Internment**

Just as internment scholarship has not centred health as a theme of analysis, so too has wider Canadian medical history failed to recognize the importance of internment within the broader history of racialized healthcare spaces and providers in the deployment of healthcare across Canada. Healthcare historians have not asked how or why healthcare was provided to Japanese Canadians who were interned during the Second World War. Broadly speaking, previous historical studies have focused on the federal government’s justifications for pursuing internment, the reasons for strong anti-Asian sentiments and racism in British Columbia, and Japanese Canadians’ experiences of internment in a general sense. The focus on healthcare within Canadian internment sites has been fragmented within these approaches to internment history. Despite the lack of a focused examination that places health and healthcare providers at the centre of the examination, there are many glimpses into these concepts in primary sources as well as the propaganda and memoirs of internees. For instance, Ken Adachi and Barry Broadfoot’s research, includes mentions of healthcare services provided, hospital structures built or maintained at various internment sites, and some recollections from internees about healthcare experiences as patients. The self-published memoir of Dr. Miyazaki contains further clues about the influence of internment upon the health of this ethnic community and the restrictions placed upon Japanese-Canadian healthcare providers during internment years. My work brings together the evidence within these publications and evidence which can be found across a diverse

152 Adachi, *The Enemy That Never Was*; Broadfoot, *Years of Sorrow, Years of Shame*.
153 Miyazaki, “My Sixty Years In Canada” (manuscript, 1973).
array of primary sources in order to give a more robust understanding of how healthcare services were deployed during internment years.

Japanese-Canadian physicians and nurses appear sparsely in historical studies of racialized professionalization and medical care in Canada. One notable exception to this is Helen Vandenberg’s 2017 article on the Japanese-Canadian hospital in Steveston, British Columbia. Vandenberg argues that Japanese hospitals were a space of ethnic self-segregation that operated as a form of resistance to racialization and discrimination in healthcare before the Second World War. She argues that “in addition to providing medical treatment, training for health-care workers, and safe refuge for ill patients, hospitals have been utilized to confront broader racialized inequities,” in healthcare practices. The hospital in Steveston provided a space for health care that was inclusive of Japanese language, beliefs, and values. These arguments set the stage for discussions of health care professionals providing care during the internment years.

There is a surprising silence in redress-era publications and oral history collections on the topic of healthcare. The only piece of research to directly address the healthcare and forcible relocation of the Japanese Canadians is a short compilation housed at the British Columbia Medical Association Archives, entitled Medical Aspects of Evacuation Days: 1942-1946 (New Denver – Slocan). This collection draws on information from previously published secondary sources, serving as a repository of sources more than a rigorous analysis of the topic.

Medical history of the Japanese-American internment has developed further than Japanese Canadian historiography. There was a concentration of studies focused on health and healthcare aspects of Japanese-American internment which were published in the 1980s and 1990s, alongside other important contributions to the Japanese-American redress movements. The culmination of these studies was a symposium on the medical history of Japanese American internment studies followed by a special issue of the Bulletin of the History of Medicine

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154 Jacalyn Duffin offers an overview of exclusionary admissions practices in Canadian medical schools, looking specifically at Jewish admissions in “The Queen’s Jews: Religion, Race, and Change in Twentieth Century Canada” Canadian Journal of History 49 (3) (Winter 2014): 369-394. Many of the same practices impacted other racialized groups in Canada. Many of these same practices characterized American medical school admissions as well. A. Hal Strelnick et al, “Diversity in Academic Medicine, No. 2: History of Battles Lost and Won,” Mount Sinai Journal of Medicine, 75.6 (2008), 499-503.


published in 1999. In this issue, Roger Daniels, Louis Fiset, Gwenn Jensen, and Susan L. Smith each focused on healthcare provisions to develop a better understanding of the Japanese-American past. Smith’s article provides the most concise contextualization of health care deficiencies within Japanese-American relocation centres in relation to broader social constructs of race and gender, as well as professional views of race and medical care. She demonstrates how complicated the camps were as social spaces of interaction; they were at the same time terrible places of forced internment of an entire racial community and spaces for expanded employment opportunities for those community members interested in providing medical care. Like Smith, medical anthropologist Gwenn Jensen focused on the professionals within the camps – the physicians, the nurses, the nurse aides, and midwives. In 2005, Jensen and Japanese American writer Naomi Hirahara, expanded upon their individual works and published a collection based on oral history interviews with Japanese-American doctors who worked within the ten Japanese-American internment camps. By focusing their research on the recollections of narrators, they presented community-oriented medical histories that value collective memory and personal experiences.

My work builds upon these diverse studies of healthcare during internment and shows not only how healthcare was provided to Japanese-Canadian internees, but also why health became central to policy, propaganda, and the memorialization of internment. I strive to contextualize community experiences in the broader history of universal healthcare development and Canadian identity politics through a healthcare lens that expands upon the work of both Smith and Jensen. Like Smith, I consider professional, gender, and class-based distinctions among the women of Japanese descent who are called upon to provide nursing care to their fellow internees.


Following Smith’s example, I show how these women navigated complex spaces of healthcare which provided professional opportunities but were at the same time created because of racist policies of segregation. Jensen’s use of and emphasis on the importance of community-insider voices at the centre of her work is also a useful template for my own work to build upon.

One scholar, Mona Oikawa, makes an important, if brief, observational argument about healthcare services within Japanese-Canadian internment sites. In Cartographies of Violence (2012), Oikawa argues that providing healthcare within the internment camps was a calculated move by the government to ensure that no Japanese Canadian had a reason to leave the segregated spaces of the interior settlement centres. She also points to the exception to this rule – Japanese Canadians who were patients at the provincial mental hospital which was inside the coastal protected area.\(^{160}\) The goal of Oikawa’s analysis is not to focus on the healthcare provided to Japanese Canadians within the provincial mental hospital or to explain their unique experiences as racialized patients inside of an otherwise restricted geographic area within the province. However, these patient files are central to Chapter Three of this dissertation where I explore how internment did not end for Japanese Canadians if they entered hospital facilities outside of designated internment spaces.

As I considered the professional and cultural identity politics surrounding Japanese-Canadian healthcare providers, I looked to the field of Asian-American studies histories for ways of understanding the complicated development of identity among immigrants (Issei) and their North American-born children (Nisei) prior to the Second World War. American scholars have nuanced these intergenerational relationships in a more detailed way than Japanese-Canadian historians.\(^{161}\) My work considers whether these generational affiliations influenced the type of care patients desired, as well as their expectations of medical care services. I consider these aspects of identity formation from the American literature alongside more recent scholarship by Japanese-Canadian historian Aya Fujiwara. She provides an analysis of both a local and transnational application of identity formation by placing Pure Land Buddhism teaching at the

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\(^{160}\) Oikawa, Cartographies of Violence. Generally understood and defined as the land west of the Cascade Mountains, from the northern to southern border of British Columbia. Defined and mapped in Bangarth, Voices Raised in Protest, 15; originally described the “Notice to Male Enemy Aliens,” February 7, 1942, Issued by the Royal Canadian Mounted Police, reprinted in Sunahara, The Politics of Racism, 99.

centre of her studies. Using her ethno-religious research as a template, I am attentive to the role of ethno-religious identity and activism in securing healthcare services, as well as the complexities of multi-layered development of identity for Japanese Canadians.

I have also examined examples of healthcare providers, patients, and other stories outside of the space of British Columbia. However, my spatial emphasis remains on British Columbia for two major reasons. First, as the first substantial work to bring together the themes of healthcare and internment, the stories of internees in British Columbia remained a priority. Second, in attempting to uncover how the BCSC provided healthcare to internees I discovered that the federal government used British Columbia as a central hub of institution-based medical care for internees whom they were obligated to support financially. Japanese Canadians as far away as Ontario who required medical care in tuberculosis hospitals, mental hospitals, or other similar institutions were transferred to British Columbia if they were unable to pay for their own care in other provinces. Once they were admitted to British Columbia hospitals, they were not transferred to other provincial institutions unless their family could support the financial costs of such. Therefore, British Columbia is not only where most of the internees remained and therefore experienced day-to-day healthcare services, but it was also where acute care was provided to those without financial supports who were living in other provinces in Canada. Thus, the history of healthcare and internment must start with an extensive look at the province of British Columbia.

**Terminology**

The issue of terminology is prominent within studies of Japanese-Canadian history, particularly with respect to internment years. The acceptability of labels continues to shift among community members and scholars. At the time of writing this dissertation, I have chosen to use the term “Japanese Canadian” throughout the work as the most appropriate term. However, this is not without some limitations. The label “Japanese Canadians” can be complicated because it does not clearly distinguish between those who were immigrants from Japan (Issei) and those who were of Japanese descent and the first generation born in Canada (Nisei), and even those who are the grandchildren of the original immigrant generation, who may have been born during internment, or in new spaces because of internment forcible relocation (Sansei). Throughout my

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work I will not refer to internees as “Japanese” because of the internal preference and efforts of the Japanese-Canadian community to have themselves recognized as Canadians during their redress campaign. Referencing the community members as “Japanese Canadian” also reminds us that the majority of internees were in fact born in Canada.

On the surface, the Japanese term Nikkei may appear to be the most useful identifier for internees. The term encompasses all “Japanese emigrants and their descendants who have created communities throughout the world.” The use of this term may alleviate some of the need to clarify who is included in the label “Japanese Canadian,” but it is not a commonly known colloquial term among community members or the general public. Thus, Nikkei remains a highly-debated term. It is suggestive of the transnational aspects of life in North America for Japanese immigrants and community members, which was a prominent theme throughout personal writings and recollections of internment, as well as a trend in the historiography. However, the new international research initiative Past Wrongs, Future Choices recently debated the usefulness of the term Nikkei for creating an international, generational inclusive term. There was consensus that this term is not well understood outside of select academic or activist communities and as such is not favoured.

I also avoid certain terms when describing internment, based on current trends in the literature and to prioritize the importance of language. I will avoid “relocation” in favour of “internment,” “forced relocation,” and “uprooting.” Similarly, I will use the general term “internment site(s)” in favour of “internment camp” or similar labels to illustrate that internment spaces were not all camp-like – some internment spaces were less structured, like prairie farms. The inclusivity of the term “internment site” allows me to extend my examination of internment to institutions and city spaces where the identity of ‘internee’ followed Japanese Canadians. When making distinctions between internment site types, I will refer to each of the sites of internment by the name designated to them in government documents. Thus, I will avoid the use of the blanket-term “relocation centre” in favour of “interior settlement centre,” “self supporting

163 Miki, Redress, 50.
project,” “Alberta Farm Plan,” and other such designations to once again highlight the differences in context which shaped internment experiences.166

**Internment Spaces and Health Care in Rural and Remote British Columbia**

In the same way that scholars of internment have not focused their research questions on health as a major theme within their studies, healthcare historians have not asked how internment changed rural and remote medicine in British Columbia. Historians of health and medicine in Canada have been particularly attentive to the importance of place as an analytical tool.167 Yet, Japanese-Canadian internment spaces have not been central to discussions about differences in healthcare history of British Columbia. Broadly speaking, this dissertation argues that place as an analytical tool can reveal important differences in regional experiences of healthcare history. Canadian historians of medicine and health, such as Megan Davies, Jayne Elliot, and Erika Dyck, all prioritize place when discussing experiences of healthcare history.168 In examining the history of hospitals in British Columbia, historian Helen Vandenberg likewise illustrates the differences in healthcare provisions dependent on place. Her work illustrates not only the “patchwork of… small, community-based hospitals” across the province, but also the efforts to make the peripheral, rural, remote hospital in the idealized image of the metropolitan, urban hospital of the early twentieth century alongside the rise of hospital standardisation.169 My work brings these themes together to show the lasting impact of internment upon these spaces and the healthcare provided in various places which previously housed Japanese-Canadian internees. I use place as an analytical framing tool, alongside attention to race, to build a better understanding of how internment healthcare was shaped by multiple factors and remains part of

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166 Oikawa, *Cartographies of Violence*; This language is exemplified in the recent work of Stanger-Ross and Sugiman, eds., *Witness to Loss*, xxix.
multiple stories – from the history of rural medicine in British Columbia to the history of racialized healthcare providers in Canada.

**Race and Health Care in Canada**

Race remains a vital consideration in the study of health care and medical history because it retains power, reflects power relations, and can be utilized to influence socialized hierarchies. Race continues to matter to healthcare providers, policymakers, and patients, and medical historians should consider why certain narratives about race continue to resonate with people in an age when race has come to be understood as a socially and historically constructed idea. At the same time, ethnicity, marked by related hereditary genetics, is understood by most scholars today as more related to biology and geography than the concept of race. There is a spectrum of understanding in conceptualizing the relationship between ethnicity and race in relation to biology and sociocultural constructs – one which is constantly shifting over time and place. By considering race and medicine this way, I am touching upon theoretical frameworks of understanding promoted by historians such as Charles Rosenberg, Explaining Epidemics and Other Studies in the History of Medicine, (Cambridge University Press, 1992); Smith, Japanese American Midwives; Keith Wailoo, Dying in the City of Blues: Sickle-Cell Anemia and the Politics of Race and Health (University of North Carolina Press, 2001).

Broadly speaking, medical historians recognize that these biological factors of medical care cannot be entirely dismissed by identifying race as a social construct, and therefore they must be examined as well.

My analysis of Japanese-Canadian internment combines various themes and methods of analysis found across medical histories of race. Following the example set by Canadian historians such as Laurie Meijer Drees, Mary Ellen Kelm, and Maureen Lux, who study Indigenous health politics, I explore how racialized diseases, segregation, and fear of public health risks influence professional practice and policy making. I am guided by Kelm’s method of analysing government documents focused on Indigenous health care conditions. Kelm finds that government reports on provision of health services for Indigenous patients tend to convey a sense of positivity and sufficiency of care that is not reflected in testimonies provided by these racialized patients themselves. Rather, Indigenous patients claim their care was inadequate and not comparable to the level care accessible by other Canadians. Kelm circumvents these

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171 Laurie Meijer Drees, Healing Histories: Stories from Canada’s Indian Hospitals (Edmonton: University of Alberta Press, 2013); Mary Ellen Kelm, Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950 (Vancouver: UBC Press, 1998); Maureen K. Lux, Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940 (Toronto: University of Toronto Press, 2001); Lux, Separate Beds.
limitations in government records by demonstrating how government sources reflect a constructed reality of Indigenous ill-health that was in turn used to make health policy decisions and actively ignored the realities of Indigenous health. I look for similar trends in policy making and government reporting on Japanese-Canadian health outcomes. Approaching government documents with the understanding that they are tools of the state first, and reflections of lived experience second, allows me to analyse race relations, medical provisions, and the politics of health with a more critical lens in the case of Japanese-Canadian internment.

The most prominent trend in race scholarship in Canadian historiography is an acknowledgement of the power and institutional nature of race in Canada. Historians such as Constance Backhouse and Adele Perry have analysed how this includes institutional reinforcement of racism in legal and colonial contexts.172 My work furthers these discussions by expanding our understanding of racist systems of exclusion in British Columbia to healthcare and medical spaces, similar to Isabel Wallace in her work on South Asian exclusions from British Columbia.173 My dissertation diverges from Peter Ward’s *White Canada Forever* (1978) by demonstrating how the services and presence of Japanese-Canadian healthcare providers during internment influenced more inclusive policies in medical practice. I demonstrate the importance of Japanese-Canadian professional’s labour, and highlight one way in which their work did not solely result in public outcries for discriminatory policies in immigration and employment, complicating the binary of Japanese and non-Japanese sentiments presented in previous studies, such as Ward’s.174 I show the complexities of race relations from the perspectives of Japanese Canadians engaged in healthcare services and contribute to our understanding of anti-immigrant (more specifically anti-Asian) sentiment in British Columbia. I contribute to the expanding field of research which emphasises the importance of racialized healthcare providers in sustaining healthcare systems in Canada.175

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174 Ward, *White Canada Forever*.
Sources

To gather varying perspectives on the Japanese-Canadian experience of healthcare during internment, I used several physical and digital archival sources. My analysis began with a broad overview of the documents held at Library and Archives Canada (LAC) within the “Japanese Division” sub-section of the Department of Labour’s Fonds and materials collected in the Department of External Affairs Fonds. In addition, I consulted various collections concerning internment policy held at the Royal British Columbia Museum and Archives (BCA). Though rich with financial and policy information, sometimes including personal reflections from politicians, these sources did not reveal the types or extent of healthcare services accessed by internees. Embracing a socio-cultural historical approach to research, I turned to Japanese-Canadian community archives in an attempt to supplement the broad and unspecific information about health available in official government documentation. This process began with accessing archival records at the Nikkei National Museum (NNM) in Burnaby, British Columbia and the Nikkei Internment Memorial Centre (NIMC) in New Denver, British Columbia. Both Museums house impressive personal collections donated by Japanese-Canadian families and those who worked closely with Japanese Canadians over the years. In particular, the multiple personal photograph collections at the NNM presented visual records of healthcare practitioners within internment sites which allowed for the expansion of my knowledge of services and people involved in providing health care during internment. Primarily I relied on the collections of Jane & Howard Shimokura, Irene Smith (née Anderson), and Alice Reid. These photographs documented dozens of Japanese-Canadian healthcare providers by name – something which the collected government documentation did not do.

In addition to photographs, I also expanded my source base to other community sources and productions of history which encompass multiple alternative understandings of internment experiences. I turned to newspapers, film, websites, physical public history displays, including


roadside displays, to gather as many different mentions of healthcare during internment as possible. Because there have been no previous major works which examine healthcare as a theme within Japanese-Canadian internment history, fragments of information from all of these various sources were my best chance of gathering a more holistic understanding of what people experienced and remembered about internment healthcare. Within these alternative sources I found more information about health and healthcare than expected, demonstrating that health was an important feature of internment experiences, both in reality and in constructing a positive narrative about the policy as a whole. Japanese-Canadian publications, such as The New Canadian newspaper and the newsletter Nikkei Images mention healthcare and healthcare providers throughout, particularly when community members submit recollections of their family’s experiences. An in-depth examination of the National Film Board of Canada’s (NFB) 1945 production –of Japanese Descent highlights how the government strove to construct the narrative of internment, which included an emphasis on the good health of internees – something that was not an initial concern of policy makers.179 Community-organized websites and public history displays further supplemented my goal to gather as many different perspectives as possible of healthcare services during the 1940s surrounding internment spaces.180 Though I did not conduct any oral history interviews myself, I re-examined oral history collections with attention to details folks shared about healthcare that may have been glossed over previously by historians.181 This too allowed me to gain personal details about healthcare provisions in various internment spaces.

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179 --of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt (1945, Ottawa, Canada: National Film Board), part of Ronald O-Brien Fonds, 1974-0173, IDC 83414, Library and Archives Canada (LAC), Ottawa; viewable online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s.
The final substantial archive collection I accessed was made possible because of the work of the *Landscapes of Injustice* research collective. Through their online archive I was able to access previously unexamined Japanese-Canadian patient files from the Provincial Mental Hospital (Essondale) in British Columbia. These patient files expose an underexamined aspect of internment experiences in historical works – that of internees whose mental health deteriorated to the point of institutionalization. Similar to the naming of healthcare providers in personal photographs, the patient files give names and intimate details of internee’s experiences which federal government documentation and archives do not hold.

In an effort to combat the limitations in the historiographical record and the government archival collections, this dissertation highlights these different source bases and the personal details each of these sources can reveal. Each chapter focuses on a different source base in order to answer the over-arching question of why health care is important to the history of Japanese Canadians. In doing so, I promote a deeper understanding of the realities of healthcare during internment. These sources clearly reveal the importance of Japanese-Canadian labour in preserving the health of their community, but also showcase the stories of those who became patients of state healthcare institutions and faced further segregation and isolation. Taken together, these sources, and the analyses that follow, illustrate that attention to health and healthcare during internment demonstrates that not only were Japanese Canadian made to be internees of the federal state, but they were also healthcare professionals, patients, and family members providing care to one another. Asking how internment experiences were shaped by these other aspects of internees’ identities reveals how Japanese-Canadian internment was not an isolated event or insular in its effect upon only the Japanese-Canadian community, but was also an essential part of Canadian healthcare history, particularly in rural and remote spaces. Bringing internment history into the broader history of Canadian healthcare becomes possible with the consideration of these diverse source types.

**Chapter Overview**

This dissertation is divided into five chapters. Chapter One examines how Japanese Canadians accessed healthcare spaces, both as patients and healthcare providers, before internment. The chapter offers a broad overview of hospital-based health care and hospital

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insurance in Canada up to the introduction of nationalised health insurance, Medicare, in 1966. Though there were very few official limitations to Japanese Canadians’ access to healthcare services in Canada, the reality of informal limitations in healthcare accessibility and the types of healthcare initiatives funded by governing bodies even before internment demonstrate that municipal, provincial, and federal governments were invested in protecting the health of the general Canadian public over that of the minority community of Japanese Canadians. However, by exploring how Japanese Canadians navigated racialized medical practices, policies, and education before internment this chapter offers insight into how internees brought community and professional knowledge with them to internment healthcare.

Despite the continuation of earlier instances of discriminatory, racialized medical care, the Japanese-Canadian community used its labour within medical spaces to resist medical racism and circumvent structures of oppression before internment. This form of resistance to racism in healthcare carries over into internment. Chapter Two focuses on the labour of Japanese-Canadian healthcare providers at internment sites and the continuation of their community’s earlier efforts to circumvent systems of racism and exclusions within healthcare and Canadian society in general. Using personal photograph collections of healthcare providers as a source base this chapter argues that the employment of Japanese Canadians as physicians, nurses, nurse aides, orderlies, and other healthcare professionals was necessary to support to needs of internees brought on by internment conditions. Their work indicates what the federal government valued as necessary healthcare services for this segregated, racialized community.

Chapters Three, Four, and Five discuss aspects of internment history which are uniquely accessible through healthcare as a lens of analysis. Beginning in Chapter Three, I examine Japanese-Canadian internees as patients of the British Columbia Provincial Mental Hospital (Essondale) over the course of the 1940s. These patient files reveal intimate details about the shifting needs of community members because of internment and further show that the priorities of the federal government in deciding what kind of healthcare services to fund and provide did not typically match the healthcare needs of the community. These patient files continue to provide evidence of what the government was willing to spend money on with regards to healthcare. They also offer evidence to explain the complicated nature of inter-provincial healthcare politics in the pre-Medicare era in Canada, as well as the role of institutions as tools of control, and even deportation, for the state. Chapter Three illustrates the importance of including
patient, particularly mental hospital patients, perspectives when considering internment history because they show an alternative experience of internment – one which is neither focused on resistance or circumvention of racism or deemed worthy of commemoration.

Chapters Four and Five look at stories of internment which have been commemorated through propaganda and public history outputs with attention to the details of healthcare which infuse these sources. Chapter Four examines the Canadian government’s use of the purpose-built healthcare institution within the New Denver internment site – the Sanatorium, or tuberculosis hospital. The government not only claims this institution is a “showplace” of the internment scheme, but also focuses on the institution as evidence of their benevolence and care towards internees in a National Film Board production -of Japanese Descent (1945). This chapter in particular, demonstrates that while healthcare was not a primary concern of internment policy makers, portraying the “good” health of internees became a valuable tool for the nation in portraying the internment policy as positive and beneficial, both to Canadians and to international interests.

Chapter Five continues with the theme of commemoration and offers an in-depth examination of public history displays within former internment spaces in British Columbia. The chapter demonstrates that the ways in which healthcare services are, or are not, included in these commemorative displays reveals how internment had a lasting impact upon the delivery of remote, rural medicine in the province. Including the perspectives of ethnic ‘outsiders’ in the re-examination of internment experiences through a healthcare lens expands our understanding of the role which Japanese Canadians have filled in the broader history of healthcare in Canada.

The stories highlighted across these five chapters reveal many and diverse perspectives and experiences of internment which have not been at the forefront of historical discussions. Each chapter demonstrates, through a unique and under-examined source base, that healthcare was an important aspect of Japanese-Canadian internment. Good health was not the consistent reality of internment for most Japanese Canadians; and when it was, it was mostly because of the labour of Japanese-Canadian healthcare providers themselves, who were also internees. The realities of internment spaces and the poor health they instigated was not a central concern of internment policy makers until it became a useful tool for ensuring the equitable treatment of Canadians abroad and, furthermore, when it was useable as a tool for advertising the positive outcomes of the internment policy to other Canadians. Arguably, to see the true extent of the
lasting impact of healthcare services provided by Japanese Canadians within internment sites we have to look beyond the ethnic community and the state. Examining the way in which the local communities in rural and remote spaces of British Columbia, which played host to internees throughout the 1940s, remember the healthcare provided during internment provides a better understanding of the role of Japanese-Canadian healthcare providers in these places and in the wider history of remote and rural medicine in Canada in the mid-twentieth century. Ultimately, this dissertation shows the ways in which healthcare helps us to challenge our understandings about Japanese-Canadian internment and expands our knowledge by looking at the ways in which healthcare is remembered – by providers, patients, the state, and local historical associations. In doing so, this work demonstrates that Japanese-Canadian internment is an essential part of understanding the role of racialized healthcare providers within the history of healthcare, particularly within rural and remote spaces, in Canada.
CHAPTER ONE: “EVERYTHING WAS ABOUT TO CHANGE”: HEALTHCARE ACCESSIBILITY, RACIAL DISCRIMINATION, AND THE JAPANESE CANADIAN COMMUNITY

I was born just nine days before Pearl Harbor. In those days, mothers stayed in the hospital after giving birth for a longer time than they do now. When Dad visited her, she asked him why the nurses and hospital staff, who were so warm and friendly, had suddenly appeared to be openly hostile to her. He broke the news to her that Canada was now at war with Japan. Everything was about to change.

- David T Shimozawa, “Kohei and Kimie Shimozawa: Memories and Thanks (Part 1)”, Nikkei Images

As David Shimozawa says, everything changed for Japanese Canadians after the bombing of Pearl Harbor during the Second World War. Both Japanese immigrants and those of Japanese descent born in Canada were faced with ever-increasing restrictions upon their freedoms and liberties as the federal government legislated various Orders in Council leading to the ethnic community’s dispossession, up-rooting, and internment. Encounters such as Mrs. Shimozawa’s provide insight into the shifting experiences of healthcare for the Japanese-Canadian community as internment policies came into effect. The quote reminds us that life changed dramatically, and suddenly, for Japanese Canadians by early 1942. It also complicates our understanding of internment from the perspective of healthcare.

The events of the Second World War reignited “anti-Oriental” sentiments in the province which intensified long-standing systems of racial exclusion and discrimination. Mrs. Shimozawa’s memories, as she shared with her son, of hospital-based maternity care following the bombing of Pearl Harbor exemplify how wartime and internment-era policies brought on drastic changes in the day-to-day experiences of healthcare for Japanese Canadians. But, in British Columbia, evidence of racism in provincial healthcare practices had a long history. Segregation of racialized, Asian patients and healthcare providers was the norm in British Columbia by the early twentieth century. As early as the 1880s the capital city of Victoria, British Columbia housed a Chinese hospital. In the fishing village of Steveston, British

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Columbia a Japanese Hospital was opened in 1900. The “Oriental ward” of the Vancouver General Hospital opened in 1907, at time of heightened racial tensions in the city. Then, Vancouver’s Mount Saint Joseph Chinese hospital was opened in the 1920s. More racially segregated hospitals and hospital wards opened in British Columbia, as well as across Canada, by the 1940s. Thus, over half a century the Japanese-Canadian community learned how to navigate segregation across spaces of healthcare. As a community they created their own spaces for providing care and campaigned for better care in communal hospitals. Japanese Canadians brought with them to internment sites a sense of how to circumnavigate racist policies in healthcare.

Many physical aspects of healthcare changed for Japanese Canadians, but the community’s ability to control medical spaces was not entirely diminished, as is evident in their labour and activism in relation to healthcare during internment. Japanese-Canadian physicians, nurses, and other healthcare personnel continued to provide care to their own community as internment proceeded. Japanese Canadians even received training as healthcare providers because of the needs of internment communities. Total internment of this ethnic community provided a unique set of circumstances which allowed segregated medical care to exist as a space of activism. Thus, while “everything was about to change,” examining healthcare at this time gives us a more nuanced understanding of how this ethnic community coped with, and even pushed back against, racism expressed through internment.

The Shifting Role of the Hospital in Canada, 1900-1940s

Formally, Japanese immigrants and those of Japanese descent born in Canada were not excluded from hospital care or insurance in British Columbia because of their race. Any distinctions in their hospital experiences were claimed to be because of their economic standing, or labour and religious affiliations which tended to direct personal choice in healthcare services. Informally, all of these associated factors in accessing healthcare remained tied to race, a

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8 Vandenberg, “Race, Hospital Development and the Power of Community.”
distinction which would lead to informal methods of segregation in hospital care for Japanese Canadians. Overall, as a community, Japanese Canadians, like other Canadians, experienced shifts in where and how healthcare was provided in the early twentieth century. In particular, when the role of the hospital changed, Japanese Canadians responded by resisting increasingly racist informal policies of care within general hospitals. They also learned how to use their economic superiority among immigrant groups to their advantage so they could establish their own spaces of healthcare.

Between 1890 and 1920 perceptions about the value and role of hospitals in Canadian society underwent a drastic transformation. Before the early 1910s, most healthcare services were still provided in the home. Within one generation, accessing modern medical care became synonymous with the hospital. Most Canadians went from receiving care at home from physicians, private duty nurses, female relatives, and domestic servants to accessing the emerging “marketplaces” of healthcare – the public general hospital. Canadian hospital historians David and Rosemary Gagan argue, “hospital-based community health emerged as a new industry,” because of “new standards of institutional asepsis . . . diagnostic and surgical innovation . . . the growth of medical specialization, and . . . the emerging science of professional nursing.”

The shifting public views of hospitals and the centralization of technological, scientific modern medical care within clinical spaces led to exponential growth of hospitals across Canada. Helen Vandenberg traces the opening of over one hundred and fifty-five hospitals in the British Columbia between 1863 and 1920. Not all hospitals built during this era of expansion were general hospitals funded by public tax money and government funds. Some hospitals in Canada continued to be funded and operated by religious orders. There were also institutions intended for specialized care like asylums, sanatoria, or institutions for the care of women or children. But by 1920, public general hospital care was the primary mode of healthcare delivery across the nation.

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9 Gagan and Gagan, For Patients of Moderate Means, 166.
11 Gagan and Gagan, For Patients of Moderate Means, ix.
Public general hospitals at this time evolved into two-tiered institutions of care. One tier, often identified as a public ward, catered to the indigent poor and ethnic minorities. The public wards engaged with curative care of the indigent, racialized, lower classes of society, often while placing these patients in the older, less hygienic, more secluded spaces of the hospital. For example, there was the so-called “Oriental ward” at the Vancouver General Hospital, which was in the basement.\textsuperscript{14} The second tier, segregated both physically and financially from the first, was new and offered fee-paying patients private and semi-private spaces of medical care.\textsuperscript{15} Fee-for-service wards in this second tier introduced hospitals as a place of care for the elite, which included room, board, nursing, and physician services at such places as the Vancouver General Hospital. When the two-tier system was introduced, hospital administrators shifted their primary focus to bringing in wealthy patients who supplied private funds for hospital services. The overarching belief was that by bringing in paying patients administrators could alleviate some, if not all, of the need for the provincial or municipal governments and charitable organizations to provide funding, which was always difficult to secure. As Aleck Ostry explains, this “hospital financing model,” of the 1920s, was a mix of private and inadequate public funding which evolved over the course of the decade.\textsuperscript{16} However, segregation based on class, race, and ability to pay turned out not to be a financially sustainable model. During the economic Depression of the 1930s fewer people were able to pay for private ward hospitalization, and the entire economic framework for hospitals was at the risk of collapsing.\textsuperscript{17}

Despite this financial outcome, during the early 1900s fee-paying middle-to-upper-class patients drove hospital expansion.\textsuperscript{18} Expanding hospitals and enticing paying patients to seek care in hospitals was paralleled by the introduction of new technologies within hospital spaces and the growing idealization of metropolitan, modern hospital spaces.\textsuperscript{19} Large urban hospitals


\textsuperscript{19} Joel D. Howell, \textit{Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century} (Baltimore: Johns Hopkins University Press, 1995); Helen Vandenberg and Letitia Johnson, “Filling the Gap Between Metropoles and Peripheries: Insights about Hospital Standardization from the British Columbia Hospital
increasingly housed immovable diagnostic technology, such as X-ray machines and laboratory equipment, which were advertised to fee-paying patients as scientific advancements in medicine that could only be accessed when they came to the hospital for care.\textsuperscript{20} Class disparities were evident in the struggle for working- and middle-class peoples, particularly those who lived outside of the city or in remote rural regions of the nation, to afford extended stays at private wards within urban hospitals. The social humiliation, and very real health risk, of being transferred to a public ward or inferior publicly funded hospital, weighed heavily upon patients.\textsuperscript{21}

Whereas the economic growth of hospitals depended on fees collected from paying patients within private wards, the growing social acceptance of hospitals as an institution of care was driven, in part, by the increase in immigrant populations in Canada during the early twentieth century.\textsuperscript{22} The immigrant, working classes were viewed as the reason for expanding public health crises across cities and neighbourhoods in Canada’s rapidly industrializing cities.\textsuperscript{23} Alan Kraut and Isabel Wallace demonstrate that Japanese Canadians, and other ethnic minority groups who immigrated to Canada and the United States in the late nineteenth and early twentieth centuries, were targets of “medicalized nativism.”\textsuperscript{24} In British Columbia, there was a “widespread conception that “Oriental” diseases threatened non-Asian public health in the first half of the twentieth century.”\textsuperscript{25} These public health concerns were coupled with other anti-Orientalist views in the province and led to increasing policies aimed at exclusion or assimilation of Asian immigrant communities through moral and health sanitation campaigns. Unfortunately, when enacting public health policy the all encompassing label of “Oriental” did not differentiate between Asian immigrant groups, even though, as Patricia Roy explains, the Japanese were “seldom … accused of uncleanliness.”\textsuperscript{26}

Health reformers across the nation directed much of their attention to these populations and hospital infrastructure was increasingly viewed as part of the solution to public health

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\textsuperscript{20} Howell, \textit{Technology in the Hospital}, 103-132.
\textsuperscript{24} Alan Kraut’s term, quoted in Wallace, \textit{Not Fit to Stay}, 3.
\textsuperscript{25} Wallace, \textit{Not Fit to Stay}, 10.
\textsuperscript{26} Roy, \textit{A White Man’s Province}, 32.
problems, such as infectious disease.\textsuperscript{27} Like internment facilities, public hospitals or public wards in larger hospitals provided segregated spaces to keep infectious diseases contained but also to keep immigrant bodies separated from the broader Canadian public. Segregation also offered a space to work towards the assimilation of these immigrant populations through scientific, medically informed reform movements of the early twentieth century.\textsuperscript{28} Nation builders and social reformers used health and healthcare spaces as a place to physically reach newly arrived immigrants and new Canadians. In public hospital wards, employees and volunteers preached about the importance of scientific medical care and the benefits of assimilating into pure, healthy, Canadian ways of living. Proper diet, proper care of children, and proper sanitation of the home were all ideas that patients could be exposed to during their stay in public general hospital wards. These patients had little to no say in what information they were exposed to during their time in the public hospital wards because they were typically indigent or reliant upon charity to fund their care and therefore felt compelled to accept whatever caveats came with that provision of care – such as listening to staff or volunteers talk about the benefits of Western, British-Canadian ideals of sanitation.\textsuperscript{29} Thus, the hospital administration working to change hospital structures in the early twentieth century supported systems of racism and classism within healthcare in Canada by idealizing British-Canadian ideals of health and culture.

The “Oriental Ward,” or Ward H, of the Vancouver General Hospital (VGH) exemplified the differences in cultures of care between the public and private spaces of hospitals in the early twentieth century. Located in the basement of the VGH and established after the 1907 Asiatic Exclusion League\textsuperscript{30} riots, this ward was intended to segregate patients of Asian descent within the public hospital. Japanese-Canadian patients received healthcare services within this ward and remembered the space and services provided on the ward as poorer than those which were quite literally above them in the hospital. Japanese-Canadian physicians, like Dr. Shimotakahara, were sometimes called upon to provide services to patients in the “Oriental ward” and they similarly

\textsuperscript{28} Wallace, \textit{Not Fit to Stay}; Mariana Valverde, \textit{The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925} (Toronto: University of Toronto Press, 2008).
\textsuperscript{30} Gagan and Gagan, \textit{For Patients of Moderate Means}, 166.
recalled the dark, less hygienic, generally inferior standards of care that patients were subjected to in this public, racially segregated hospital space.\footnote{Gagan and Gagan, \textit{For Patients of Moderate Means}, 166; Linda Kawamoto Reid, “St. Joseph’s Oriental Hospital,” \textit{Nikkei Images} 16 (1) (Spring 2011): 9.}

By the early 1920s, due to shifting expectations and experiences of the hospital as an institution, hospital administration and physician associations alike agreed that the time for a “political solution to the problem of indigent care” had arrived.\footnote{Gagan and Gagan, \textit{For Patients of Moderate Means}, 75.} In British Columbia, and elsewhere, hospital administrators campaigned for the total government subsidization of the cost of indigent care in hospitals.\footnote{Gagan and Gagan, \textit{For Patients of Moderate Means}, 75.} The relative success of these modern spaces of healthcare was questioned when traditional sources of income failed to support hospital operation.\footnote{Gagan and Gagan; Aleck Ostry, “National History of Medicine: The Foundations of National Public Hospital Insurance” \textit{Canadian Bulletin of Medical History} 26 (2) (Fall 2009): 263-264.} The Depression intensified an already dire financial situation for hospitals across Canada. The financial downturn led to debates over social and economic responsibility for hospital care, and healthcare more generally. By the 1940s, public expectations surrounding the role of physicians, hospitals and hospital organizations, and the government in maintaining hospital infrastructure and services were changing. Race, class, gender, urbanization, and religion all impacted the evolution of hospital insurance and services across Canada. Nationally, from 1932 to 1945, the number of beds in Canadian public general hospitals increased by thirty-five percent, while admission rose by nearly 100 percent.\footnote{Gagan and Gagan, \textit{For Patients of Moderate Means}, 86.} Hospitals by the 1940s were no longer charities, but rather were understood as industries of health production.\footnote{Gagan and Gagan, \textit{For Patients of Moderate Means}, 49.} Financial limitations in maintaining these “factories of health” led to preliminary state funded medicine and healthcare insurance programs by the 1940s.\footnote{Gagan and Gagan, 7-10; Gregory P. Marchildon and Nicole C. O’Byrne, “From Bennetcare to Medicare: The Morphing of Medical Care Insurance in British Columbia” in \textit{Making Medicare: New Perspectives on the History of Medicare in Canada}, edited by Gregory Marchildon (Toronto: University of Toronto Press, 2012): 207-228.}

**Hospital-based Healthcare in British Columbia Before Medicare (1966)**

In the early 1860s the first hospitals were established in British Columbia. Referred to as “Royal hospitals” they were located in the major, growing urban centres of the province.\footnote{Vandenberg, “Race, Hospital Development and the Power of Community,” 104.} These
were large public hospitals established in part with funds from the dominion and provincial governments. For example, in 1862, residents volunteered funds to establish a hospital in New Westminster, which was at the time the administrative centre of the colony of British Columbia. The British Colonial Secretary eventually supplemented these voluntary funds to support the “Royal Columbian Hospital as a facility for the whole colony.” It was meant, as most hospitals of the era were, to be a receptacle of the indigent sick, regardless of nationality, creed, or colour. The first Provincial Asylum opened in New Westminster in 1876, as well as a major Catholic hospital, St. Joseph’s, in Victoria. Over the next few decades, hospitals were increasingly specialized, reflecting the specificity of medical science and public health. From 1880 to 1920, hospitals proliferated all over British Columbia at an unprecedented rate. The province built over 155 hospitals, many of which served particular ethnic or labour communities.

Increasing concerns over patient ability to pay for services and sources of income to cover indigent patient care grew alongside the exponential growth of hospitals. The government of British Columbia appointed a commission in 1919, aptly referred to as the Health Insurance Commission, to inquire into the question of state health insurance as a method of counteracting these financial strains upon healthcare institutions. Multiple groups came forward during the Commission’s inquiries and campaigned for government financial supplementation of healthcare services. The groups included First World War soldiers and their families and Workmen’s Compensation Board members. These groups felt their services to the nation, to the economic success of the province were reason enough to provide financial support of their healthcare needs going forward. Even physicians, who were eager to have their practices return to pre-WWI standards, were in support of government funding for healthcare services because that would mean their labour would be consistently paid for without question or need to harass patients. The resulting report, produced in 1921, concluded that there was a healthcare crisis in British Columbia. The remedy, the commissioners proposed, was a health insurance scheme that would ensure access to medical services without financially destroying family budgets.

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41 Vandenberg, “Race, Hospital Development and the Power of Community,” 1.
The Health Insurance Commission revealed that the majority of British Columbia’s highly skilled workers, mostly in forestry, mining, manufacturing, and transportation industries, were not making enough money to support medical insurance costs. Commissioners estimated that at least half of the province’s families fell into this category, but only five percent of those families could afford some form of medical insurance through friendly societies or employer-sponsored contracts with hospitals or physicians. Further, the Health Insurance Commission demonstrated that class and region created limitations on access to medical institutions. The economic, ethnic, and spatial distribution of people, combined with their greater risk of injury and illness because of the nature of resource-extraction employment, forced these workers into the category of medical indigents, meaning that they relied on public wards of hospitals. Yet, these people were critical to the nation building project. Their labour supported the growth of the nation and the financial success of British Columbia. The commission report left politicians asking: was the continued health of this workforce valuable enough to justify the financial costs of providing a state funded healthcare system?

In 1921, the British Columbia Hospital Association (BCHA) responded to the commission report, and growing public demands for state funded healthcare, by petitioning the provincial government to institute a hospital tax on personal income in order to sustain the cost of the hospitals. While the British Columbia Medical Association (BCMA) was cautiously supportive of compulsory health insurance, they did not support the BCHA’s call for a special hospital tax on income. Rather, they preferred a greater public investment, mainly sourced from property taxes. The tension between the need for government action, hospital association support, and differing physician association demands left British Columbia in a state of indecision and inaction for years following the Health Insurance Commission. Meanwhile, conditions at hospitals continued to deteriorate as hospital debts accumulated throughout the 1920s and 1930s. The Royal Columbian Hospital in New Westminster, for example, complained that fifty-four percent of billed patients were listed as uncollectable in 1931 alone. By 1932, the number rose to sixty-five percent.

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44 Gagan and Gagan, For Patient’s of Moderate Means, 78.
45 Davies, Competent Professionals, 60
46 Gagan and Gagan, For Patient’s of Moderate Means, 78.
48 Gagan and Gagan, For Patient’s of Moderate Means, 82.
In 1935, after years of neglecting this problem, the British Columbian government proposed the implementation of a comprehensive health insurance scheme, similar to the one recommended in the 1921 report by the *Health Insurance Commission*. The proposal passed through the provincial legislature in 1937 but met with opposition from the BCMA.\(^{49}\) Instead, the BCMA favoured a prepayment plan, which eventually came into effect in 1940.\(^{50}\) But these changes did not result in widespread healthcare access for patients for several more years.

As British Columbia slowed down the pace of change, other provinces began addressing their own hospital financing problems. In the 1930s and early 1940s, Saskatchewan explored multiple municipally funded pre-paid health insurance schemes. In 1944, when T.C. Douglas became Premier of Saskatchewan, he commissioned Henry Sigerist to “chair a committee to plan Saskatchewan’s health care for the future.”\(^{51}\) Sigerist’s report served as “the blueprint for progress towards Medicare that was followed for more than 30 years.”\(^{52}\) In Alberta, both the United Farmers of Alberta (UFA) and the Social Credit party emphasized the importance of healthcare insurance within the province during their tenure. For instance, UFA member George Hoadley, appointed Health Minister of Alberta in 1923, focused on improving the health of Albertans, in part by supporting the building of more municipal hospitals throughout the province.\(^{53}\) In March 1934, Alberta introduced the Hoadley Commission to investigate and ultimately design a health insurance plan for Alberta.\(^{54}\) The Commission concluded that: “improving access to healthcare was possible through a contributory health insurance program and that any program should be adaptable to local needs and capable of provincial or national expansion.”\(^{55}\) The recommendations of the Hoadley Commission were then incorporated into the *Alberta Health Insurance Act* of 1935.\(^{56}\) Though the Hoadley Commission’s proposals were never implemented in full, the principles of the Commission’s final report were reaffirmed in the


\(^{52}\) Houston and Massie, “Four Precursors of Medicare in Saskatchewan,” 143.


\(^{54}\) Lampard, “The Hoadley Commission (1932-34) and Health Insurance in Alberta” 436.

\(^{55}\) Lampard, “The Hoadley Commission (1932-34) and Health Insurance in Alberta” 437.

\(^{56}\) Lampard, “The Hoadley Commission (1932-34) and Health Insurance in Alberta” 439.
Federal Heagerty Report of 1943, which was instrumental in the introduction of federal hospital insurance.\textsuperscript{57}

Meanwhile, British Columbia charted its own path. Hospital insurance was formally introduced by the provincial government in 1947 (legislated in 1948). It differed from other provinces’ plans, particularly Saskatchewan’s, because of the large concentration of people in British Columbia’s three largest cities of that time – Victoria, Vancouver, and New Westminster – necessitating an emphasis on urban hospital care over rural hospital access. British Columbia was the first province to tackle two separate collection systems for the entire population: one by payroll deduction, and the second by the voluntary “pay-direct” plans for individuals. The continued transient and seasonal employment of people in British Columbia made these systems of monthly premiums difficult to accurately sustain.\textsuperscript{58} A lack of sufficient planning, combined with a quick introduction of these hospital insurance plans that left little time to train administrative staff how to navigate the two different collection systems, resulted in frustrations with this new system and ultimately the failure to pay for medical services. More changes were enacted after the Second World War, in the lead up to the introduction of Medicare (1966) and federally organized healthcare insurance programs.\textsuperscript{59}

Before the Second World War, and before the introduction a national system of publicly funded hospital care through Medicare (1966), Japanese Canadians were not specifically excluded from any hospital-based healthcare or hospital insurance plans in British Columbia. Where available, employment-based insurance programs provided various degrees of healthcare coverage and included Japanese Canadians as with any employees. In general, hospital insurance in early twentieth century Canada was restricted based on ability to pay, whether through employer contributions or private insurance policies. Health insurance was not officially restricted by race, ethnicity, or creed, as per British charity laws that shaped Canadian healthcare policy.\textsuperscript{60} But, of course, policies and practices did not always align.

\textsuperscript{57} Lampard, “The Hoadley Commission (1932-34) and Health Insurance in Alberta” 447.
\textsuperscript{58} Taylor, \textit{A Black Mark}, 167.
\textsuperscript{59} Taylor, \textit{A Black Mark}, 168-169.
\textsuperscript{60} Michael Brown, “Medicine, Reform and the ‘End’ of Charity in Early Nineteenth-Century England,” \textit{The English Historical Review} CXXIV (511) (Dec 2009): 1353-1388.
Race and Hospital Access – The Case of Japanese Canadians

While provincial hospital policies across Canada did not formally exclude patients based on race, the practices varied. Racialized segregation in hospitals was common for Asian patients and other visible, minority groups, such as African Canadians. Indigenous people across Canada, as wards of the federal government, were subjected to inferior medical care and experimentation within purpose-built institutions that separated them from kin and from other Canadians. Separation of racialized patients within public hospitals and in purpose-built segregated hospitals was disguised as an altruistic initiative of nation building and assimilation, masking the inferior care patients received and their lack of agency in making decisions regarding their healthcare.

Japanese Canadians were unique in their community-driven approach to circumventing informal race restrictions in healthcare spaces. Like other racialized Canadians of the lower- and working-classes, they were not always offered equal quality of service in clinical spaces. But, because of their economic success in British Columbia, Japanese Canadians could create their own spaces of healthcare, inclusive of their cultural understandings and needs. Besides seeking informal, family- and community-based healthcare, Japanese Canadians funded, operated, and maintained their own hospitals beginning in 1900 with the Japanese fishermen’s hospital in Steveston, British Columbia. Japanese Canadians engaged with this method of circumventing informal, systematic forms of racism in public general hospitals for years prior to the Second World War. As Helen Vandenberg explains, these community-run hospitals set the Japanese-Canadian community apart from other ethnic communities at the time.

The ability to navigate the realities of race-based restrictions within hospital-based healthcare in British Columbia was exemplified by the creation of two Japanese hospitals in Steveston. These hospitals were the focal point of Japanese-Canadian hospital-based care before the Second World War. The first iteration was a make-shift mission hospital (1896-1899), while the second was a larger, more permanent fixture – the Japanese fishermen’s hospital, which was built in 1900. The second hospital was labour orientated and funded by Japanese community

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64 Vandenberg, “A Powerful Protector of the Japanese People.”
leaders, including leaders within the Japanese fishermen community, Japanese Methodists, missionaries, and the Japanese Consul. The construction and operation of the Japanese hospital was not initiated by Anglo-Canadian “Western-trained medical professionals, [but rather] the hospitals in Steveston . . . originated from Japanese community leaders themselves.” The hospital served fishermen and their families, and extended services to other Japanese Canadians in need. It was also a powerful tool for labour activism. The services provided at the hospital gave the Japanese Fishermen’s Association leverage for better pay from the canneries they supplied fish to in exchange for medical care. The hospital was also used as a political tool in re-shaping public perceptions of Japanese Canadians. For instance, the Japanese Consul invested in the hospital in the hopes of deterring anti-Japanese campaigns in the province. The strategy employed by the Consul was to prove the community’s ability to modernize, assimilate, and generally be “Canadian” through this visible expression of Western, modern scientific medical care that differentiated the Japanese community from other Asian immigrant communities.

Thus, with these community goals in mind, the second, more permanent Japanese hospital in Steveston was built according to modern, Western, scientific health models of the era. The Japanese hospital was established during the era of hospital expansion in the province in the early twentieth century. Therefore, the hospital administration in Steveston prioritized many of the same goals and values in constructing the Japanese Hospital. Indeed, hospital administration emphasised the importance of technology and scientific innovation in medical diagnosis and treatments and prioritized bringing patients to the hospital as a place of care where these new technologies were permanent fixtures. Vandenberg notes the “Japanese community in British Columbia was able to use Western ideas as a way to resist racist attitudes and policies. The modern hospital was utilized as a powerful symbol. . . that Japanese ought to be considered naturalized citizens in Canada,” worthy and capable of becoming equal participants in modern Canadian society.

As an inclusive community space, the development of the Japanese hospital in Steveston indicates the importance of socio-economic status and community goals in shaping hospital administration.

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65 Vandenberg, “Race, Hospital Development and the Power of Community,” 2.
66 Vandenberg, “Race, Hospital Development and the Power of Community,” 2.
67 Vandenberg, “Race, Hospital Development and the Power of Community,” 140.
68 Howell, Technology in the Hospital, 103-132.
development in British Columbia. The Japanese-Canadian community-based ambition for hospital-based healthcare did not disappear during internment, though it was certainly controlled by external factors to a more obvious degree. This long history of Japanese-run hospital care within the community, influenced the Japanese Canadian’s adaptability and resistance to internment-era changes in healthcare services. Their previous experiences with healthcare restrictions and circumventing these limitations, equipped community leaders and healthcare professionals with the tools and the platforms from which to advocate for their own needs during internment. After the Japanese-Canadian community was interned in 1942, the Japanese hospital in Steveston continued as a hospital until 1946 when the province took it over and sold it to the Army, Navy, and Air Force Veterans Clubs.

Beyond the hospital in Steveston, beginning in 1928 people of Japanese descent in Vancouver often sought treatment at Mount Saint Joseph’s Oriental Hospital (not to be confused with St. Joseph’s in Victoria). Opened in 1928 by the Missionary Sisters of the Immaculate Conception, an order of Catholic nuns who served as nurses in China, Saint Joseph’s became known as a place that would provide “culturally sensitive healthcare services to diverse Vancouver residents.” The 32-bed facility admitted 182 patients in its first full year of operation (1929), 10 of whom were Japanese. In 1933, the Vancouver Board of Health closed the Oriental Hospital operated by the United Church of Canada in the city, and all patients with tuberculosis of Asian descent were transferred to Saint Joseph’s in Vancouver. The hospital housed tuberculosis diagnostic and treatment technologies that reflected shifting public expectations surrounding the benefits of hospital-based healthcare in the early twentieth century. By 1935, the hospital reported owning new pieces of equipment, including: “320 fluoroscopys [sic], 210 heliotherapies, 530 pneumothorax treatments, as well as 8,759 ordinary treatments and 23,500 medications prescribed in one year.” By late 1939 the hospital expanded again to eighty-five beds and built a solarium. By 1940, Saint Joseph’s was known as the tuberculosis hospital for ethnic minorities in the Strathcona area of Vancouver.

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71 Vandenberg, “Race, Hospital Development and the Power of Community,” 145-146.
The emphasis on tuberculosis diagnoses and treatment at Saint Joseph’s in Vancouver reflected the growing public concern in the province over infectious disease among Asian immigrants as a threat to public health. Until the early 1940s, tuberculosis was one of the leading causes of death in the province of British Columbia, particularly among immigrant communities. In 1922, for example, the rate of Asian deaths from tuberculosis was 440 per 100,000 versus 78 per 100,000 for Caucasians in the province. The provincial sanatorium, Tranquille, located in Kamloops, was often at capacity, particularly in the inter-war period. However, these high rates of infection, combined with anti-Asian sentiments, meant that hospitals in British Columbia were often reluctant to treat Asian patients with tuberculosis. When they were treated, it was often within the inferior, public, racialized wards of the hospital. Hospitals such as Saint Joseph’s would often accept patients with advanced cases of tuberculosis. They did so because Asian groups, and other ethnic communities, typically avoided seeking care at public institutions because of the stigma attached to the disease, as well as the reality of the insufficient healthcare spaces they would be treated within.

The support of tuberculosis clinics for Japanese and Chinese patients demonstrates how Asian health was a central aspect of policy and practice that sought to maintaining the wider public health of the province and make Japanese Canadians, and other ethnic peoples, into productive Canadian citizens. As historian Megan Davies explains, Vancouver was the “hub” of tuberculosis work for the province, but the some of the central “spokes” were the Japanese and Chinese clinics. The physical evidence of tuberculosis care, combined with the shifting focus of British Columbia’s health professionals and policy makers in the 1930s emphasises “positive public health,” which paralleled a larger socio-cultural shift away from concept of ‘dirt’ to an interest in personal hygiene and by extension, productive citizenship.

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Because of the high rates of tuberculosis among the Japanese community in Vancouver, the city’s Health Department called upon a Japanese-Canadian physician, Dr. Kozo Shimotakahara, to build clinics and launch an educational campaign about the disease within the community. Dr. Shimotakahara’s labour demonstrates a precursor to internment-era medical care by community members, labour which he continued to perform into the internment years. By calling upon a respected Japanese-Canadian physician to perform this work for his own community municipal government officials in Vancouver acknowledged Dr. Shimotakahara as qualified to perform this labour and also perhaps as the ideal candidate because it avoided exposing a Caucasian physician to tuberculosis among this ethnic community. Similar efforts to contain internee bodies and employ Japanese-Canadian physicians to perform labour within internment spaces would be ordered by the British Columbia Security Commission (BCSC) in 1942.

Dr. Shimotakahara’s tuberculosis clinics and educational campaigns were just a couple of examples of the type of work performed by Japanese-Canadian physicians before the Second World War. He did a great deal of this community-led work and activism while providing care to his fellow Japanese Canadians. For instance, Dr. Shimotakahara worked with his wife, Shin, and Reverend Shimizu (United Church of Canada) to set up the Japanese Clinic on Pender Street in Vancouver to detect and treat tuberculosis among the Japanese community.80 Drs. Uchida, Shimokura, and Kamitakahara, as well as nurses Ruth Akagawa and Louise Tsuchiya, also volunteered at the clinic. The Japanese Women’s Organization aided the clinic by fundraising for supplies and showing films about the cause and treatment of tuberculosis to the community. Within four years of establishing the Japanese Clinic, because of these community initiatives, the rate of tuberculosis within the Japanese-Canadian community of the city of Vancouver was reduced by half.81

In addition to his work in Vancouver at the Japanese Clinic, Dr. Shimotakahara operated a travelling medical clinic throughout the Fraser Valley farming communities, with nurse Yasuko Yamazaki. Yamazaki’s labour was equally significant because she was the second

Japanese-Canadian woman to be admitted to and graduate from UBC’s public health nurse program in 1939. Dr. Shimotakahara also offered consultation services for Japanese patients at Saint Joseph’s. In 1935, he assisted in securing an X-ray machine for the hospital, to assist with the timely diagnosis of tuberculosis within the Asian community of Vancouver.

Dr. Shimotakahara’s efforts exemplify the medical work by Japanese-Canadian physicians before the Second World War in improving and maintaining community health, as well as actively working to improve the social standing of Japanese Canadians in racialized medical spaces and the general public imagination. His leadership showed other Canadians that Japanese Canadians possessed professional knowledge and capabilities and were licensed to perform medical care by provincial and professional bodies.

In addition, the dedication he demonstrated to his profession earned him the respect of physicians in Vancouver. The treatment of his clinical tools and facilities with the onset of internment policies reflect his close personal and professional relationships with medical professionals in the province. In fact, when Japanese-Canadian possessions were seized and sold by the Canadian government, Dr. Shimotakahara entrusted his professional tools, including an operating table, to his friend and colleague, Dr. Francis, a Caucasian physician who worked in Vancouver and Nelson, British Columbia. Dr. Francis did his part to ensure the sale of Dr. Shimotakahara’s belongings was as fair as possible and continued to communicate with his Japanese-Canadian colleague during the internment years, when Dr. Francis worked in Nelson and New Denver and Dr. Shimotakahara worked in Kaslo.

None of the Japanese-Canadian physicians whom the BCSC employed within internment spaces were educated entirely in Japan, though most sought training in either the United States or Japan because of race-restrictions of hospitals in Canada. Dr. Kozo Shimotakahara was educated and trained in the United States, and then returned to practice medicine in Canada. Dr. Edward Kuwabara began his education in Canada but finished his formal medical training in Japan, eventually returning to Canada to practice. Dr. Masajiro Miyazaki began his education in

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82 University of British Columbia Calendar, 1939-1940. Vancouver: University of British Columbia Published Annually. Also available at: https://www.library.ubc.ca/archives/pdfs/calendars2/UBC_Calendar_1939_40.pdf
85 “Pioneering Doctor,” The New Canadian, April 5, 1940, 4.
Canada and then had to seek practical training in other countries, such as the United States, because of restrictions placed upon Asian-physician’s accessibility to hospital spaces. Finally, some, like Dr. Matasabura Uchida and Dr. Harold Shimokura, received their education entirely from Canadian institutions (though Dr. Uchida interned for a time in Japan because of race-restrictions of hospitals in Canada).

Nurses, nurse aides, and midwives of Japanese descent faced similar restrictions in training and educational opportunities before internment. Dr. Shimotakahara’s wife, Shin, trained at a physician’s office in Seattle where she learned the skills that later helped her operate the Japanese Clinic in Vancouver with her husband. Motoe Yamazaki (nee Yorioka) moved to Canada after the death of her husband in Japan. She arrived with a midwife license and eventually established a maternity hospital, after working briefly at the Fishermen’s Hospital in Steveston. Yasuko Yamazaki, as previously stated, was the second Japanese-Canadian women to be licensed as a Public Health Nurse in 1939. Nursing education and training programs in British Columbia did not admit Asian students until the 1930s. In August 1940, *The New Canadian*, the Japanese-Canadian newspaper, included an article about “Registered Nurses to Volunteer Services for Clinic.” The article explained that the efficiency of the Japanese Clinic in Vancouver would be increased because of the “voluntary contribution of services by Nisei graduate nurses at the Clinic each week.” With the onset of internment, the labour of women as nurses became even more essential to the health and maintenance of the Japanese-Canadian community, an aspect of internment which is further explored in Chapter Two.

**The Onset of Internment – Was Everything About to Change?**

The onset of internment policies changed where and how Japanese-Canadian patients received healthcare services. Internment also changed where Japanese-Canadian physicians

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90 “Celebrating Nikkei Women,” *Nikkei Images* 18 (1) (Spring 2013), 17.
91 University of British Columbia Calendar, 1939-1940. Vancouver: University of British Columbia Published Annually. Also available at: [https://www.library.ubc.ca/archives/pdfs/calendars2/UBC_Calendar_1939_40.pdf](https://www.library.ubc.ca/archives/pdfs/calendars2/UBC_Calendar_1939_40.pdf)
93 “Registered Nurses to Volunteer Services for Clinic,” 1.
worked and expanded the number of Japanese-Canadian nursing staff available to serve the community. But Japanese Canadians brought a long tradition of navigating systems of race-based exclusions and segregation in healthcare spaces with them to internment sites. Their community’s unique approach to circumventing race-restrictions in healthcare spaces and policy is exemplified through their personal agency and advocacy for community needs in healthcare spaces during internment.

Healthcare professionals of Japanese descent encountered limited options other than to cooperate with the BCSC’s demand that they perform labour within internment spaces. However, their work was essential to maintaining community health, and even trickled in to providing health to local residents of the remote and rural spaces within which they were interned. Unlike the existing Japanese Hospital in Steveston, the hospitals within internment spaces were not indicative of community ambitions or the negotiation of race restrictions. The work done within these spaces, however, by Japanese-Canadian healthcare providers was a different story.

Understanding Japanese-Canadian healthcare labour as resistive, before and during internment, is essential to complicating our view of seemingly uni-directional state relations. Their labour goes beyond “passive resistance” and should be understood as strategic. The Japanese Canadian community had a long history of strategic resistance to racism in medicine which extended into internment-era healthcare practices. The work done by Japanese-Canadian healthcare providers during internment exemplified compliance based resistance. Scholars of Japanese Canadian dispossession have made similar arguments about the concept of resistance. Sociologist Vic Satzewich argues that the work of Kishizo Kimura, who aided the Canadian government in dispossessing his own community members of their fishing vessels, demonstrates what he calls “collaborative resistance.” He argues that “insofar as [Kimura] opted to cooperate with institutional authorities [he did so] as a way to help combat the long established fear, distrust, and racism directed towards Japanese Canadians.”94 Kimura sought to break down racist stereotypes and discrimination through cooperation, allowing the broader Canadian public to see that Japanese Canadians were loyal citizens. In some cases, the labour of Japanese-Canadian physicians was performed in cooperation with the BCSC authorities for similar reasons. Japanese-Canadian healthcare providers also engaged in strategic resistance of racist policies of

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medical care by using their professional positions to campaign for the betterment of their families and fellow internees. The Japanese-Canadian physicians working within internment sites in interior British Columbia petitioned for higher pay and remuneration\textsuperscript{95}, demonstrating a level of activism orientated around health and healthcare services that has been largely overlooked by historians of Japanese-Canadian internment.\textsuperscript{96}

As the Second World War waged on and legislation removed Japanese Canadians to internment sites in interior British Columbia, farms and factories in Alberta and Manitoba, and locations further afield, the federal government prioritized the health of Canadians beyond internment spaces. How the federal government chose to allocate money, via the BCSC, reflected an over-arching primary concern for the general Canadian public over the specific needs of the Japanese-Canadian community. For instance, the federal and provincial government’s boasting about the success of the Sanatorium in New Denver, the “showplace” of internment, indicates that one of the central goals of internment became isolating infectious, Japanese-Canadian bodies from the Canadian public. This process was very much a continuation of earlier twentieth-century healthcare policies for this, and other, ethnic minority communities in Canada.\textsuperscript{97} In effect, the healthcare policies and practices of internment were extensions of the exclusion scheme itself – aimed at protecting Canadians from an ethnic community, plagued with stereotypes and misinformation about Japanese Canadians.

After the passing of Order in Council PC 1665, which began the wider process of forced relocation, tuberculosis patients of Japanese descent at Saint Joseph’s and those receiving care through the Japanese Clinic were moved to the Hastings Park Hospital within the BCSC’s internee collection centre in Vancouver. These patients remained at Hastings Park until a new Sanatorium for Japanese Canadians was built at the New Denver internment site in interior British Columbia. At the onset of internment, there were 125 Japanese Canadians diagnosed with tuberculosis within Hastings Park Hospital. When the patients were finally moved to New


\textsuperscript{97} Examples can be across these titles: Wallace, \textit{Not Fit to Stay}; Gagan and Gagan, \textit{For Patients of Moderate Means}; Kelm, \textit{Colonizing Bodies}.
Denver, as the last to leave the city of Vancouver on March 31, 1943, only 105 patients and their accompanying nursing staff left by train to the new 100-bed facility.\textsuperscript{98}

When Japanese Canadians had their belongings and livelihoods taken from them with the regulations of internment, they also lost their access to hospital insurance and typical medical care. Some men were given the opportunity to contribute to employment-based medical insurance programs when they were forced to work at road camps or in seasonal, resource-extraction based jobs in interior British Columbia, but these circumstances were rare and often insufficient to care for dependents.\textsuperscript{99} Most people were left with no other option than to seek medical care from the BCSC hospitals and clinics established within internment spaces. Even those who opted to go to sugar beet farms in Alberta and Manitoba found themselves being transported back to British Columbia for hospital-based care if they could not pay for the services they needed. When they arrived at these medical facilities in British Columbia, they found them staffed, at least in part, by fellow Japanese Canadians. This offered patients a sense of cultural understanding and community within these medical institutions.

The labour of Japanese Canadians within healthcare spaces at internment sites was necessary to maintain the health of their community. At the same time, it sets this history of racialized healthcare providers apart from other community health histories in Canada. Expanding our understanding of how and why Japanese Canadians were an essential labour force in the maintenance of health for their community during internment furthers our overall knowledge about the breadth of experiences for Japanese-Canadian internees. Without question, both Japanese-Canadian patients’ and professionals’ experience of healthcare changed with the onset of internment. Japanese Canadians have a long history of resisting medical racism in segregated healthcare schemes. This history laid the foundation for internment-era resistance to racist medical practices and policies.


\textsuperscript{99} Patient File, Riverview Mental Hospital Fonds, 1939-1968, 93-5683, Box 0290, File 18459, British Columbia Archives, Victoria. NB: To maintain confidentiality the name attached to each patient file will not be included in citations. When referenced in text, pseudonyms will be used. See Chapter Three for more explanation.
CHAPTER TWO: THOSE WORTHY OF PROVIDING CARE: JAPANESE CANADIAN HEALTHCARE PROVIDERS DURING INTERNMENT, 1942-49

... what good we got out of this evacuation was not the intent of it... but people have to get the best of out a bad situation or they might as well give up and die...

- Muriel Kitagawa

…the unthinking smugness of the argument that the evacuation and subsequent injuries were a good thing because it brought to the surface our admirable traits. Bosh! A disaster is never a good thing. The ‘good thing’ was that our own self resources, untried as they were, were sufficient to meet disaster, to face it with dignity… some good came out of the evacuation… not because the evacuation was good…but because the people had in them the guts to make good after misfortune...

- Muriel Kitagawa

Various reflections and writings by Muriel Kitagawa indicate trends in how Japanese-Canadian healthcare providers experienced internment. She pointed to the “good [Japanese Canadians] got out of this evacuation,” being the result of people making “the best out of a bad situation.” Indeed, others shared this view, particularly Japanese-Canadian medical staff. As historian Susan L. Smith argues of the parallel Japanese-American internment, the mass incarceration of these communities “produced a health-care crisis of enormous proportions that was averted only because of the efforts of the [internees] themselves.”

When Japanese-Canadian physicians were forcibly relocated, along with their fellow community members, they were compelled to continue their medical practices within the hospitals at internment sites. Even though the location in which they practiced changed, the work done by Japanese-Canadian physicians during internment was characterised by many continuities. The conditions of internment allowed the medically trained internees opportunities to maintain their practices and sustain their professional skills, and in some ways preserve their professional prestige. Their approaches to circumventing racism in healthcare spaces were very similar to strategies they collectively used in their practices before the Second World War.

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1 From Untitled Postwar Speech, in Correspondence Excerpts of Muriel Kitagawa from 1941 and 1942, in Sunahara Collection. 2018.16.1.25.2, Nikkei National Museum (NNM), Burnaby.
2 Excerpts from Correspondence of Muriel Kitagawa from 1941 and 1942, in Sunahara Collection number 2018.16.1.25.8, Nikkei National Museum (NNM), Burnaby.
3 From Untitled Postwar Speech, in Correspondence Excerpts of Muriel Kitagawa from 1941 and 1942, in Sunahara Collection. 2018.16.1.25.2, Nikkei National Museum (NNM), Burnaby.
Unlike their male counterparts, Japanese-Canadian women mostly experienced a divergence from the pre-WWII limitations in medical education opportunities because of internment healthcare needs. These spaces resulted in the need for a large group of Japanese-Canadian women to train as nursing staff because of the healthcare demands within the internment sites. The racially segregated conditions of internment gave women, as quasi-nursing students, a space within which to train without facing race-based restrictions of other hospitals or stereotypes that circulated among their peers which held the potential to shape their educational experience negatively. As a result, Japanese-Canadian nurses, nurse aides, and medical secretaries were trained and employed at various internment sites in much higher numbers than ever before in British Columbia.

In this chapter, I draw upon personal recollections and correspondence, community history publications, oral histories, as well as three personal archival collections held at the Nikkei National Museum and Cultural Centre’s (NNM) archives in Burnaby, British Columbia. These collections, which include photographs of medical professionals in different internment settings and at different times, have allowed me to trace the movement of medical professionals between internment spaces. They offer a more detailed list of who was working within healthcare institutions inside the internment sites than government records. They also illustrate the impressive number of Japanese-Canadian women who were part of the internment nursing workforce, which included over 100 women, many of whom were rank-and-file nursing-aides whose experiences are not documented in written or oral history records.

The collections I drew upon ranged from the personal photographs and collections of nurses like Miss Irene Smith (nee Anderson), the White registered nurse employed by the BCSC to set up a hospital at Hastings Park, and Miss Alice Reid, another registered nurse who was hired by the BCSC first to work at Hastings Park (1942-43) and then later employed as the Nurse Matron of the Tashme Hospital (1943-46). As well, there are photographs collected by the family of one physician within an internment centre – Dr. Shimokura, who worked at Tashme

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Hospital alongside Miss Reid and other healthcare professionals.\(^7\) The images considered, and their associated texts, offer more clues about the internment healthcare provider experience because they include names, professional ranks, and, in some cases, indications of relationships built between healthcare workers. These intimate details are not included in scattered government documentation.

The chronology of these two White nurses’ collections demonstrates the movement and changes in the Japanese-Canadian nursing workforce. Dr. Shimokura’s collection likewise illustrates the shifts in nursing staff over the years. Taken together the three personal archival collections considered below, illustrate the movement of Japanese-Canadian medical personnel across places of internment. The movement of healthcare professionals between internment sites demonstrates how the BCSC, and federal government in general, required the participation of Japanese-Canadian medical care providers in order to support the needs of various internment spaces. Miss Irene Smith (nee Anderson)’s collection includes names of nurses, nurse aides, medical secretaries, orderlies, cooks, and other Japanese-Canadian staff who worked within the make-shift hospital space at Hastings Park, Vancouver. Likewise, Miss Alice Reid’s collection provides us with some candid snapshots of life within Tashme internment centre, as well as some staged photographs of the healthcare professionals who worked within Tashme’s hospital. The images of medical staff collected by Dr. Shimokura and his family include over fifty names of medical personnel from within the Tashme relocation centre from 1942 to 1946. His presence, as a Japanese-Canadian physician and advocate for fair professional compensation, demonstrate continuities in the community’s approaches to navigating racism in healthcare policies and spaces through a form of compliance-based resistance.

Some of the medical professionals are present across two, or in all three, of the personal collections, providing an indication of how medical professionals moved between these internment spaces over time. Ultimately, the expansion of the workforce and the movement of professionals between internment spaces to fill these medical needs indicates what the BCSC determined as viable costs of healthcare and who they were willing to pay to fulfill this requirement. It also illustrates a health-orientated form of permeability of internment sites that

has not been previously examined by historians. Measurable changes are seen within textual documents, such as where and how many Japanese Canadians are employed by the BCSC to provide healthcare services. Some of these providers performed these services before internment as well, indicating a continuation of their professional labour. However, some deviations from pre-internment restrictions in healthcare education and professional access are uniquely deducible from photographs. In particular, the growth of the Japanese-Canadian nursing staff is indicative of these changes and better represented in photographs than in written records alone. Only in a few unique cases are women’s experiences as nurses, nurse aides, or medical secretaries documented in written or oral history accounts. Finally, the photographs and the curation of these photographs as personal collections suggest the development of a sense of community – one that fluctuated between inclusive and exclusive along professional, racial, and gender lines.

**Shifting Japanese-Canadian Nurse Expertise and Education: The Experiences of the Yamazaki Sisters**

Unlike most of the Japanese-Canadian nurses at internment sites in the 1940s, the experiences of sisters May (nee Yamazaki) Komiyama and Yasuko Yamazaki are well documented. They had unique internment experiences as women of Japanese descent at two different stages in their careers as nurses. Yasuko Yamazaki’s work represents some continuities in providing nursing care as a Japanese-Canadian woman, while May Komiyama’s experiences during internment point to the diverse opportunities for different work and occupational training available to Japanese-Canadian women because of internment conditions and community needs. Their stories represent the range of changes brought on by internment for Japanese-Canadian women in, or trying to enter, the nursing workforce.

May (nee Yamazaki) Komiyama recalls feelings of not belonging and being outside the Japanese-Canadian community even though she was of Japanese descent, born in Vancouver, and an internee herself. In an oral history interview Komiyama recalls that she “didn’t speak Japanese…and, [she] felt that [she] was Canadian and they [other Japanese Canadians] weren’t… [her] community was with the Caucasians.”8 Komiyama was born in Vancouver on

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May 19, 1922. She was born into a devout Christian family which lived outside of the physical centre of Japanese-Canadian community activities in Vancouver, which was centred around Powell Street. This physical separation of her early life and family home led to Komiyama’s initial feelings of difference and distance from her ethnic community. Her engagement in Canadian clubs and groups grounded in British imperialism, like the Girl Guides, furthered her sense of isolation and disparity from her Japanese-Canadian peers in Vancouver.9

When Pearl Harbor was bombed, Komiyama had just recently completed her senior high school year and she was about to begin her training as a nurse at the Vancouver General Hospital (VGH) for the January 1942 class intake. She was allowed to begin her studies at the nursing school but, Komiyama states, “looking back, I wonder why they let me start. . . I was only there six weeks and then we had to leave.”10 One Saturday in mid-February 1942, she was asked to leave the program because of the race-based restrictions that were escalating in the province. She was given 3 hours notice to collect her things from the residences and leave. Komiyama remembered, since it was a Saturday and her peers were not around, her classmates did not know where she had gone, and their instructors would not tell them.

Komiyama’s sister, Yasuko Yamazaki, graduated from the VGH nursing program in 1938 and then the University of British Columbia’s (UBC) Public Health Nurse diploma program in 1939.11 Yamazaki was the second Japanese-Canadian Public Health Nurse graduate from UBC. After graduating she worked closely with Dr. Shimotakahara in Vancouver before the war, during internment at Hastings Park, and the later at the Kaslo internment centre.12 Komiyama remembered her sister was at Hastings Park, setting up and working at the hospital,

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10 May Komiyama Interview.
12 “May Komiyama, Biographical Files,” BC Nursing History Society, last updated 2022, https://bcnursinghistory.ca/biographical-files-i-j-k/. May claims that her sister was the first Japanese-Canadian PHN in Vancouver, but there was another Japanese-Canadian graduate from the PHN program at UBC before her: Ruth Agakawa. She may not have worked in Vancouver though. For more details see: “University of British Columbia Asian Canadian and Asian Migration Studies Centennial Alumni Project,” *The Bulletin*, Sept 8, 2015, online: http://jccabulletin-geppo.ca/university-of-british-columbia-asian-canadian-and-asian-migration-studies-centennial-alumni-project/; Zilm and Warbinek, *Legacy*, 77.
“right from the beginning.” According to Komiyama’s recollection, it was Dr. Shimotakahara that called her to come help him set up the clinic and hospital within Hastings Park before the first boat-load of Japanese Canadians from Vancouver Island and other distant communities arrived. Similarly, her sister went with Dr. Shimotakahara to Kaslo to “[make] sure the health facilities were going to be acceptable.” It was while her sister was in Kaslo, early in 1942 for her work as the Public Health Nurse for the internment site, that she was able to find a house for her family and send for them. They, unlike their fellow internees, therefore had ample time to collect their things and move to Kaslo. But, this separated them from the community again. Their home was also outside of Kaslo proper. They were, Komiyama remembers, “again outside of the Japanese community, even during the war.”

Yamazaki’s working relationship with Dr. Shimotakahara in Vancouver and their combined efforts to educate the Japanese-Canadian community about infectious disease, particularly tuberculosis, prior to the war led to further recommendations regarding her labour during internment. Her professional expertise and public health education set her apart from her fellow internees, even those who filled nurse-aide roles. For instance, in the Royal Jackson Report, a commission report on the conditions of Japanese-Canadian internment spaces published in 1944, it is recommended that “the Japanese nurse on the BC Security Commission staff at Kaslo, who has been specially trained in Public Health, be used to assist in [a tuberculosis case-finding programme] by carrying out education amongst the Japanese throughout the Settlements.” Though the report does not name Yamazaki by name, through the photographic record it is deducible that it is her expertise which the Commission report is referring to. This correlation would not be as strongly made without photographic evidence of Yamazaki at Kaslo, demonstrating the essential importance of photographs to reconstructing our understanding of internment healthcare. The recommendations of the Commission placed Yamazaki apart from her fellow nursing staff and other internees based on the necessary knowledge base she brought with her to internment spaces from prior healthcare work. Her professional standing therefore shaped her experience of internment and influenced the experience of her family members.

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13 May Komiyama Interview.
14 May Komiyama Interview.
15 May Komiyama Interview.
The Yamazaki sister’s experiences during the war demonstrate some of the internal divisions within the Japanese-Canadian community itself, built upon professional standing, class disparity, religious difference, and geographical connections. These divisions certainly continued throughout internment. In some cases, they were obvious, such as the collection of Japanese Canadians at certain internment sites based on religion. Kaslo, where the Yamazaki family relocated, was designated as a space for the United Church community. Others are expressed by Japanese Canadians in their own writings. Others still, which have not been acknowledged by historians, are evident when examining the experiences of healthcare providers. May Komiyama, for instance, demonstrates how working within healthcare spaces allowed her to have a level of professional and class-based isolation that left her with little time or concern for “what else [was] going on in the rest of the world.” As she recalled, she was “kept busy helping her sister in the clinic.”

Komiyama also experienced an opportunity, brought on based on her location within the Kaslo internment site, to gain professional training that was not afforded to her outside of internment spaces during 1942. In Kaslo, Komiyama “helped her sister in the clinic,” and had Dr. Shimotakahara as a teacher. She recalls how she “could have taken more advantage of that year in Kaslo,” because Dr. Shimotakahara taught her many things that women were not typically exposed to in early years of nursing or nursing education programs. Then, because of her previous training at VGH, which she just barely began before internment forced her to leave the nursing training program, she was admitted into the Guelph General Hospital School of Nursing. As she remembers, because her previous roommate from the Vancouver program, Sumi Iyomoto, was entering the nursing school in Guelph, Iyomoto’s advocate from the local women’s missionary society vouched for Komiyama as well. The advocate stated that she wanted Iyomoto to have someone else in the program with her. So, May Komiyama was allowed to leave Kaslo for Guelph, Ontario to finish her nursing education and training in 1943. Though her and Iyomoto were physically isolated from their peers in their residences, they were otherwise included in the education process regardless of their race.

17 May Komiyama Interview; Adachi, The Enemy That Never Was, 251-277.
18 May Komiyama Interview.
19 May Komiyama Interview.
20 May Komiyama Interview.
Komiyama recalls that her race influenced her educational experience in other ways. For instance, during her time at the Guelph General Hospital she tended to a patient who came to the hospital for a hernia operation. While recovering in hospital he confessed to her that “when the doctor told him he had to come to the hospital for a hernia operation, he wasn’t scared about the operation, he was scared because he heard there were two Japanese nurses at the hospital…[but] you’re not so bad after all, you’re just like the other girls.” Komiyama reflected that the interaction “really struck [her] as amusing.” As historians have noted, the stereotypes and fear-based propaganda about Japanese-Canadian threats and internment circulated by the Canadian government extended past the borders of British Columbia. Consideration of Komiyama’s experiences as a nursing student in Guelph, Ontario demonstrate that internment and war-based racial prejudices influenced patient and healthcare provider experiences in this respect as well. Whether the patient was a soldier or civilian, he entered the hospital space aware of the presence of Japanese-Canadian nurses in his community and that shaped his healthcare experience.

Conversely, Komiyama found his impression of her as “just another one of the girls” to be amusing. Her experiences as a nursing student were certainly shaped by her race. However, she maintained an outlook of positivity and took the opportunity to gain professional training, despite her internment and being labelled as part of a community of enemy aliens.

The presence of Japanese-Canadian nursing students, like May Komiyama, in healthcare spaces indicates a persistent, if seemingly passive, type of resistance towards a racist healthcare education and provisional system in Canada during the early twentieth century. Komiyama is just one of many women who gained nurse training during internment in this way. Another is Amy Sasaki Kurio, who, in 1948, entered the Galt School of Nursing in Lethbridge, Alberta. Her family, like many others, chose to relocate to Southern Alberta in order to keep their family together. They were sugar beet farm hands for the duration of the internment years. Initially Kurio planned to attend nursing school in Edmonton, Alberta because of restrictions upon entering the city of Lethbridge. The city enacted multiple restrictions upon Japanese-Canadian access to city services and spaces as a conditions of the region accepting internees in 1942. But, with some advocacy from a local missionary woman (similar to May Komiyama’s experiences)

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21 May Komiyama Interview.
22 May Komiyama Interview.
Kurio circumvented these restrictions and was allowed entry into the Galt School of Nursing. She too remembered that her “classmates welcomed [her] warmly... there was no prejudice...”\textsuperscript{24} When she graduated in 1951, she was made class valedictorian.\textsuperscript{25} Many Japanese-Canadian women followed her example and entered the Galt School of Nursing in the late 1940s and early 1950s.

The records and details we have about Amy Sasaki Kurio and the Yamazaki sisters are not typical. The preservation of these facts through written and oral sources set these women apart from their community. For the Yamazaki’s, they were also set apart from the Japanese-Canadian community for much of their lives, because of the family’s class and social distance from working-class Japanese community members. Their stories are also known because of their professional distinctions – Yasuko Yamazaki’s position as the second Japanese-Canadian Public Health Nurse in British Columbia, and May Kuriyama’s time away from British Columbia internment sites during her nurse training in Ontario made them both more unique in their experiences of nursing during internment. More rank-and-file nursing staff members were not interviewed or encouraged to write down their experiences for future generations to read. Therefore, where written and oral records lack specificity, photograph collections can fill in some of these gaps in our knowledge about internment era healthcare providers.

\textbf{Photography during Internment: Significance and Limitations}

Using photographs of hospital staff taken from different internment spaces is one effective methods of tracing the employment and movement of Japanese-Canadian healthcare workers during the 1940s. Primarily photograph collections help to determine where Japanese-Canadian men and women were working as members of the hospital staff. These images help to document the continuity of healthcare providers in different internment spaces over time, suggesting that being able to provide healthcare services may have afforded a degree of power and prestige within the internment environment. While government documents provide good detail on numbers and costs incurred to pay this workforce collectively, individual salaries and names of all the Japanese-Canadian women employed as nursing staff are not consistently identified. The photograph collections considered in this chapter include captions, identify

\textsuperscript{25} “Galt School of Nursing,” in Nishiki, \textit{Nikkei Tapestry}, 70-71}
people by name, and are accompanied by notes and interviews from donors that supplement our knowledge of healthcare providers experiences of internment. As a first step, the images help to identify over fifty Japanese-Canadian internees who staffed the medical spaces of internment. Considered alongside supplementary interviews and personal records they also serve as a step towards understanding who these staff members were, where they ended up, and how their role as medical care providers during interment shaped their overall experience of removal and relocation.

Sander Gilman’s work on photographs and images of bodies which have been “othered” through race, class, gender, or mental disease diagnosis, provides some theoretical understanding of how medical historians can use photographs as textual representations of individuals and socio-cultural contexts. His work demonstrates how images of Jewish people, for instance, are shaped by understandings of difference but, they also allow for the subject (the Jewish person or the stereotyped Jewish historical actor) to respond to the popular construction of their identity. In this respect, the images of Japanese-Canadian healthcare providers can too be seen as an illustration of difference constructed through their forced segregation and removal from Canadian society. At the same time, the representation as educated professionals may indicate a strategic response to their “othering” as an ethnic community and helps to complicate our understanding of how people resisted racist exclusionary narratives of the era.

Both sanctioned and constructed images of Japanese Canadians demonstrate a diverse set of characteristics of their ethnic community that work against the “enemy-alien” reputation of their internment. The subjects of these photographs display loyalty to the Canadian state and to their community. They show cooperation in the face of adversity and racism. They show educated, professional, healthcare expertise among a group of racialized people who were only just beginning to be included in Canadian healthcare education and general practice beyond serving their own ethnic community members. As Gilman explains of other mediums which

26 Multiple reports from various camps generalize their expense reports to read “Japanese staff”. The one exception I’ve found is a summary of hospital employees from Greenwood, BC from 1945. This was collected because the staff was examined for TB, not for any payment clarification or running list of employees. See: “Hospitalization – General,” Dept of Labour Fonds, RG36-27, Series R224-51-X-E “Japanese Division”, Volume/box number: 10, File number: 306.

illustrate “others”, these images serve as “a means of defining or contravening definitions of difference.” Moreover, these images represented the community as a “clean, ordered abstraction which transform[s] the chaos of the flow of events into understandable meanings.”

The photographs across these three personal collections range from highly formulized group images – where everyone included is lined up in an orderly fashion and waits for the photographer to release them from the constructed pose – to those which are presumably informal snapshots of friends and colleagues. In the photographs of internee medical staff there is a professionally understood sense of conformity, and the power structures within the workspace are reinforced through uniforms, position in the images, and, of course, the race of employees. When taken and used by the state in reports these images could be used to communicate a sense of cooperation. Historian Carol Williams explains that “photographs reflect expectations for behavioural conformity, offering insights into the structural hierarchies of power…” and may “communicate a message of cooperation.”

The medical staff featured in these images were Japanese-Canadian internees who performed services for the federal government and served their community. However, as part of personal collections there is an additional layer of meaning attributed to these photographs. The images are no longer exclusively state tools, but fragments of memory that have been collected by those with intimate memories of internment – whether as internees themselves or as community outsiders working within internment spaces.

These images offer us a window in to the past and allow us to trace which Japanese-Canadian internees were performing healthcare labour within the internment sites, but it is essential to be mindful of the creators of these images. Historians have acknowledged that Japanese-Canadian professional photographers were allowed to keep their cameras and take them to internment sites, so long as they agreed to document officially sanctioned activities and associations. As Kirsten McAllister argues, this likely accounts for the “large number of institutional group photographs” from the internment era which are preserved at the NNM. However, personal collections of medical professionals (both nurses and physicians, Japanese Canadian and not) donated to the NNM also included a great number of photographs of medical

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28. Gilman, *Inscribing the Other*, 1
personnel and spaces from within internment sites. Some of these images are likely the product of the professional photographers within the internment spaces, though the NNM’s online database does not include the information about who created each photograph in any given collection. Personal collections are likely to contain photographs taken with illicit cameras, smuggled in by internees or maybe even permitted in some circumstances. The importance of these photographs at the time, and their preservation as archival records, is underscored by the restrictions placed upon Japanese-Canadian property rights, particularly access to camera’s and other means of documentation or communication, during internment.

Art historian, Namiko Kunimoto, argues that “photographs gave their collectors a greater sense of stability,” during internment. Expanding upon that idea, McAllister argues that photographs taken during internment were “a means to visually reconfigure the bleak hopeless spaces of incarceration and invoke a future…” Drawing both of these theoretical understandings together, I argue that images of medical spaces and Japanese-Canadian healthcare professionals from the internment era foster a sense of continuity and optimism for the future. They visually document the creation of community in the face of race-based segregation and divisions. They show informal interactions between healthcare professionals, in particular among Japanese-Canadian women who were called upon to fill a service gap as nurse-aides. Some of the images uphold divisions based on race or professional rank. But, more often, they show the integration of professionals and racialized healthcare providers within these unique healthcare spaces of internment sites.

The politics of who possessed a camera and who was therefore able to document internment in this way is also striking because it shaped both the nature of the photographs which were taken and the subject matter which was documented within often highly constructed or formulaic portraits. White, supervising nurses were allowed to carry cameras into internment spaces while Japanese Canadians were mostly prohibited from having cameras in their

32 As Howard Shimokura explains, the regulations set out by the BCSC at the onset of internment were not always followed through by the RCMP in practice. Howard Shimokura, interview. (March 15, 2018). Interviewed by Carolyn Nakagawa. Part of the Landscapes of Injustice Oral Histories Collection, accessible online https://loi.uvic.ca/archive/oral_history_shim105_2018-03-18.html
34 McAllister, “Photographs of a Japanese Canadian Internment Camp,” 133.
possessions, even before formal relocation efforts began in earnest. For instance, Miss Irene Anderson (RN), brought her personal camera in to the Hastings Park internment space. She preserved the photographs she took within Hastings Park and donated them to the NNM in 1996. Both her collection and Miss Alice Reid’s are curated collections of images which depict a relatively positive story of internment-era healthcare. They depict Japanese-Canadian internment and medical care during the 1940s through a White, upper-middle class, educated, women’s lens, literally. While their positionality certainly influences the composition of photographs which they took and chose to keep, it nonetheless also provides us with an indication of who else was working alongside these women to provide healthcare services and present this positive narrative.

Photographs are a physical record of Japanese-Canadian people filling healthcare professional roles. They indicate a greater professional outlook for the future and one way in which the community made “the best out of a bad situation.” The increasing number of Japanese Canadians who enter into these images indicates that more people, mostly women, were being trained and employed to fulfill healthcare roles. The images are therefore indicative of two complicated aspects of internment history. First, they visually document the continuity and changes in healthcare for Japanese Canadians as patients and providers. Second, the images serve to underscore the meaningful differences within these racialized healthcare spaces in Canada when compared to other race-based healthcare policies.

More broadly considered, photographs suggest a more complicated aspect of internment that is largely ignored or downplayed in significance by historians of internment and health history of Canada. Centring these images in a historical analysis allows us to trace subtle differences in day-to-day aspects of internment, like professional uniforms and rank which were maintained inside internment hospitals, and how that represented continues and changes for

35 Kunimoto, “Intimate Archives,” 129.
37 From Untitled Postwar Speech, in Correspondence Excerpts of Muriel Kitagawa from 1941 and 1942, in Sunahara Collection. 2018.16.1.25.2, Nikkei National Museum (NNM), Burnaby.
38 It should be noted that I am using these as sources to trace movement and labour, so I will not specifically address the construction of the images themselves. But, the images as constructed pieces of visual representation is another facet of their preservation which other scholars, such as McAllister, have addressed in depth. See: McAllister, “Photographs of a Japanese-Canadian Internment Camp,”; McAllister, Terrain of Memory: A Japanese Canadian Memorial Project (University of British Columbia Press, 2010); Annette Kuhn and Kirsten McAllister (eds) Locating Memory: Photographic Acts (Oxford and New York: Berghahn Books, 2006).
internees. Perhaps most importantly, moments of candor and intimacy between internees that are not recorded in the textual record are visually captured. A sense of community among this group of professionals within internment sites is uniquely evident when photographs are considered. Taken together these photograph collections break down some of the ways we have come to understand internment when we rely on government documents that perpetuate strict divisions of internees from other Canadians. They illustrate the limits of the textual record by providing a means to trace the flow and permeability of internment spaces. The inclusion of photographs in archival records also suggests their influence and value in the cultural creation of collective memory.

**The Irene Smith and Alice Reid Collections: Changes for Japanese-Canadian Women as Nurses, Nurse-aides, and Medical Secretaries at Internment Sites**

As is evident with the examples of May Komiyama, Yasuko Yamazaki, and even Amy Sasaki Kurio, the onset of internment altered the educational opportunities for Japanese-Canadian women as nurses or affiliated hospital support staff. As Muriel Kitagawa recalled in a letter to her brother, Wesley, who was a medical student at the University of Toronto during the 1940s, “all student nurses [were] fired from the [Vancouver] General [Hospital].” At the same time, when internment came into effect and the BCSC began uprooting and collecting Japanese Canadians from coastal towns to Hastings Park in Vancouver, they faced increasing demands upon public health and hospital care within this newly confined community. One Japanese-Canadian woman, Jean Shigeko Kitagawa, was encouraged by a White nurse at Hastings Park to take up the position of medical secretary. She was among the staff and patients who remained in Hastings Park during the winter of 1942/43 and were the last Japanese Canadians to leave the city for interior locations. She was eventually removed from the city and sent to New Denver with the tuberculosis patients she helped care for. Jean continued to serve as a medical secretary at the Sanitorium at New Denver during internment, and later at Saint Joseph’s hospital in

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Vancouver.\textsuperscript{42} She became a valued member of the medical staff employed by the BCSC for the duration of internment.

The employment of Japanese-Canadian women was deemed necessary by the BCSC for multiple interrelated reasons. First, the employment of more nursing staff was essential because of the unsanitary conditions created by the sudden influx of people to isolated, densely populated internment sites. Japanese-Canadian nursing staff were more economically viable for the BCSC because they were able to pay Japanese-Canadian women lower wages because of their race and their status as internees.\textsuperscript{43} But, because nursing schools in British Columbia had only just started admitting Asian students in the late 1930s, there was a very limited pool from which the BCSC could pull these Japanese-Canadian women.\textsuperscript{44} Likewise, 1942 was a time of war so nursing staff on the home front was scarce, and even more so in rural spaces.\textsuperscript{45} Therefore, internment healthcare necessities and economic concerns forced the BCSC to support the training of Japanese-Canadian women, primarily as nurse aides and medical secretaries, within internment hospitals and clinics.

\textit{Irene (nee Anderson) Smith Collection}

The collection of Irene (nee Anderson) Smith provides insight into the complicated power relations between White, supervising medical staff within internment spaces and the expanding Japanese-Canadian medical workforce whose labour was necessary to ensure the health of their community was preserved. Irene’s collection of photographs allows us to see how medical staff, even within the initial internment collection site of Hastings Park, had to be supplemented with Japanese-Canadian aides and trainees in order to meet the healthcare needs within that space. It also offers clues as to the relationship between White, Anglo-Canadian nurses and Japanese-Canadian nurses who were just starting to formally enter the mainstream spaces of nursing education and labour.

\begin{thebibliography}{99}
\bibitem{44} Glennis Zilm and Ethel Warbinek, \textit{Legacy: History of Nursing Education at the University of British Columbia, 1919-1994} (Vancouver: UBC Press, 1994), 76-78.
\end{thebibliography}
Fifty-eight photographs, most with captions and identifications of the subjects, constitute the bulk of Smith’s personal collection at the NNM. The forces shaping the images range from Smith herself to the Canadian government as an abstract over-seer. At the same time, the subjects of the photographs take this as an opportunity to show the diversity of their identity and abilities – beyond the stereotypes and perceptions that were, in part, responsible for their forcible relocation and racial segregation.

Irene Smith was recruited by the BCSC in spring 1942 to administer a hospital within the Hasting Park internment centre. At the time, she was a Registered Nurse. She remembers the position as a “personal opportunity to gain experience in organization and administration.” In her biographical information there is no mention of Yasuko Yamazaki, Dr Shimotakahara, or any other Japanese Canadians who were involved with the initial set-up of the hospital spaces within Hastings Park. The facility which she was responsible for overseeing was intended to be a containment space for the collection of Japanese Canadians who were receiving care in other facilities within Vancouver, such as the Oriental Hospital in East Vancouver. About 125 patients were brought to Hastings Park from tuberculosis isolation wards and hospitals throughout the Vancouver area. According to her own recollection, Smith set up segregated hospital spaces for men, women, children, and infectious diseases. Measles and mumps were particularly common among children at Hastings Park. She remembers the limited supplies and rudimentary facility set up, including straw mattresses and plywood partitions in the tuberculosis ward of the hospital. However, those with acute illness and pregnant women were transferred to the Vancouver General Hospital. Children and others with communicable diseases were cared for by their family, and isolated as much as was possible. These cases were under the purview of Public Health Nurse, Miss Treena Hunter. The TB hospital was under the control of Head Nurse Mrs. M Fieman and the Medical Units were managed by Miss E Lipsey (who later works at Tashme with Alice Reid and Dr. Shimokura). Smith recruited fellow nurses and former students to help her organize and run the hospital spaces at Hastings Park. One former student of hers, Miss Beth E. Shirley joined her in working on medical, surgical, and TB wards at Hastings Park.

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46 “Irene Smith Interview” (Aug 13, 1997) Item AAAB4831. Part of the Labour Movement Collection, PR-1876, British Columbia Archives, Victoria.
49 Tabiji: She journeyed with them. Directed, written, and produced by Denise Calderwood, (2003).
also recalls that Japanese-Canadian medical professionals were used to supplement White medical professional care within this space and they were supervised by Dr. Cook (later transfers to Tashme as well). Japanese RNs and nurse aides were trained as well to provide patient care.\textsuperscript{50}

The images Smith collected and donated to the NNM include images of Japanese-Canadian nursing staff with her and on their own. Fourteen names of Japanese-Canadian healthcare staff, of varying positions, can be identified from her photographs alone. One of the images (Image 2.1), from 1943, includes Jean (Shigeko) Urabe (Kitagawa) standing next to three Japanese-Canadian women wearing nursing uniforms, and two men including Jean’s future husband, John Kitagawa, who was an orderly at Hasting Park. Jean is not identified as medical personnel here, but, from other sources we know that she was training as a medical secretary at the Hastings Park hospital at this time.\textsuperscript{51} Image 2.1 commemorates somewhat of a lapse in the rules of confinement for patients and internees. As Smith states, “we could open the doors for ventilation, but the staff and patients were not allowed outside. We stretched that sometimes with the youngsters.”\textsuperscript{52} In a small way, this is an early indication of the fluid boundaries of internment sites.


\textsuperscript{51} Despite the “casual” clothes worn by Jean Urabe, Sam Kimura and John Kitagawa other sources suggest they are hospital staff as well. See: Fukawa, “Jean Shigeko Kitagawa,” 12. Jean’s name is recorded differently across sources. Urabe was her maiden name, Shigeko being a middle name that is sometimes recorded, more often when her last name changes (to Kitagawa) after her marriage.

\textsuperscript{52} “Irene Smith Interview” (Aug 13, 1997) Item AAAB4831. Part of the Labour Movement Collection, PR-1876, British Columbia Archives, Victoria.
Smith’s collection of photographs also includes images of patients. Typically, the photographs of patients are staged, they sit alongside nurses and other medical professionals in highly constructed images. But there are also a few candid snaps of patients in beds, inside the hospital wards at Hastings Park. For instance, Image 2.2 shows multiple men lying in hospital beds. Other pictures, of varying quality, show the TB Kitchen and other spaces which supported the hospital and patients within the hospital at Hastings Park.\(^{53}\) Others still show groups of nurses posed for the camera. Most of these group photos are ethnically segregated – Japanese-Canadian women and men take pictures together and then the White, supervising nurses take their own smaller, group photos. A handful of images show women of Japanese-descent and Caucasian-descent together. This trend continues with photographs taken within the interior internment sites.

Image 2.3 offers an example of such racial mixing and is perhaps a fitting visual metaphor for the looming, background supervision of White nurses which Japanese-Canadian nursing staff had to learn to navigate and contend with within Hastings Park, and other internment spaces. In Image 2.3, Miss Irene Anderson (back right) and Miss M Fieman (nurse in charge of the TB section of the Hastings Park hospital) stand behind two Japanese-Canadian nurses. The Japanese-Canadian women are not identified.

Smith’s recollections in combination with images such as this point to disparities in the experiences of Japanese-Canadian medical professionals and others. For instance, Japanese-Canadian physicians who visited Hastings Park and ordered any medication for internees had to

have prescriptions and treatment plans approved by a salaried, White supervising physician. Japanese-Canadian RNs were paid according to internee pay-scales, receiving only $1.25 per day. This was less than half a regular pay wage for RNs in the early 1940s. Other White supervising nurses within internment spaces also recollected disparities in pay between racialized members of staff and differences in pay scale according to where any given nursing-staff member practiced. For example, Joan Tonkin, who was a supervising RN at Kaslo during internment, recalled that the Japanese Canadian nurse who was relocated to Kaslo (who we know to be Yasuko Yamazaki) was paid $50.00 per month. Initially, Tonkin was unconcerned with this fact because she too was paid $50.00 per month for her services. But, Yamazaki told Tonkin that “on the coast she was making $90.00/month.” Together, the women used their professional standing to write to the hospital board and the BCSC and receive a raise. Their salaries both increased to $80.00 per month.

Presumably, the women who were nurse aides were paid less because of their professional rank but were expected to work hard and do the same type of work as the registered nurses and public health nurses on staff. White supervising nurses recalled training young Japanese-Canadian women to be nurse aides, but also they also admitted they were “unsure of what nurses aides were to do, so they [the RNs and PHNs] taught them [the nurse aides] everything they knew.” Despite this confusion over duties and titles, the extent of the work and the continuous demands upon Japanese-Canadian nurse aides lead to the necessity of training more Japanese-Canadian women to support the physicians and supervising nurses in providing care to internees.

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54 “Irene Smith Interview” (Aug 13, 1997) Item AAAB4831. Part of the Labour Movement Collection, PR-1876, British Columbia Archives, Victoria.
There are many questions that remain unanswered from Smith’s photograph collection. For instance, it is unclear who took the photographs in Smith’s collection. One photograph indicates that the image was taken by Mark Toyama\(^{60}\), but the others are not similarly labelled. However, the preservation of these particular images by Smith, and their subsequent donation to the NNM, indicates their importance to Smith personally, and suggests the centrality of these photographs to preserving a sense of community, self, and professionalism. These photographs leave a trail of evidence that is suggestive of a degree of continuity of Japanese-Canadian activity and activism within the racially restrictive healthcare space of Hastings Park. Similar trends are evident in the Alice Reid collection.

**Alice Reid Collection**

The Alice Reid collection offers a few more clues about who was working within the internment camp hospitals. The collection includes her personal photographs from Hastings Park and Tashme and documents her experience as a nurse within both these spaces.\(^{61}\) Many of the loose photographs from Alice Read’s collection are the same photographs seen in the Jane and Howard Shimokura Collection. Since the images in the Shimokura Collection do not identify a photographer, it is plausible that the images were taken by Alice Reid who was authorized to carry a camera within the internment spaces because of her race and professional standing.\(^{62}\) Or, perhaps both Reid and Shimokura requested copies of images taken by a photographer with permission to take photographs granted by the BCSC.

![Image 2. 4: Hospital at Tashme in Winter, Circa 1942, Part of the Alice Reid Collection, 2016.9.1.1.18 NNM](https://www.nikkeimuseum.org/www/item_detail.php?art_id=A5049)


\(^{61}\) Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/series.php?series_id=S3038

\(^{62}\) McAllister, “Photographs of a Japanese Canadian Internment Camp”; Kunimoto, “Intimate Archives”.
Many of Reid’s photographs are of the dramatic winter landscapes at the Tashme internment site. They show the towering snowbanks and make-shift residences from within the camp. Reid’s collection also includes images of the hospital at Tashme in the winter (Image 2.4). The mountains in the immediate background of the image remind us that the landscape surrounding the internment sites effectively served the same purpose as a barbed wire topped wall. As part of her personal collection, these images were likely taken and intended to document the space within which she worked during most of the 1940s. In an effort to record her time as a nurse within the Tashme hospital and internment site, she took many photographs of her natural and man-made surroundings.

Her collection is also deeply personal. Her son, Alex Reid, is the subject of many of her photographs from within the Tashme internment centre. Based on the photographic evidence provided by Alice Reid’s collection we might assume that Alex Reid lived at Tashme with his mother. He is often in photographs alongside Dr. Shimokura’s eldest son, Howard. Most photographs of Alex are taken on the steps of a house, presumably the residence of his mother and himself, or the hospital steps. In some, the Japanese-language signs attached to the front of the hospital building are next to Alex. The contrast between this young White boy and the sign in Japanese remind us that Alex was an outsider within this internment space, while also being part of a close-knit community of healthcare providers, which was predominately made up of Japanese-Canadian women.

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64 “Group photograph outside Tashme Hospital,” 2016.9.1.1.26, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A48262#SCROLLTO
The separation of the “White staff” and the Japanese-Canadian staff seen in Smith’s photographs from Hastings Park is also evident in Reid’s photograph collection. Image 2.5 is identified as “The White Staff at Tashme” and documents an outing of this group in 1946. The group sits next to a river, but it is not clear if this space was within the boundaries of Tashme or located beyond the internment site. If this location was beyond the internment sites formal boundaries, perhaps it was only accessible to this race-based group because they could leave the camp at will. It is also impossible to determine if there are Japanese-Canadian staff members just outside of the image frame. However, a lack of Japanese-Canadian staff within the rather candid image, in combination with the identification of the group as the “white staff” directly on the back of the photograph, signifies a race-based distinction among the staff that was not only noticeable but potentially reinforced through race-based socializations, like this river-outing, outside of the workspace of the hospital.

The remainder of Reid’s collection consist of large group photographs in which people are not individually identified and the specific occasion of each photograph is not documented. Some of the large group photographs are solely of Japanese Canadians, while others have White staff members from Tashme included. There are images of the nursing and hospital staff from 1943 and 1944 in Reid’s collection which are also in the Shimokura collection. Presumably, these staged portrait-type photographs were made available to individuals who requested copies. More significantly these overlapping images of the hospital staff at Tashme serve as a method of tracing the continued employment of Japanese Canadians as healthcare providers within internment hospitals and the continued shifting of the Japanese-Canadian nursing workforce.

BCSC records do not provide the names of all Japanese-Canadian nurse aides from each internment camp hospital for each year the hospitals were open. However, the images of the
nursing staff from these collections give us an indication of the continuities and changes in this part of the healthcare workforce from within this one internment space. For example, Image 2.6 is a portrait of the nursing staff from the Tashme Hospital at the 1945 New Year’s party. This picture includes seven Japanese-Canadian women, in addition to Miss Reid, who were also in the 1943 group image of Tashme Hospital’s nursing staff: Miss Adachi, Miss Tehara, Miss Negata, Miss Nakamura, Miss Ishikawa, Miss Yano, and Miss Mitobe. In addition to these eight women, the group photo also includes seven Japanese-Canadian women who were not in the 1943 group portrait: Miss Hori, Miss Nishimura, Miss Masago, Miss Sumida, Miss Yamanaka, Miss Kato, and Miss Uchikura. The presence of these women in the 1945 group portrait suggests that they joined the nursing staff over the first two-year period of internment. They may have been trained within the Tashme Hospital, or perhaps they were transferred from another internment space where they were trained as nursing aides or medical secretaries. Some of these Japanese-Canadian women may have even been trained outside of British Columbia’s internment spaces and restrictions, and then were later hired by the BCSC because of their credentials and professional training.

Image 2. 6: A Portrait of Hospital Staff’s New Year’s Party Tashme, BC., January 8, 1945, Part of the Jane and Howard Shimokura Collection, 2012.45.1.29 NNM

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Presumably, some of the women who were new to the group portrait in 1945 (Image 2.6), were precisely the addition to the hospital workforce that was deemed necessary by the BCSC. As Susan L. Smith argues, in both Canada and the United States, there is a “critical staff shortage” in healthcare facilities within internment spaces that the federal government committed to maintaining. So, in both cases, the government turns to “lay workers, mostly the Nisei, and trained them as nurses’ aides,” to fill these gaps in the healthcare workforce. Those who were no longer present may have used their professional training, gained while inside the internment camp, to remove themselves from the internment space for more Eastern Canadian locations where their professional training garnered them the opportunity to re-establish themselves as something other than an internee.

Movement between and out of internment sites was common for the healthcare providers employed by the BCSC, both Japanese Canadian and not. Reid’s collection, for example, includes postcards and personal notes from Japanese Canadians from when she left Hastings Park to be the Matron of the hospital at Tashme. The notes are generally from people she worked with or cared for at Hastings Park Hospital. One note, from a Yoko Nagai from December 18, 1942, states that they are “sorry [she] is leaving us so soon but [is] happy for the people in Tashme that you will be working in the hospital there.” Many of the notes are poems, presumably also wishing Miss Reid well with happy connotations and wishes for a peaceful and happy future.

The signatures of the Japanese Canadians who wrote these notes for Reid do not correspond with other sources that document the names of those who worked at the hospital within Hastings Park. Therefore, they may be from patients she cared for. More likely, these notes indicate further Japanese-Canadian employees (paid or not) within the hospital space who were not documented by the government or Japanese-Canadian records, not seen in official photographs, and not visible in unsanctioned photography either. The likelihood that these are

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Japanese-Canadian employee notes is reinforced by the presence of notes from Reid’s fellow White nursing staff members from Hastings Park in the same collection.

One of the White staff members of the Hastings Park hospital, Miss Mabel Irene Goodman, wrote a note to Reid stating that she “enjoyed meeting and working with [her] so much.”\(^{72}\) Perhaps this indicates that the notes are from her colleagues. Or, perhaps the differences in style of the notes, personal versus poetic, account for the differences in feeling towards Reid expressed by her White peers versus her Japanese-Canadian patients. Indeed, this differentiation is further reinforced by the note from the December 19, 1942, from Jean Urabe (Kitagawa). Jean’s note reads: “Dear Mrs Reid, ’We grow neither better nor worse as we get old, but more like ourselves.’ – May Lamberton Becker. Sincerely yours, Jean Urabe.”\(^{73}\) The short and rather impersonal note, by comparison to the note written by her White colleague Miss Goodman, may suggest that the Japanese Canadians who wrote notes to Reid were those within the hospital space – as either patients or employees – who were encouraged to do so and maybe, the inclusion of a poetic passage of parting was a suggested means of constructing these notes.\(^{74}\) The fact that all the notes from Japanese Canadians are similar in this respect and were mostly written within a few days of each other in December 1942, suggests that they may have been told to write these notes upon Reid’s departure and were instructed with a particular recommendation of how to do so. The notes were obviously meaningful enough to Reid to keep her in possession and later for her son to donate to the NNM. Conceivably she enjoyed poetry and shared that enthusiasm with the internees she cared for and worked with. Or, maybe this was an easy way for the Japanese Canadians to say something polite without directly thanking an authority figure within a space and scheme that segregated them based on their race. Then again, feelings of appreciation should not be dismissed because of similarities in the form of these notes. Indeed, there are some Japanese Canadians whose notes expressed appreciation for Reid’s work. For example, Mori Maeda, on December 18, 1942, wrote:

\(^{72}\) “Autograph by Mabel Irene Goodman,” 2016.9.1.2.8, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A43258#SCROLLTO

\(^{73}\) “Autograph by Jean Urabe,” 2016.9.1.2.17, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A43267#SCROLLTO

That working in this hospital was going to be such a pleasure, I never dreamt – it’s people like yourself who have made it so. Thank you, Miss Reid for the cheer you have brought us all during this time of strain and stress. My best wishes always. Sincerely, Mori Maeda.\textsuperscript{75}

Maeda’s note in particular points to the complicated relationship Japanese-Canadian nurses, and would-be-nurses, had to healthcare within internment spaces. Hospital-based training within the internment camps offered them an opportunity to gain professional training which would support them during internment and after, possibly even giving them the opportunity to leave the internment camps for eastern locations with job prospects. But, they remained interned based on their race and restricted from healthcare spaces because of their race even beyond the segregated spaces of internment camps. This dichotomy between restriction and opportunity is a common theme in the experiences of Japanese-Canadian women in the nursing field during internment.

Visually, we can see this complicated opportunity for job training and advancement in the portraits of the nursing staff from Tashme. In a photograph from 1943 (Image 2.7), there are over a dozen Japanese-Canadian nurse aides alongside Miss Fetterley, Miss Reid, and Miss Lipsey. The Japanese-Canadian nurse aides have on a formal uniform that signifies their professional standing while also distinguishing themselves from the supervising, White, Registered Nurses in the back row. There appears to be one Japanese-Canadian woman, identified as Miss Kumano, in a dress and cap uniform that matches those of the White nurses she stands beside – suggesting that she too may be a Registered Nurse or a Public Health Nurse, but certainly holds a more superior position with the Tashme Hospital than her Japanese-Canadian co-workers. Her standing in the racial and professional hierarchy appears to be higher than her Japanese-Canadian nurse aide counterparts pointing to potential further complicated relationships within the nursing workforce of the internment hospitals.

\textsuperscript{75} “Autograph by M. Saruyama and Mori Maeda,” 2016.9.1.2.24, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A43274#SCROLLTO
Dr. Shimokura and Healthcare at the Tashme Internment Centre

A closer analysis of the photographs within the Jane and Howard Shimokura Collection is a step in reconceptualizing understandings of the experience of internment through a healthcare lens. More specifically, the photographs allow for the analysis of the experiences for a specific group of professionals whose work was essential to internment welfare. The personal, if staged, photographs included in the Shimokura personal collection provide a window into the experiences of Dr. Shimokura as one of the handful of Japanese-Canadian professionals who provided care for his interned community during the 1940s. His colleagues, working spaces, living spaces, and family relations are all documented in these photographs which were later donated to the NNM by his family. Even the photographs which have clearly been taken by sanctioned BCSC photographers, the different professional status which this group of internees possess is suggested and understood by viewers. This allows both the subjects and the consumers of the images to critically respond and resist racist exclusionary narratives of the era.

Evidence of the importance of continuities in medical practice and the very presence of Japanese Canadians within healthcare spaces is clear in the Jane and Howard Shimokura Collection. As an archival donation, this collection of photographs was a conscious effort to preserve a record of Japanese-Canadian medical professionals providing essential care within the Tashme internment centre. The collection consists of thirty-six photographs of internees, activities, and the landscape surrounding the internment site of Tashme, British Columbia. The photographs offer a unique view into the life of one of the physicians employed by the BCSC within an internment space – Dr. Harold Shimokura. Most of the photographs are of
landscapes, the hospital building within the internment site, or are formally staged photographs of the hospital staff. They offer us a visual representation of the ethnicity of the staff at the hospital as well as provide us with names of the men and women whose efforts allowed for the hospital at Tashme to continue running. The formal images are accompanied by a handful of less formal photographs of hospital staff in social settings.

Dr. Shimokura was a practicing physician in Vancouver before internment. Similar to the other Japanese-Canadian physicians of the early 1900s, he attended primary school and university in Canada. He attended the University of British Columbia (UBC) and later the University of Alberta (UofA) where he began his medical degree. Like other medical students of the time, he transferred to the University of Toronto (UofT) to finish his medical degree because the UofA only offered the first three years of the five-year MD program. Dr. Shimokura graduated from the UofT with his MD in 1932.

Dr. Shimokura had to complete his residency outside of Canada because of race-based hospital-practice restrictions. Therefore, he completed his residency in Japan. Like many of his colleagues, he chose to return to Canada after his residency training abroad, choosing to practice in the space he considered his home, Vancouver, British Columbia. So, by 1934 he returned to Vancouver and opened a practice alongside other Japanese-Canadian physicians in the city who did the same, such as Drs Uchida and Miyazaki. When internment restrictions went into effect, the BCSC assigned Dr. Shimokura to take up the position as internment site physician at Tashme. According to the biography provided by his son for the Jane and Howard Shimokura Collection, 2012.45, Nikkei National Museum, Burnaby.

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77 MD students at the University of Alberta also had the option to go to McGill to complete their degree and were admitted without further examination. See: Elise A. Corbet, Frontiers of Medicine: A history of medical education and research at the University of Alberta (Edmonton: University of Alberta Press, 1990), 15.  
78 University of Toronto Students’ Administrative Council, Torontonesis (1932), Toronto, 95. Accessible online https://archive.org/details/torontonensis32univ.  
Collection, Dr. Shimokura was the only physician at Tashme with Japanese language skills. Presumably, these language skills set Dr. Shimokura apart – he may have been, in addition to some nursing staff, the only healthcare professional at Tashme which the older immigrant generation, the *Issei*, were comfortable or able to communicate with.

The images in the Shimokura collection document Dr. Harold Shimokura’s work at Tashme. The collection begins with landscape scenes, particularly documenting the winter conditions within the internment camp in 1943. Rows of small houses sit alongside converted barns which housed Japanese-Canadian families, general stores, and other support services for the camp. The buildings are dwarfed by mountains in the background and surrounded by a frozen lake, snow covered evergreen trees, and high snowbanks throughout the camp space. In a few of the images, people congregate outside the camp’s general store and gas station. The description of one image emphasises that “snow covers everything.”

The images of the buildings within the camp include snapshots of the Tashme Hospital (Image 2.8). It was a one-storey wood building with two wings and a 50-bed capacity. Next to the hospital, Image 2.8 shows a small duplex. One side of the duplex housed Dr. Shimokura and his family, while the other was for Dr. Tai Kuzuhara, a dentist. The duplex which housed these two medical professional’s and their families is the subject of other photographs within the collection as well. Image 2.9, for example, shows the one storey, wooden

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structure at the centre of the image with a mountain face in the near background. Dr. Shimokura’s son, Howard, remembers the house was different from others at Tashme because it was a duplex for just their family and it had indoor plumbing.\(^85\)

Significantly, there are also two cars in front of the home in Image 2.9. The image reminds us that Japanese-Canadian physicians were allowed to keep their cars so that they could reach patients within and between the internment spaces, though it is not certain that these particular vehicles belonged to the doctor or dentist. Regardless, it is significant to note that others, like Dr. Masajiro Miyazaki and Dr. Uchida, documented the personal freedom granted to them because of this professional concession.\(^86\) Dr. Uchida often shared a funny anecdote involving his car during internment. On one occasion when he had to go to Nelson to see to a patient in the clinic there. According to BCSC policy he was accompanied by an RCMP officer. When they came upon an open stretch of road, Dr. Uchida turned to the officer and said, “any cops around?” and proceeded to speed off. As he recalls, “we laughed like hell,” but he was also very aware that he could not leave the internment site without a permit or police escort.\(^87\) The concession of allowing physicians to keep their vehicles is another example of how the BCSC made very effort to keep maintenance costs down for the federal government – they would not be required to provide cars to the doctors if they could keep their own.


\(^86\) Miyazaki, My Sixty Years in Canada, 26-28; Dubois, eds. Medical Aspects of Evacuation Days, 26;

\(^87\) Barry Broadfoot, Years of Sorrow, Years of Shame: The Story of Japanese Canadians in World War II (Don Mills, Ontario: Paper Jacks, 1979), 209.
Howard remembers that his father was allowed to keep his camera, despite the official BCSC policy being confiscation of all cameras. Image 2.9, like the other more informal snapshots in the Jane and Howard Shimokura Collection, was likely taken by Dr. Shimokura himself. Or perhaps it was directly ordered to be taken by the federal government as the governing body that granting permission for official photography within the internment sites. Either way, this photograph documents some of the more unique living conditions of the physician and dentist at one Japanese-Canadian internment camp. If the photograph was taken by a Japanese Canadian, this may serve as a visual record of the living conditions and proof of the differences and inadequacies of the housing at Tashme. This photograph could also have been used by the federal government to document the housing and vehicle privileges, granted to Japanese-Canadian physicians.

In addition to landscapes and evidence of building structures within the internment camps, the Shimokura collection also contains formal, staged photographs of hospital staff. Image 2.10 for example, is a group portrait taken on the steps of the Tashme Hospital from February 21, 1943. In the photograph, in the back row from left to right are: Miss Alice Reid (RN), Mrs Ethel Shimokura (wife of Dr. Shimokura), and Miss Beatrice Fetterley (RN). The front row, from left to right, includes: Dr. Harold Shimokura and Dr. Cook. The doctors each hold a young boy – Dr. Shimokura holds his son, Harold, and Dr. Cook holds Miss Alice Reid’s son, Alex. Based on her own photographic record, as well as Miss Irene (nee Anderson) Smith’s, we know that Miss Alice Reid was previously at Hastings Park Hospital, as was Dr. Cook. The movement of health professionals between internment spaces therefore includes those White

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nurses and physicians who were employed by the BCSC. Dr. Shimokura, similarly, was removed from his home and medical practice in Vancouver and interned with his family at Tashme. The presence of his wife in this photograph may suggest that she helped at the hospital as well. Regardless, Image 2.10 suggests a happy sense of family among these healthcare providers at Tashme. The reality of this life and labour, beyond the constructed image documented here, was likely quite different.

Perhaps some of the most valuable images for identifying the breadth of the Japanese-Canadian workforce required to run the Tashme Hospital are those like Image 2.11 which include not only the physicians and nurses from within the hospital but also, based on the uniforms the people in the image are wearing, the cooks, orderlies, and other support staff. Image 2.11 alone shows over thirty employees, most of which are of Japanese descent, from within the Tashme Hospital in 1943. This photograph, and others like it which follow in the Shimokura Collection, support a continuity narrative of the presence, and socio-cultural importance, of Japanese Canadians in healthcare spaces.

Image 2.11 is in one respect a visual representation of the continued, significant labour done by Japanese Canadians which combatted the race-based restrictions of healthcare spaces. Their presence in the Tashme Hospital is similar to their presence in pre-WWII medical spaces, like the Steveston Japanese hospital and Japanese clinics throughout Vancouver. The very presence of these racialized bodies in hospital spaces, as authority figures with professional standing, is a form of resistive compliance with racist healthcare structures. Further, it demonstrates how the resistive act of being present was not only an action taken by physicians and nurses, but also by cooks, orderlies, medical secretaries, and other administrative staff.\(^9\)

Taken in the context of internment and the race-based restrictions of the 1940s imposed upon Japanese Canadians, their presence is even more powerful. The employment of racialized healthcare providers, within racially segregated healthcare spaces, sets this moment and these spaces apart in the longer history of healthcare in Canada. The employment from within one’s ethnic community in a professional capacity complicates the narrative of Japanese Canadians as enemies of the state, threats to security, and a monolithic immigrant group incapable of

\(^9\) This extends beyond Tashme. For example, Ken Morisawa recalls his father was the baker at the New Denver Sanatorium. Ken Morisawa, interview, (18 November 2015) Interviewed by Alexander Pekic, Part of the Landscapes of Injustice Oral Histories Collection, accessible online https://loi.uvic.ca/archive/oral_history_mori128_2015-11-18.html
assimilation into modern, Canadian society. It also provides a sense of cultural inclusion within healthcare spaces that was not similarly felt by other ethnic communities in Canada. For instance, healthcare workers, like Dr. Shimokura, may have provided the essential service of Japanese language skills. Indeed, many internees of the immigrant-generation (the Issei) may not have spoken English at all or sufficiently to express their healthcare needs, thus making those who spoke Japanese within healthcare spaces essential to the accessibility of the hospital and clinical spaces to a portion of internees.

Moreover, images of the Japanese-Canadian workforce from this one hospital at one internment site point to an important question: how feasible would it have been to even have a hospital space at Tashme, or other internment sites, without the employment of Japanese Canadians? All of the cooks and nurse aides in Image 2.11 are of Japanese descent. Would there have been enough labour resources within interior British Columbia to support this hospital with cooks or nurse aides without them? Likely not at the best of times, let alone during times of war, and certainly not within a strictly racially segregated space that consisted of peoples who were viewed as enemy aliens.

While the government provided White supervising staff in hospital spaces within internment planning and execution, their records never indicate a desire or need to provide an entirely White staff to hospitals within internment sites. Evidence in images like these, is the fact
that White, Canadian workers were not the majority of people employed by the BCSC as a means to support Japanese-Canadian internment spaces. The lack of need to hire community-outsiders reflects a number of truths about internment-era medicine. First, it indicates that the Japanese-Canadian community possessed a number of qualified healthcare professionals, including physicians. It demonstrates that provincial, professional, and national organizations recognized the qualifications of these healthcare providers.

The lack of need to hire outsiders to provide care within internment hospitals shows us the continued resistive work these Japanese-Canadian healthcare labourers engaged in. Consider, for instance, the importance of Japanese Canadians presence in these healthcare spaces. Like other ethnic groups, and other professional spaces, the very inclusion of Japanese-Canadian nurses and physicians shows both community insiders and outsiders that this ethnic community possessed knowledge and social capital in the form of professional and institutional recognition of their authority within this space. Their presence forces conversations about internment labour. It fosters a sense of community within healthcare spaces and familiarity among community-insiders. Furthermore, as Gilman argues, photographs of this workforce serve as an opportunity for the subjects, Japanese Canadians, to respond and resist popular constructions of their identity.

Staged images of a mostly Japanese-Canadian healthcare workforce continue with group portraits taken in March 1944. The role of Japanese-Canadian women as nurses and other administrative staff, as well as men as physicians, cooks, orderlies and janitorial support staff is evident in these images.90 Pictures in which the white physician, probably Dr. Cook or Dr. McNeil (though they are not identified), and a few white nurses, including Miss Reid, join the Japanese-Canadian staff demonstrates just how few White professionals were hired by the BCSC to run the healthcare facilities within the internment sites.91 The goal of keeping costs of internment as low as possible is never lost and government records indicate that paying Japanese Canadians lower wages was also part of the reason for the acceptability of their employment in healthcare and other services within the internment sites.

91 “Tashme Hospital Staff, March 1944,” 1944, JCPC_02_005, Japanese Canadian Research Collection (JCPC-02-005) Rare Books and Special Collections, University of British Columbia Library, Vancouver, accessible online: https://open.library.ubc.ca/collections/jphotos/items/1.0049019#p0z-6r0f. This collection gives us more clues as to who was allowed to carry a camera into the internment spaces and more specifically who took these group portraits of the healthcare staff. This one, for example, was taken by Genzo Maeda.
By 1944, there are also informal images of the Shimokura family expanding – Alan Shimokura is a young infant in a candid family snap from May 1944 and his older brother, Howard, has grown slightly from the previous picture on the hospital steps in February 1943. Mrs. Ethel Shimokura appears to be one among hundreds of Japanese-Canadian mothers who delivered their children during internment and raised their infants and young children within the internment camps.92

There are also informal photographs from inside the Shimokura home at Tashme in July 1945, which reveal a sense of intimacy, comradery, and community among the hospital staff, specifically the nursing staff, that is not evident in staged group photographs or government records of employment. The images are labelled, though it unclear if they were labelled by the donor or by the original owner of the images, as group portraits of a “nurses party at the Shimokura residence.”93 Mrs. Shimokura, in one image, sits with three other Japanese-Canadian women who have been among the nursing staff at Tashme Hospital since the 1943 group portrait: Miss Adachi, Miss Ishikawa, Miss Yano. In a larger group photograph, Image 2.12, there are a dozen Japanese-Canadian women, as well as two men (one of which is Dr. Shimokura), huddled around the living room furniture in the Shimokura residence. They stand with linked arms behind the couch and perched closely on the couch with

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Dr. and Mrs. Shimokura at the centre. The sense of community represented in these photographs indicates a feeling of shared experience and comradery that extended beyond the hospital walls.

These photographs from within the Shimokura residence also help to illustrate the differences between most internees living spaces and the duplex that Dr. Shimokura’s family inhabited. While the one-storey wooden structure was likely less comfortable, and probably smaller, than their home in Vancouver before internment, there are obvious differences in this residence that made it more comfortable than other internment houses. Most significantly, the space for living room furniture and some comforts of a wartime-era home are present in the image. The class and professional standing of the physician is clear in the size and comforts of his home, which, if nothing else, offered him the space to host a nurses’ party with over a dozen internee-guests.

After internment, Dr. Shimokura and his family moved to Raymond and then Lethbridge, Alberta for a brief period. In 1951 the family returned to Vancouver where Dr. Shimokura was allowed to continue his medical practice. Though the internment era uprooted and forcibly relocated his practice and family, he was ultimately able to continue his professional practice as restrictions relaxed. Because of his professional skills, he was enlisted by the BCSC to continue to serve his own racialized community within an internment site. This allowance was certainly a complicated requirement - refusal would have resulted in him being sent to a prisoner of war camp in Ontario, but it was nonetheless the chance to stay with his family and continue to use his professional skills to serve his community.

Dr. Shimokura’s presence within the hospital space at this internment site was significant. In day-to-day practice, he bridged the gap between generations of internees with his language skills. On a more socio-political activist level, he demonstrated a quiet form of resistive compliance by being present within a healthcare space as a qualified, yet racialized, medical professional. Sometimes, his activism was not as subtle. He acted as the secretary for Japanese-Canadian physicians employed at interior internment camps in British Columbia (excluding Dr. Miyazaki who worked at the self-supporting camps), to request fairer remuneration for their

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services. Dr. Shimokura on behalf of the group reasoned that they were all “members of the Canadian Medical Council and graduates of Class A medical schools…given full rights as physicians and surgeons in Canada…[and they] treat every patients in the same manner and the questions of race, creed, peace or war do not enter into [their] work.”

The professional capital which this group of internees carried with them into internment spaces allowed them to make requests of the BCSC to ensure they could provide all the diverse care their community members needed. They actively responded to shifting environmental conditions and associated changing medical conditions brought on by internment spaces. In this respect, Dr. Shimokura’s work, like that of his fellow Japanese-Canadian internee physicians, was a continuation of earlier Japanese Canadian practitioner’s persistence and navigation of a restrictive healthcare landscape in Canada.

(Re)Presenting Internment Healthcare Providers

The photographs within the Jane and Howard Shimokura Collection, Irene Smith (nee Anderson) Collection, and Alice Reid Collection illustrate the places, people within, and health care conditions of Japanese-Canadian internment through their respective lenses. While personal and official photography offers us different, yet equally important, insights into this aspect of internment history personal collections are essential to constructing a more nuanced understanding of internment history as whole. The images examined here expand our knowledge of specific internment sites, including Hastings Park and Tashme, and of the healthcare labour

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95 Howard Shimokura, interview. (March 15, 2018). Interviewed by Carolyn Nakagawa. Part of the Landscapes of Injustice Oral Histories Collection, accessible online


98 In some cases, Japanese-Canadian physicians worked alongside their White supervisors to request technological improvements to their rural, remote hospital spaces within internment sites. Dr. Uchida at New Denver, alongside his colleague and supervisor, Dr. Francis, requested from the BCSC access to the “Robertson Test,” a testing technology for determining if a patient had cancer. See: Letterhead of Dr A Francis, New Denver, Feb 9, 1943 to Col. Arthur, BCSC, in the Dept of Labour Fonds, RG36-27, Series R224-51-X-E “Japanese Division”, Volume: 10, File number: 306, “Hospitalization- General”.

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throughout internment more generally. In particular, the pictures show us that the presence of Japanese-Canadian women was vitally important to the success of any healthcare services within internment sites.

Any use of statistics or images of healthy internment sites or internees used by the government was a direct result of the work done by the community members themselves. At times, their professional labour was politicized for the sake of Canada’s international reputation. Unlike other racialized healthcare spaces in Canada throughout history, such as Indian Hospitals, external wartime representatives were watching over the shoulders of Canadian decision makers, and it was the labour of Japanese-Canadian healthcare staff which the government was able to use in constructing an image of sufficient health and provisions among internees. The government’s construction of the perception that sufficient health was ensured among internees was done without recognizing the extent to which the labour of Japanese Canadians was essential to such efforts. This type of propaganda is discussed in depth in Chapter Four.

The names and roles of vitally important Japanese-Canadian healthcare workers are not fully documented or recognized by government sources or publications. In examining the photograph collections, a degree of reading against-the-grain is necessary in order to determine the extent of labour performed by Japanese-Canadian medical professionals. But, when the multitude of Japanese Canadians in the photographs are considered, and moreover their movement between internment sites is considered through different photograph collections over time, it is evident that without the labour of Japanese Canadians, healthcare facilities within internment sites would not have been sufficiently staffed or viable. Their labour is therefore important to recognize because they were responsible for the health of their community.

As explained in Chapter One, healthcare services provided by Japanese Canadians within internment sites were a continuation of pre-war community practices of cooperation within and circumvention of segregated, restrictive healthcare spaces in Canada prior to the 1940s. The community’s collective approach to resisting these limitations in healthcare access, education, and quality services sets them apart from other racialized communities in Canada at the time. Yet another unique quality arose from within the Japanese-Canadian community during the internment years – the employment of so-called enemy aliens as healthcare professionals providing services to their own interned community. A sense of community and professionalism was fostered among the healthcare providers which allowed them to campaign for fairer working
condition and, in some cases, better services and care for their entire internee community. While being set apart from their fellow internees because of their professional standing, they were also able to ensure a sense of cultural inclusion was incorporated into healthcare delivery within internment sites. The efforts of Japanese-Canadian healthcare professionals demonstrate divisions, continuities, importance of community representation within healthcare, and, ultimately, an indication of how the government saw fit to support healthcare costs and what healthcare measure were deemed necessary.

However, it is impossible to entirely dismiss the prominence of the “White saviour narrative” that was reinforced through images and publications about the hospitals within the internment sites. For instance, in Alice Reid’s collection, an article from the Vancouver Sun dated December 22, 1943, shows the “Jap Hospital at Tashme.”99 The article begins with a photograph of a Japanese-Canadian patient, Mrs Mitsui Mineoka, laying in bed surrounded by “her guardians . . . Nurse Edna Lipsey, Mrs. Alice Reid… and Dr. Clarence McNeill.”100 The brief details which follow include:

Royal Commissioners investigating Jap living conditions found much to be admired in the efficient Tashme hospital… Mrs Mitsui Mineoka, who has recently had an operation which won’t cost her a dime…101

Indeed, articles and images such as this one in Reid’s collection support the federal government’s narrative that an “excellent programme of medical care” was provided at hospitals within internment sites, like the “efficient Tashme hospital.”102 The emphasis upon efficiency as a marker of excellent healthcare within a hospital is reflective of concerns and shifting policy within the British Columbian Hospital Association of the early 1900s.103 At the same time, the inclusion of the fact that the Japanese-Canadian patient will not pay for the operation she

99 “This is the Jap Hospital at Tashme,” 1943, 2016.9.1.3.1.a-b, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A43250#SCROLLTO
100 “This is the Jap Hospital at Tashme,” 1943, 2016.9.1.3.1.a-b, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A43250#SCROLLTO
101 “This is the Jap Hospital at Tashme,” 1943, 2016.9.1.3.1.a-b, in the Alice Reid Collection, 2016.9, Nikkei National Museum, Burnaby, accessible online https://www.nikkeimuseum.org/www/item_detail.php?art_id=A43250#SCROLLTO

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received within the internment space is an example of the government offering evidence of their continued benevolence and dedication to providing care to internees via the BCSC, as Order-in-Council PC 1665 and its successive amendments dictated. This article should also be attributed to the federal government building a file and documenting such efforts for internal or external concerns.¹⁰⁴

Since the primary concern of the government, at the time and within the archival record, is the justification of their actions as positive and for the security of all Canadians, it is not surprising that the labour of internees is often glossed over or only mentioned in passing. Acknowledging any characteristic of this racialized community which could identify them as Canadian, like professional education at Canadian institutions, did not support the idea that internment was essential because all Japanese-Canadian internees were potential enemies of the state or informants to enemy nations.

Without photographs we lose a unique record of community and professional development within healthcare spaces during Japanese-Canadian internment. Failing to consider photographs as a source would also eliminate the visual evidence of a community’s professional, continued resistance to racism in medicine. Through images such as the ones within these three personal collections it is possible to trace the fluid professional boundaries established for healthcare providers, both Japanese-Canadian and not, between internment sites. Both the larger sites of internment and the healthcare institutions within internment sites were particularly permeable spaces for Japanese-Canadian women who moved between places in order to fill an overwhelming need for healthcare generated by the conditions of internment. Government records alone do not provide insights into social connections predicated upon professional standing, or the cultural importance of the presence of internees as healthcare providers themselves. Therefore, photographs serve an essential role in expanding our understanding of internment healthcare as more diverse and complex than previously understood.

CHAPTER THREE: INSTITUTIONALIZED INTERNEES: THE BRITISH COLUMBIA PROVINCIAL MENTAL HOSPITAL AND JAPANESE-CANADIAN MENTAL HEALTH

“…the evacuation was most upsetting to a great many Japanese people…”
- Dr. Uchida, background information within patient history provided upon admission to Essondale, 1942.1

“The fact that she became sick because of the circumstances at the evacuation from the coast in 1942, necessitates… consideration…”
-Letter from Slocan Medical Supervisor to Superintendent of Essondale, 1942.2

Dr. Uchida was one of the physicians who documented the negative health effects of internment. On the most basic level, a gross oversimplification, the evacuation was upsetting and difficult for Japanese Canadians. In fact, mental health deteriorated among internees to the point of prescribing institutional care for a handful of Japanese Canadians. More physically obvious health challenges arose because of internment as well. Even before the mass removal of Japanese Canadians from Vancouver, infectious diseases were spreading quickly in the cramped buildings of Hastings Park.3 During the first winter within interior British Columbia internment sites, physicians like Dr. Uchida speculated that the harsh winters corresponded with an increase in various health issues, like appendicitis.4 Dr. Uchida, and his colleagues across internment spaces, turned to institutionalization of internees when internment conditions negatively effected their mental and physical state.

One of the most direct examples of the health effects of internment upon individuals within the community are the files of Japanese-Canadian patients admitted to the British Columbian

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1 “Patient History,” Mental Health Services Patient Case Files Series, GR-2880, Accession No. 93-5683 (1943-1969), Box 1193, File 26318, British Columbia Archives, Victoria. Access to these patient case files was made possible because of the work of the Landscapes of Injustice project and the team of researchers working on digitizing Japanese-Canadian records from the BCA.

2 Letter from Slocan Medical Supervisor to Medical Superintendent at Essondale, (Jan 26, 1942) Mental Health Services Patient Case Files Series, GR-2880, Accession No. 93-5683 (1943-1969), Box 1315, File 20924, British Columbia Archives, Victoria.


Provincial Mental Hospital, Essondale⁵, between March 1942 and April 1949. The declining mental state of internees was experienced as a spectrum of effects, some acknowledged by the government, but most brushed aside. Essondale admitted at least twenty-six Japanese-Canadian patients admitted from 1937 to early 1950.⁶ In three years, from 1942 to 1945, the number of Japanese-Canadian patients at Essondale increased threefold, from fifteen to just under sixty.⁷ Admissions of Japanese Canadians from internment sites spiked in 1942 and early 1943, particularly during the summer and first winter season of internment. Within roughly a year, over a dozen people were admitted to the Provincial Mental Hospital from internment sites. The notes collected in their patient files directly state the correlation between internment conditions and their mental deterioration.⁸

The relationship between internment and poor mental health was recorded by admitting physicians, both Japanese Canadian and not, on patient history reports, medical certificates, and other general admittance paperwork at Essondale. Internment policies and practices were readily recorded by physicians as the cause of poor mental health among the internees admitted from 1942 to 1949.⁹ This trend across Japanese-Canadian internee patient records demonstrates that the medical profession was aware of the adverse effects of internment upon mental conditions.

Likewise, government officials were privy to the cause of Japanese-Canadian internee admissions to Essondale. The BCSC had access to Japanese-Canadian patient files and could request details from the Provincial Mental Hospital in order to update family members about the

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⁵ The name for this hospital changed often officially and even more often colloquially. The letterhead and letters addressed to the hospital within the patient files discussed here refer to the institution as either “The Provincial Mental Hospital,” “The Provincial Mental Hospital, Essondale,” or just, “Essondale.” Likewise, this chapter uses these names interchangeably in reference to the same institution located in Coquitlam, BC. See more here: “Statement of Significance: Riverview,” January 2008, prepared for the City of Coquitlam by Donald Luxton and Associates inc., available online https://www.coquitlam.ca/DocumentCenter/View/406/Riverview-Hospital---2601-Lougheed-Highway-PDF

⁶ I acknowledge that more people of Japanese descent, or mixed heritage, may have been admitted. But these are the files classified as “Japanese Canadian” according to the BC Archives between these dates, therefore it is these 26 files I will focus on.


⁸ Mental Health Services Patient Case Files Series, GR-2880, Accession 91-4268 (1872-1942) and 93-5683 (1943-1969), British Columbia Archives, Victoria.

⁹ “Patient History,” Mental Health Services Patient Case Files Series, GR-2880, Accession No. 93-5683 (1943-1969), Box 1193, File 26318, British Columbia Archives, Victoria; Letter from Slocan Medical Supervisor to Medical Superintendent at Essondale, (Jan 26, 1942) Mental Health Services Patient Case Files Series, GR-2880, Accession No. 93-5683 (1943-1969), Box 1315, File 20924, British Columbia Archives, Victoria.
conditions of their relative. Most often, these details about patient care were shared with the BCSC and then with patient’s family members in order to inform them about any fees outstanding in the patient’s file. In less than one year following the enactment of internment policies these patient files recorded and made clear to the government that internment was having an adverse effect upon internee mental health.

Family members and friends of internees who were admitted to Essondale were also intimately aware of the cause of their loved ones’ deterioration. Therefore, family members, friends, and professional healthcare providers of internees who were transferred to Essondale were active in their protests and demands for better quality of healthcare. Letters from concerned advocates demand better services and explanations for changes in the type or quality of care being received at Essondale. The high quantity of letters like this included in these patient files indicates that Japanese Canadians were not “categorically silent about the internment.” Rather, they held the BCSC accountable for providing sufficient care to all Japanese-Canadian patients, even those outside of the prescribed boundaries of interior internment spaces.

The BCSC claimed and was credited with providing sufficient healthcare to Japanese Canadians. People in need within internment sites were admitted to healthcare institutions for treatment and the cost of their care was supported by the BCSC when internees were deemed indigent. However, the details within the Essondale patient files suggest that the BCSC was carrying out its commitment to supporting the healthcare of internees, as it was prescribed to do through Order in Council 1665 and its subsequent amendments, in the most efficient and

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10 Two examples are: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0310, File 20396, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1, File 21961, British Columbia Archives, Victoria.
11 Two examples are: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0310, File 20396, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1312, File 21157, British Columbia Archives, Victoria.
12 Two examples are: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0310, File 20396, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1193, File 226318, British Columbia Archives, Victoria.
15 Two examples are: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1315, File 20924, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23762, British Columbia Archives, Victoria. Many more examples follow.
cheapest way possible to the benefit of the government. For instance, the physical placement of mental patients within one institution demonstrates how the BCSC prioritized streamlining economics over the welfare of internees. Regardless of where internees fell ill, or where their families moved to, internee mental healthcare had to be institutionally treated at Essondale because of BCSC finances and provincial healthcare legislation. As well, the files include evidence of treatment plans being altered when financial concerns arose. A few of the patient files reveal that the cheaper option for treatments was often selected by the BCSC on behalf of indigent patients of Japanese descent. Any surgery, for instance, such as lobotomies, were avoided until all other treatment options had been exhausted because of their relatively high cost.

Thus, the files suggest that the BCSC put the needs of the public and the finances of the government above those of the patient. Erika Dyck and Alex Deighton point to similar logistical concerned at the Weyburn Hospital in Saskatchewan. They argue that the hospital was “run in a way that prioritized economic efficiency over patient care.” This was in line with the British Columbia Hospital Association’s early twentieth century goals of efficiency and standardization – both of which were ultimately concerned with controlling costs of hospital management. The BCSC’s goal of keeping costs low spilled over from their general hospital establishment and management within internment sites to their treatment of psychiatric patients of Japanese descent who were returned to the restricted area of British Columbia in order to be institutionalized and isolated from the general Canadian public because of another perceivable failing – this time of their mental constitution in combination with their race.

The silencing of these internee’s experiences in federal reports on internment conditions suggests that the BCSC shaped a narrative about internment healthcare that did not openly acknowledge adverse health conditions brought on by internment. More specifically, the government was careful not to include stories or evidence of patients whose health did not

16 Such as: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria.
17 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1307, File 21407, British Columbia Archives, Victoria.
18 Erika Dyck and Alex Deighton, Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada (Winnipeg: University of Manitoba Press, 2017), 15.
improve following any mental or physical deterioration brought on by internment conditions. For the most part, their records and public reporting on internment health did not even mention that some internees were getting treatment at Essondale.\textsuperscript{20} Some of the hesitation in recording the experiences of mental hospital patients was certainly tied to the taboo perceptions of mental health conditions and institutionalization at the time.\textsuperscript{21} Revisiting these files and including mental hospital patient experiences of internment complicates the government’s attempts to promote an overall positive image of healthy internees. These files also complicate the historical understandings of internment spaces as isolated, internees as unmoving, and demonstrate the types of movement into the “protected area” of British Columbia that were permitted.

These patient files also bring the history of Japanese-Canadian internment into broader discussions about the history of healthcare institutions, particularly mental health facilities, as sites of deportation and assimilation. At a time when assimilation and shaping an ideal Canadian nation was an over-arching goal of the state, public institutions, such as hospitals, were increasingly used “as a means of shaping model citizens.”\textsuperscript{22} It was not uncommon to threaten racialized patients with deportation in an effort to rid an otherwise healthy society of their “madness.”\textsuperscript{23} Deportation of Japanese-Canadian patients increased when repatriation surveys were circulating among internees in the mid 1940s. Repatriation in general, but also specifically at Essondale, was one method of reducing costs to the BCSC. It was also a way of ridding British Columbia, and by extension Canada, of these ‘less desirable’ racialized patient bodies. Each individual request for repatriation or relocation east of the Rockies made by a Japanese-Canadian patient at Essondale had to be approved by the BCSC. In doing so, the BCSC supported the long-standing anti-Asian goals within the province of British Columbia by using its power as a federally mandated civilian force to promote the resettlement of Japanese-Canadians, even patients, outside of the province or Canada.

\textsuperscript{21} Michel Foucault, \textit{Madness and Civilization: A History of Insanity in the Age of Reason}, translated by Richard Howard, (New York: Random House, 2013); Dyck and Alex Deighton, \textit{Managing Madness}.
\textsuperscript{22} Dyck and Alex Deighton, \textit{Managing Madness}, 45.
\textsuperscript{23} Dyck and Alex Deighton, \textit{Managing Madness}, 3.
Ultimately these actions demonstrate that removal from internment sites to the Provincial Mental Hospital did not end internment for Japanese Canadians. A close analysis of these files indicates that internment restrictions and race-based assumptions about internees did not end when they entered the provincial mental institution. In *Cartographies of Violence*, Mona Oikawa traces this “unique movement of Japanese Canadians back into the restricted area [because] of an incarceration of another kind. . . institutionalization.”

Indeed, hospitalization furthered the isolation and segregation of Japanese Canadians. Hospitals were a space within which internees continued to be viewed as enemy aliens and Orientalized “others”. The files from Essondale include just a few examples of how these perspectives were actively maintained and recorded by hospital staff.

This chapter examines the complex relationship between the British Columbia Provincial Mental Hospital, Essondale, and the state powers controlling internment policies, chiefly the BCSC for the Federal Department of Labour. It demonstrates how and why the BCSC provided healthcare services to those with mental health diagnoses by focusing on BCSC policy mandates regarding keeping costs for health and welfare services as low as possible. The chapter focuses primarily on Essondale but acknowledges the importance of trans-institutional movement of Japanese-Canadian patients as a further indication of the essential role of institutions in maintaining internment policies. In particular, the movement of patients from the purpose-built Tuberculosis Sanatorium at New Denver to Essondale is explored. Both institutions operated as microcosms of the internment plan itself. They further isolated Japanese-Canadian internees who contracted diseases, either before internment began or during.

Attention to the Japanese Canadians who experienced internment as patients within the Provincial Mental Hospital extends our knowledge of internment across institutions and place. Their experiences challenge our perceptions of internment by providing evidence that not every Japanese Canadian was able to “make the best of it.”

And, ultimately, the experiences of patients at Essondale who were of Japanese descent demonstrate that the BCSC’s responsibility for providing care to internees did not stop at the interior internment sites. Provincial healthcare institutions were also sites of internment and race-based isolation for the Japanese-Canadian

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24 Oikawa, *Cartographies of Violence*, 211
25 Mental Health Services Patient Case Files Series, GR-2880, Accession 91-4268 (1872-1942) and 93-5683 (1943-1969), British Columbia Archives, Victoria.
community in the 1940s. Moreover, the BCSC continued to trace internee healthcare and placement in healthcare institutions even if they resided outside of British Columbia. This illustrates the level of surveillance which Japanese Canadians were subjected to regardless of their financial independence or other factors which resulted in them living outside of prescribed internment spaces in British Columbia. Internment for them, like others who moved between or lived outside of internment sites, did not stop at the British Columbia border or the door of medical institutions.

The BCSC And Shifting Medical Responsibilities

On March 4, 1942, with the passing of Order in Council PC. 1665, the broad responsibility for the provision of “housing, feeding, care and protection,” of internees was assigned to the BCSC. More specifics about what this entailed and how it was to be executed came through various amendments to this Order in Council over the course of 1942 and later years. As these amendments continued to be passed, the BCSC continuously approached their task of providing health and welfare services to internees with the utmost goal of economic efficiency. As with other costs of maintenance which the BCSC was deemed responsible for, they sought any way possible to keep their cost of medical maintenance of Japanese Canadian internees low.

Even those internees who worked for the BCSC, across a range of positions from teachers to laundresses to janitors and general store managers, were, as of November 18, 1942, expected to pay for a portion of any incurred hospitalization or medical costs through a “nominal sum [deducted each month from their paycheque] which would roughly cover the cost [of any medical, dental, or drug services], [but] would not impair the Japanese morale, and would make

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the bookkeeping and administration much simpler.” Japanese Canadians who worked in British Columbia would have been used to the practice of deducting pay for medical coverage facilitated by their employers. By 1942 deducting a portion of an employee’s pay was a common practice among those employers in British Columbia who offered a form of company-funded hospital insurance. This was most often done by seasonal employers and resource-extraction orientated companies. But some smaller employers, like major retailers in the city, offered this as well.

However, in the case of internment-era deductions, the government was subtracting a fee from comparatively low pay. The extremely low pay rates which were typical among Japanese-Canadian internees were justified because of the popular assumption that the Dominion government was providing them with general living and welfare maintenance within internment sites, free of charge. While the government provided some supports at some interior internment sites, there was always an expectation that unexpected costs or anything above the minimum standard of living would be paid for by internees themselves. Therefore, internees still had regular expenses they were expected to pay, on comparatively lower wages. This left many Japanese-Canadian families without a way of supporting sick family members in times of crisis. Often, this meant that those who sought medical care in institutions such as Essondale were forced to be declared indigent and reliant upon the Dominion government, via the BCSC, to pay for their treatment.

The BCSC, in return, sought to limit the definition of indigent cases in order to keep their expenses as low as possible. As a first step, it was established that any person of Japanese descent who lived outside of the protected area of British Columbia before internment was not the responsibility of the BCSC in any way. This meant that any person of Japanese descent who lived in any province other than British Columbia or in interior British Columbia before early

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1942 would not qualify for care provisions supported by the BCSC. Then, in April 1943, just over one year after the BCSC was established, Deputy Minister of Labour, A. MacNamara, reported that,

the Dominion Government is responsible for all Hospitalization costs for any Japanese under the jurisdiction of this Commission [BCSC] (by this I mean any person of the Japanese race who was evacuated from a Defense area on or after February 5, 1942). . . it is then the responsibility of this Commission to determine who of the Japanese are indigent and any accounts incurred for those so classified shall be a charge against and paid by this Commission. Japanese who do not come within this category are expected to pay for any hospitalization costs that may be incurred on their behalf…

This policy mandate allowed the BCSC to limit their responsibilities for payment of care to those deemed indigent, by their standards. These standards were not specified here or in other policy mandates. Indigent categorization appears to have been determined on a case-by-case basis by individual members of the BCSC administration.

Just four months later the Hospitalization Policy of the BCSC was updated again. Effective August 1, 1943, most people within “Interior Housing Projects”, which were understood to be spaces where the government provided all basic needs and services to internees, were required to pay for their hospital care within Commission-operated hospitals. The amendment outlined that this included non-Japanese residents who sought emergency care within BCSC operated hospitals. It also included self-supporting internees, and Japanese-Canadian employees of any industry or company other than the Dominion government, as being responsible for their own hospital fees. The one exception to this rule were BCSC employees within the internment site hospitals who contracted an illness or injury as a result of their work. This was inline with labour standards and workplace compensation rules in British Columbia at the time. However, it also blatantly outlines the priorities of employers, including the federal government, and race-based standards of employee benefits.

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32 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 19254, British Columbia Archives, Victoria.
Ultimately, as wards of the Canadian government after their uprooting and forced relocation, the responsibility for healthcare of indigent internees fell to the federal government. For a brief time during the internment years of 1942-49, the way in which Japanese-Canadian medical care was paid for was more akin to the financial responsibilities and policies surrounding Indigenous healthcare in Canada. Many similarities in the ways in which the government strove to keep medical expenses low for internees places their care in line with Indigenous healthcare policies and practices of the twentieth century.\textsuperscript{36}

But, any reason that the government could find to not pay for medical care of internees was thoroughly explored by BCSC administration. In Commission-run hospitals and healthcare facilities in British Columbia, there was a constant negotiation as to who paid for what medical services and costs incurred. Almost begrudgingly, the BCSC administration recognized that Japanese Canadians who were interned lost their “legal residence status at the time of their evacuation and [had not] acquired legal residence in the municipality where they [were] now located in BC. . . the Dominion [would] consider that for the purposes of hospitalization of Japanese that there is no legal responsibility on the part of the province.”\textsuperscript{37}

Despite recognizing their responsibility to provide hospital-based healthcare services to internees, the ever-increasing costs associated with hospitalization was constantly a concern voiced by BCSC administration. In 1943, federal Deputy Minister of Labour, A. MacNamara, outlined the costs associated with hospitalization of Japanese Canadians incurred by the BCSC up to that date. Included in this cost breakdown were the expenses incurred to build hospital facilities for internees. He stated, “the Commission has not constructed, equipped nor operated any Hospitals where Hospitalization facilities were already afforded. . . we have, however, provided adequate facilities to give hospitalization services in a number of areas where Japanese have been located and where formerly there were no facilities.”\textsuperscript{38}

In explaining why the federal Department of Labour, through the managing agency of the BCSC, was responsible for the payment and establishment of these hospital facilities, the memo continues, “under the province


of BC Hospitalization Act these are not considered as public hospitals…” because they are not funded by public, meaning provincial, money. MacNamara is quick to acknowledge that these were “temporary institutions,” for which the federal government would only be temporarily responsible for funding.

The policy for providing medical care to internees outside of British Columbia and outside of Commission-run hospitals was even more complicated and contested by BCSC administration. The Commission’s medical policy read that “for the Japanese internees [in Ontario-based internment camps], the Department of National Defence provides complete and free medical care. Our present policy is to recommend release of internees who are permanently invalid, and these are sent back to the Commission’s BC hospitals for proper care, which is provided free if the patient has no assets.” Essondale patient, H.Y., discussed more below, demonstrates this policy in practice when he is brought to Essondale from an Ontario internment camp, because of the mental health conditions brought on by the conditions of the camp.

Other Japanese Canadians who opted to go to other provinces with the onset of internment, were only brought back to British Columbia Commission hospitals for treatment if they became “permanently invalid” and were without private assets to pay for their medical


42 Each of the patients referenced in this chapter are identified by the initials of their first and last names, according to how their names were recorded in the patient file created by Essondale staff. I am mindful of the complicated decision researchers make when choosing to use pseudonyms, initials, or other identifiers when analysing an equity seeking population such as the Japanese-Canadian internees. As a medical historian I also strive to respect the fact that these patients did not intend for the information recorded in their files to be public knowledge. I do not wish to de-personalize but aim to de-identify patients enough so that personal details may be anonymized. I believe the use of initials is important here because it leaves each person considered identifiable enough for family or friends of the patients to recognize the stories and perhaps pursue further research. I am mindful of the cultural significance of names within the Japanese community and have attempted to not take undue liberties with changing names but rather using initials. More information and specific details identifying each patient are attainable through the individual files cited throughout the chapter, which are all accessible at the BCA.

43 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1312, file 21157, British Columbia Archives, Victoria.
BCSC records indicate that “…there [was] no agreement between the BCSC and any of the other provinces in Canada in respect to bringing back Japanese who were evacuated to other provinces to BC for treatment, [not even] in our recently opened Sanitorium at New Denver.” This suggests that those who returned to British Columbia for tuberculosis treatment, or other medical treatments, had a strong case to be considered indigent and therefore qualified for financial aid from the BCSC. Patient files at Essondale and personal reflections from patients treated at the New Denver Sanatorium reveal multiple examples of this being done. It is also possible that Japanese Canadians, with the financial means to do so, could have chosen to return to British Columbia healthcare institutions because of informal, race-based restrictions within medical facilities elsewhere throughout Canada.

Thus, the return of Japanese Canadians to the Sanatorium at New Denver, or other Commission-run hospitals, was contingent upon the need for the BCSC to support the costs of care for any given patient. If an internee had personal or familial financial capabilities to pay for their own care, they could, and were, admitted to hospitals in other provinces without restriction based on their race – at least on paper. Evidence of this policy in practice can be found when looking at the yearly reports on internees seeking institutional medical care in Alberta and Manitoba. In Manitoba, the Commission’s representative Frank L. Ernes, reported on three very different cases in 1945 that illustrate the differences in care that Japanese Canadians could receive based on their financial security. First, Ernes noted that there were two tuberculosis patients receiving care in “outside hospitals” in the province. There was also a young girl in the St. Boniface Sanatorium whose cost of hospitalization was “assumed by [her] father as of March

46 Though Order in Council PC 2541 clearly stated that the BCSC was responsible for the medical care and costs of indigent cases of Japanese Canadians, there was perpetual confusion among the BCSC administration as to what an indigent case entailed. See: “Letter to MacNamara, Deputy Minister, Dept of Labour” (Dec 31, 1942), Dept of Labour Fonds, RG36-27, Series R224-51-X-E “Japanese Division”, Volume: 10, File Number 305 “Welfare”, Library and Archives Canada (LAC), Ottawa.
47 “Ward notes,” (June 2, 1945) Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria. 8
48 Lux, Separate Beds, 9-12.
Finally, he mentioned a Japanese-Canadian woman at the City of Winnipeg Municipal Hospital whose family had been paying her cost of hospitalization but had to stop when her husband needed an operation and their funds were reallocated to fund that medical procedure. Similarly, in Alberta, Dr. A Wright (the BCSC medical representative for the province) detailed to that there were 3 female and 1 male Japanese-Canadian patients who were the responsibility of the BCSC, in hospitals in Alberta receiving care for tuberculosis. Their care was supported financially by their family’s.

Over the course of three different men filling the leadership role of Medical Supervisor of the BCSC, the goal of minimalizing costs while providing sufficient medical care to internees remained consistent. White supervising physicians in charge of each internment site hospital often wrote informally to the Medical Supervisor of the BCSC to voice their concerns. Dr. Lyall Hodgins, then Colonel Arthur, and finally Dr. Clement filled this role from the outset of internment until all restrictions upon Japanese Canadians were dropped in 1949. In formal correspondence, like yearly summary expenditure reports, these supervising physicians claimed that BCSC policy mandates were confusing and hindered their ability to always provide the best and most efficient care. For instance, the supervising physician at Greenwood lamented that “no operations have been performed at [Greenwood hospital] as [they] are not equipped with operating nor x-ray apparatus.” But sometimes their personal and colloquial letters to the BCSC Medical Supervisor were filled with positive news. They noted the success of vaccination of children and the associated slowing, or end of, the spread of infectious diseases within the camp populations.


54 “Medical Report for Greenwood, from Dr. Burnett to Dr. Clement”, (May 28, 1945), Dept of Labour Fonds, RG36-27, Series R224-51-X-E “Japanese Division”, Volume: 10, File number: 306 “Hospitalization- General”, Library and Archives Canada (LAC), Ottawa; “Medical Report for Tashme Hospital from Dr. Miller to
In April 1945, when Dr. Clement became the third and final Medical Supervisor of the BCSC, the physicians in charge of each Commission-run or subsidized hospital reported to him that many of the same issues surrounding definitions of indigent care and means of keeping costs of maintenance low for the BCSC were still affecting their practices. By that time, a total of $709,926.94 had been spent on healthcare costs for internees since the Commission’s inception in March 1942. Dr. Clement’s summary report reiterated what was outlined in BCSC medical policy from early 1943:

The Japanese who are self-supporting are expected to pay for their own medical care. In the case of Japanese who have relocated East of the Rockies and become destitute, the Commission makes financial provisions for emergency maintenance and medical care. In Alberta and Manitoba this is done through employment of part-time medical officers and co-operation with provincial welfare authorities. . . Drugs, x-rays and operations are included [in the reported costs and] of this amount between 17% and 20% is recoverable from those Japanese who are on a self-supporting basis.

During the 1940s there were compounding attempts to keep medical costs to a minimum for the BCSC and to charge internees for their own healthcare needs whenever possible. The BCSC aimed to document that they were providing space, services, and adequate financial support to those internees in need of medical care. However, they did so while also quietly documenting that they were keeping costs to an absolute minimum. The BCSC circumvented financial responsibility in any way possible through their ever-changing and convoluted policy mandates which were largely left to individual interpretation by administrative staff. The general report of health costs from 1944 concludes that “if the Commission accepts (in respect to Japanese under its charge) the charge formerly met by the municipalities in BC and the province of Alberta – either through direct payment or contract arrangement it is likely that self-supporting Japanese will be called upon to pay a charge for hospitalization higher than is charged


to Occidentals.”57 Thus, not only was the administration of the BCSC aware that medical costs were debilitating to internees because of comparatively lower rates of pay, but they also acknowledged the potential for internee healthcare expenses to be much higher than the average Canadian’s costs of care. This did not result in any changes to BCSC policy mandates.

Situating Essondale: Background and Contexts on Madness, the State, and Japanese-Canadian Patients

Essondale originally opened as The Provincial Lunatic Asylum (New West) in 1878. Its name changed almost every decade after that reflecting changing language and social expectations regarding confinement, control, and rehabilitation of those deemed “mad.”58 The hospital became known in records and colloquially as Essondale in 1913, a name which was attributed to one of the institution’s Medical Superintendents, Dr. Henry Esson Young. The label of “Provincial Mental Hospital, Essondale, BC” was made official in 1950, though the records from the 1940s already refer to the institution as such.

The hospital complex itself expanded exponentially from the 1920s to 1940s with new buildings opening regularly, such as the Acute Psychopathic Unit in 1924, Chronic Female building in 1930, and Veteran’s Unit (Crease Clinic) in 1934. Inside the mental hospital, shock therapy was often used for treating severe depression and lobotomies were considered for schizophrenia, mania, and psychotic disorders. In 1946, for example, nine lobotomies are recorded. Overcrowding was common and intensifying in the 1940s, and restraining or secluding patients (particularly women) was a common way of managing ever-increasing patient populations. By 1946 more therapeutic drug treatments and hydrotherapy were added to the hospital’s capabilities.59 The hospital continued to expand throughout the 1950s to include infectious disease buildings and other services, with the peak of the hospital’s population being in 1956.60

58 Dyck and Deighton, Managing Madness, 1-32.
Institutions like Essondale were held up as “monuments to civilization” in the post-WWI era. Psychiatric reform as medical treatment became popular and accepted by the public as appropriate medical treatment after the First World War and evidence of “shell shock” followed soldiers home. As Erika Dyck and Alex Deighton argue, post-war acceptance of psychiatric assistance for soldiers “combined with an increasing public willingness to view the state as a benevolent agent for social change.” The inter-war period was therefore characterized by a heightened degree of cooperation between social reformers and psychiatrists under the new label of “mental hygiene.”

Japanese-Canadian patients who entered Essondale during internment faced multiple layers of control rooted in medical and social desires to cure and contain. Foucault famously traces the rise of the asylum as one method of confining undesirables for the protection of society. Institutions such as mental hospitals served, as David Rothman has argued, as a reminder to people that institutions were an essential aspect of transforming people and places into a civilized nation. Thus, in addition to their race, their diagnosed ‘madness’ identified them with another marker of minority status, one which lessened their autonomy even further. Madness, in its varying forms and with a series of terms used to identify it over time, was an infantilizing categorization that indicated a person was in need of familial or state guidance. It also classified people as inherently morally inept and placed them in an inferior place in society. The patients considered in this chapter, were admitted with diagnoses of schizophrenia, dementia, acute mania, “feeblemindedness,” “behavioural problems,”

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61 Dyck and Deighton, Managing Madness, 46.
62 Dyck and Deighton, Managing Madness, 34.
63 Dyck and Deighton, Managing Madness, 34-35.
64 Dyck and Deighton, Managing Madness, 36.
68 Dyck and Deighton, Managing Madness, 7 & 14.
69 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0290, File 18459, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23762, British Columbia Archives, Victoria.
70 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 19293, British Columbia Archives, Victoria.
71 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 20396, British Columbia Archives, Victoria.
“general paresis of the insane,” and neurosyphilis which placed them all under the category of “mad” and in need of specialized psychiatric, institutionalized care.

The official policy at Essondale, like other public medical institutions of the early twentieth century, was to accept patients regardless of their race. However, the race of patients, and their associated class, often led to differences in types and levels of care, as was the case with general hospitals. The Japanese-Canadian patient files considered below illustrate this differentiation in care very well. The admittance records for these patients often cite race and cultural reason for the person’s committal to Essondale. Cultural limitations were recorded as characteristics that exemplified these patients’ inability to perform as assimilated Canadians. In turn, their inability to understand cultural values or expectations of them within these spaces resulted in different and often inadequate levels of care within the institution. The strongest example of this is the repeated characteristic of limited knowledge of English that is recorded in almost all the Japanese-Canadian patient files from the 1920s to 1950. Race and unassimilated behaviour were often provided as a justification for a racialized patient’s poor attitude or any misunderstandings they may have about the care they were being provided within the institution. Any questioning about treatments or why they were still being held at Essondale was similarly attributed to poor language skills and lack of social understandings which medical records indicate was because of their differences in race.

Japanese Canadians in need of mental health treatments had two options for mental institutional-based care during internment, both of which were predicated upon finances. Internees were encouraged by the BCSC to make their own arrangements to enter a mental

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72 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0403, File 67122, British Columbia Archives, Victoria.
73 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 5683, File 27732, British Columbia Archives, Victoria.
74 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1290, File 22266, British Columbia Archives, Victoria.
75 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1263, File 23528, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1292, File 22160, British Columbia Archives, Victoria.
76 Gagan, For Patients of Moderate Means, 351.
77 More than three quarters of the files contain some mention of the patient’s poor English skills or lack of English comprehension. See: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), British Columbia Archives, Victoria.
78 Some examples include: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1307, File 21407, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1, File 21961, British Columbia Archives, Victoria.
hospital in British Columbia or another Canadian province. They were asked to seek out any financial sources from family, friends, charity or religious organizations which could assume the cost of their maintenance. But, if they could not arrange that, then the mentally ill family member was deemed indigent and fell under the BCSC’s jurisdiction. Under this label, regardless of where a patient’s family was located or re-located because of internment policies, the Japanese Canadian seeking mental health treatment would be sent to Essondale.79

Indigent Japanese-Canadian patients at Essondale became the financial responsibility of the BCSC.80 However, while the patient was receiving treatment at Essondale, the BCSC actively pursued other means of paying for the patient’s care by contacting family relations or any religious affiliations the patient had which could result in transferring partial or full financial support of the patient away from the BCSC. For instance, those with family members who worked at road camps, sugar beet farms, or in other means of independent employment during internment were contacted and required by the BCSC to send a portion of their wages to the hospital to support their family member’s maintenance and care at Essondale.81

Placement at Essondale was prioritized by the BCSC because it allowed for the confinement of the racialized population and easier surveillance of the Japanese-Canadian patients. It was also a vital part of internment provincial agreements with Alberta and Manitoba, which ensured that no other province or municipality was held responsible for paying for the cost of internee healthcare.82 Therefore, financial policies and surveillance goals ensured that Japanese-Canadian internees remained indisputably under BCSC control even while at the provincial medical institution. Race assumptions and stereotypes about the dangers and unassimilable nature of Japanese Canadians coupled with these BCSC policies to make sure that patients knew they were still internees. Internment did not stop at the doors of Essondale.

79 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 19293, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria.
81 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0310, File 20396, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1331, File 19963, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1290, File 22266, British Columbia Archives, Victoria.
82 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1307, File 21407, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession93-5683 (1943-1969), Box 1328, File 20135, British Columbia Archives, Victoria.
Japanese-Canadian Patient Files from Essondale (1937-1950)

From 1937 to 1950 there were twenty-six new Japanese-Canadian patients admitted to Essondale. Most of these files record the admission of Japanese-Canadian patients after the onset of internment policies in early 1942. Twenty-one of these patients were therefore the financial responsibility of the BCSC. In total, there were fifty-eight patients residing at Essondale by late 1945 who identified as being of Japanese descent. This still constituted a small portion of the hospital’s total patient population, which typically ranged from 3,000 to 3,500 patients a year by the early 1950s. The entire hospital complex, which included infectious disease hospitals as well mental health institutions, hit its peak population in 1956 when about 4,300 patients and over 2,000 staff members resided on the land surrounding Essondale. Japanese-Canadian patients who were admitted after 1950 do not reflect directly on internment experiences or the possible correlation between internment and their poor mental health, though the continued mental effects of internment are certainly present in other internee accounts. Japanese-Canadians continued to receive care at Essondale after all internment-era policies were officially lifted in April 1949.

Of the twenty-six people of Japanese descent admitted to Essondale between 1937 and 1950, there are seventeen male patients and nine female patients. Five of the patient files’ pre-date the creation of the BCSC in early 1942, but are important for the context they offer about pre-internment mental healthcare provided to Japanese Canadians in British Columbia. Nineteen files document patients who were admitted during internment years. While the rest of their community was not allowed to enter the “protected area” along the West Coast of British Columbia from February 1942, to April 1949, these patients resided within a provincial medical institution in Coquitlam, British Columbia, which was inside the protected area. Two patients were admitted in late 1949 and early 1950, after the Japanese-Canadian community was allowed to return to the West Coast. Like those from before March 1942, these files provide an indication

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83 Oikawa, Cartographies of Violence, 211.
86 One example is: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1157, File 27732, British Columbia Archives, Victoria.
of continuities and changes to mental healthcare for Japanese-Canadians in relation to shifting state policies.

The nineteen patients admitted during internment years were sent to the institution from interior internment sites based on the professional advice of Japanese-Canadian and non-Japanese-Canadian physicians. Two medical certificates accompanied each person as they were admitted to the hospital, one was often filled out by a Japanese-Canadian physician while the other was filled out by the supervising, Anglo-British physician from the internment site they worked at. Dr. Uchida, for example, provided background information and medical certificates for almost half of the nineteen files created for new patients from 1942-1949.87 This was not a new professional practice for Dr. Uchida or his Japanese-Canadian colleagues. Indeed, some of the earlier files indicate that Drs Uchida and Shimotakahara signed off on Japanese-Canadian patient admittance to Essondale before internment as well.88

The patient records reaffirm the complicated organization of the BCSC, particularly with respect to financial responsibilities. For instance, any Japanese Canadian who was already a patient at Essondale in 1942, before internment policies required the registration of Japanese Canadians with the RCMP, were not registered as internees with the government. Since they were not registered, they were not listed among the internees who were the responsibility of the BCSC to relocate, monitor, and provide healthcare to. This complicated the issue of who was responsible to pay for their maintenance.89 Of course, this was a recurring issue—the BCSC regularly explored options to avoid paying, and these files reinforce that approach.

In addition to the valuable insights into the BCSC administration which the files reveal, there are three main conclusions about internment era healthcare that are deducible from these patient records. First and foremost, the files provide a clear, written record that healthcare professionals and government officials alike recognized that the realities of internment were responsible for declining mental health of Japanese-Canadian community members. Drs. Uchida and Francis note on multiple patient histories that the evacuation was “upsetting” and negatively

87 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), British Columbia Archives, Victoria.
88 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0209, File 18459, British Columbia Archives, Victoria.
89 The most prominent of these examples is: Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 19254, British Columbia Archives, Victoria.
influenced Japanese Canadians’ mental constitution. Ward notes from nurses and physicians at Essondale continue to acknowledge the effects of internment upon their patients, with many notes reading along the lines of “[patient] is said to have become worse since 1942…” Psychiatrists and social workers at Essondale also observed that patients deteriorated with the onset of internment and their conditions were worsened because the “Japanese [feel they] received a raw deal in this evacuation legislation.” In documenting the direct correlation between internment and mental health, healthcare professionals at internment sites, and at Essondale, were acknowledging and making the BCSC aware of the adverse effects of internment spaces upon internee mental health. As these files were shared and archived by the federal government, federal representatives were also made aware that internment conditions were leading to the deterioration of mental health among internees. The lack of public knowledge about this reality suggests these factors were downplayed or ignored entirely by the government.

Second, the Essondale files offer insight into community divisions, both within the general Japanese-Canadian community and among medical professionals who were divided by race. Patient case histories reveal various class-based divisions within the Japanese-Canadian community and show how that could be attributed to certain deteriorations in the mental health of internees. Spaces of forced socialization with those whom a given internee deemed to be from a “lower class,” or with different cultural or religious values, could spark issues that resulted in institutionalization. Likewise, there were a few notable differences in the medical certificates which were filled by physicians upon a patient’s entry to the hospital depending on whether the form was filled out by a Japanese-Canadian physician or not.

Finally, the significance of trans-institutional movement of internees is particularly evident in the Japanese-Canadian experience of mental healthcare during internment. The movement of Japanese-Canadian patients between spaces of surveillance and institutions under the purview of the BCSC was a method of maintaining control over internee bodies that were
racially and medically understood as dangerous to the idealized status-quo of Canadian society. This movement of internees pre-dates the use of trans-institutionalization as a form early deinstitutionalization within the broader healthcare history of Canada. But it should equally be characterised as a form of state control disguised as alleviating one space of surveillance, the internment sites, of part of their population in favour of the treatment and reintegration of Japanese Canadians as productive members of Canadian society. This type of transference and movement was another method of surveillance and assimilation that was often experienced by new immigrants, inmates, and other wards of the state who were transferred between institutions controlled by national or provincial interests.

Institutions such as hospitals, in this case infectious and mental health hospitals, operated as microcosms of the internment scheme itself – isolating, segregating, and controlling racialized bodies even further through spaces of state power. Admittance to Essondale, which was prescribed by physicians within internment sites because it was inline with acceptable medical practices of the era, was also done in order to add an additional method of controlling internees who were not only a threat to Canada because of their race but also posed a potential threat because of their unstable mental state. The government of Canada repeatedly suggested that the internment of Japanese Canadians was something done for the protection of the Canadian community. The language and acceptable medical practices of the era reflect a similar social understanding that asylum-based care would ensure those diagnosed as mad would be confined in order to protect Canadians.

**Internment and Mental Deterioration among the Japanese Canadian Community**

Among the twenty-six patients of Japanese descent who were admitted to Essondale from 1937 to 1950, twenty-one were the financial responsibility of the BCSC. There were multiple, direct notes made within their patient records which claim that the deterioration of their mental

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state was correlated to the conditions of internment. Those with pre-existing conditions which were known to either family or professionals were particularly susceptible to episodic or worsening mental health when interned. T. S. spent eighteen days at the Essondale hospital before dying from exhaustion of acute mania in the summer of 1942. Ten days after she was admitted and just eight days before she died in the hospital, her husband wrote a letter to the hospital administration enquiring about her state and recovery. The letter reads: “the main cause of her illness was due to her fear and needless war. I think she was getting worse little by little from a few months back. Since coming here [Lillooet], she rapidly changed for the worse…”

The hospital staff who collected her patient history and documented her condition during her brief time at Essondale similarly acknowledged that internment was responsible for her rapid deterioration. Her desire to leave the internment camps was repeatedly recorded by hospital staff. They noted in her file that she was increasingly combative and regularly asked them for her passport so she could return to Japan. Both her husband and the medical professionals at Essondale acknowledged and, more significantly, recorded that the reason for her poor health was internment. Her husband, as a resident of one of the ‘self-supporting’ camps near Lillooet, British Columbia, who had a job, paid for all of her expenses himself. The BCSC was notified of her admittance and her death at the institution because she was a registered internee. The details within her file were reviewed by the BCSC upon her death and then archived, suggesting the federal government was aware of the reason for her deterioration.

In another case, BCSC expenditure reports correlate with the patient records kept at Essondale. Patient K. S. was one of the twenty-one Japanese-Canadian internees admitted to Essondale during internment whose care was paid for by the BCSC because she was deemed indigent. A letter dated January 26, 1946, from Slocan Hospital administration to the Medical Superintendent at Essondale, stated that “the fact that [K. S.] became sick because of the

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98 “Letter from Kinjiro Sunada to Essondale Mental Hospital (admin)”, (Aug 27, 1942) in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 20396, British Columbia Archives, Victoria.

99 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0301, File 20396, British Columbia Archives, Victoria.

circumstances at the evacuation from the coast in 1942, necessitates... consideration...""\(^{101}\)

Her patient history report notes that her “condition [was] reported normal prior to evacuation,” and she suffered from “severe strain and mental afflictions,” upon her relocation to Kaslo.\(^{102}\) Other internees and their families similarly speak about the inadequate conditions of hospitals in Slocan and Kaslo where hygiene, sanitation, and infectious disease isolation were sometimes difficult to maintain in the makeshift hospital spaces.\(^{103}\)

K. S.’s patient file demonstrates the ways in which healthcare institutions were part of the larger internment plan. The medical reporting on a Japanese-Canadian patient went directly to the BCSC, indicating that the federal government’s containment and surveillance of these internees did not end when they entered the provincial institution. Therefore, hospitals such as Essondale should be considered as part of the internment scheme. As tools of the state, they promoted the over-arching goals of segregation and assimilation which internment policies promoted.

Concerns over how internment would affect families, how people would be separated, and when they could expect to be reunited with family and possessions greatly influenced the health of community members. The initial shock of internment in 1942 increased the number of Japanese-Canadians admitted to Essondale because of the immediate effects felt by uprooting, dispossessing, and interning community members. Like T.S. and K. S., A. K. “became worse since 1942,” and her hospitalization rates increasing after internment.\(^{104}\) Similarly, the entire M.S. family struggled with the effects of internment upon their mental health. While the family was held at Lemon Creek from 1942 to 1946, M. S. worried about the “effect it would have on her [three young] sons...”\(^{105}\) Her concerns were supported by Dr. Uchida, who attended to the members of the family and said numerous times “that the evacuation was most upsetting to a

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\(^{101}\) “Letter from Slocan to Medical Superintendent at Mental Sanatorium, Essondale”, (Jan 26, 1946), Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1315, File 20924, British Columbia Archives, Victoria.


\(^{105}\) “Background information for the patient file”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1193, File 26318, British Columbia Archives, Victoria.
great many Japanese people…”¹⁰⁶ These trends and worries did not end in 1942 with the initial removal of Japanese Canadians from the West Coast. From 1942 to 1946 there are multiple Japanese-Canadian patient files that continue to speak to the negative effects which internment had upon people’s mental state. From being considered enemies within their own country, to loosing their personal property and livelihoods, to adapting to a new environment without any of their previous social supports, internees experienced a multitude of events which could have been attributed to mental health struggles.

The attempt to repatriate the Japanese-Canadian population in the mid-1940s was another major turning point in the internment plan which brought more internees to Essondale. In 1946 Y. K. was admitted to Essondale from Slocan City Hospital because “his present behaviour had been occurring for the past month and the supposed cause is given as family trouble concerning where they were to go under new plans [meaning repatriation or moving East]…”¹⁰⁷ These observations from the staff at Slocan City Hospital were further supported by remarks made by Dr. G H Clement, Medical Supervisor of the BCSC. Clement noted “precipitating causes: very worried on decision as to whether to go to Japan or the East. He was always arguing with his wife on the problem, and the family, he is the only one that desires to go to Japan, the rest of the family do not wish to go that way after all, being very desirous of going East instead.”¹⁰⁸

The repatriation survey, which offered internees the limited options of either “returning” to Japan or moving east of the Rockies, was another root cause of mental deterioration among Japanese Canadians. The stress and worry of once again up-rooting one’s family took its toll on internees such as Y.K.. Not only does his patient file show us the negative effect of an internment policy, but it also clearly demonstrates that medical professionals knew this was the cause of his mental deterioration and were confident enough in that correlation of events that they documented it in official hospital paperwork. Moreover, this paperwork was regularly shared with the BCSC as they were responsible for Y. K.’s expenses as an indigent internee-patient. Again, these specific patient realities were not acted upon or relayed to the public.

¹⁰⁶ “Background information for the patient file”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1193, File 26318, British Columbia Archives, Victoria.
¹⁰⁷ “Ward notes”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23762, British Columbia Archives, Victoria.
At times Japanese Canadians’ frustrations with specific internment policies or the principles guiding the internment in general resulted in outbursts that led to their institutionalization. A. C., for instance, “[felt] her people [were] persecuted without cause… [and] She [had] a corresponding hate for the nameless men who have caused her people to be moved – and expressed vengeful ideas on this subject…”\(^{109}\) Her frustrations mounted because of an event which occurred on her train ride to Slocan from Vancouver. Though the event on the train was never described in detail, it did strongly impact A. C. and altered her experience of internment. The traumatic event seemed to instigate and perpetuate her behaviour which was identified as problematic and worthy of committal.\(^{110}\) Once she was admitted to Essondale, her patient notes indicate that she spoke about this mysterious event often, telling nurses and physicians who examined her that “something . . . happened to her on the train on the way [to Slocan] and . . . people would be shocked if they heard about it.”\(^{111}\) A.C. underwent multiple rounds of electroshock therapy as treatment for her mental state. She was however denied a referral for a lobotomy, because the BCSC did not want to pay for that procedure. The very collective which she openly blamed for her condition, the BCSC, later refused to pay for her care and selected which treatments they would permit to be done to her, without her consultation, based on financial concerns. Her case file documents some of the continuous efforts made by the BCSC administration to lessen the burden of paying for indigent patients at Essondale.

Indeed, the BCSC looked for avenues to avoid costs of paying for patient care at Essondale by any means possible. The patient files reflect one method of doing this was to offload costs to the provinces. If any Japanese Canadian resided outside of the Protected Area before the enactment of relocation and internment regulations, the BCSC argued those Japanese Canadians were outside of their jurisdiction and not their responsibility. When this occurred, the BCSC requested that the accounts “paid erroneously” be repaid. The Commission therefore

\(^{109}\) “Patient history”, (Jan 31, 1944), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1307, File 21407, British Columbia Archives, Victoria.
\(^{110}\) “Patient history”, (Jan 31, 1944), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1307, File 21407, British Columbia Archives, Victoria.
\(^{111}\) “BCSC Letter, from BC Security Hospital Unit, Slocan City to Miss Kilburn, Psychiatric Social Worker, Essondale”, (Feb 16, 1944), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1307, File 21407, British Columbia Archives, Victoria.
requested $888.30 from Essondale be repaid in 1949 because of such mistakes made with multiple patient fees.112

Along the same lines, there were multiple instances in which the BCSC questioned who should pay the cost of Japanese-Canadian patients’ maintenance at Essondale if the patient was admitted before the passing of the various Orders in Council which legislated Japanese-Canadian healthcare was to be provided and pay for by the BCSC.113 The official ruling by the BCSC was that “by arrangements with Mr J G McRae, Collector is Institutional Revenue, [the BCSC] assumed responsibility for the maintenance of Japanese patients after they had been evacuated from their place of residence,” but, “at the present time there [were] still eleven Japanese in the institution for whom [the BCSC] are not accepting responsibility…”114 Ultimately this illustrates the constant debates over finances within the BCSC – the only consistent trend was a complete lack of organization when applying the internment rules into practice.

The BCSC was skilled in transferring the financial responsibility of internees’ medical care to other people. Even though they required regular updates on treatments and health of all Japanese-Canadian patients who were registered internees within Essondale, they used loopholes in their policy outlines and a rather loosely defined category of indigent to shuffle financial responsibility of patients away from federal accounts. In one case, a BCSC Office Manager explained that: “for your information we wish to say that there was no registration made of Japanese inmates of Mental Hospitals or Penitentiaries at the time the RCMP made their National Registration, consequently, S.H. [another one of the Japanese-Canadian patients at Essondale in the 1940s] had no registration certificate.”115 S.H. was just one example of a Japanese Canadian who went undocumented by the BCSC. Because he was a patient at Essondale before the internment policy made the entire Japanese-Canadian community wards of the federal government, S.H. remained a patient registered in a provincial institution with no direct ties to the internee community beyond his ethnicity. Like other Japanese-Canadian patients

112 “Patient Report”, (October 1, 1946), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0990, File 36477, British Columbia Archives, Victoria.
113 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1331, File 19963, British Columbia Archives, Victoria.
at Essondale who were admitted before 1942, and like patients of all other ethnicities except for Indigenous patients, his healthcare was a provincial responsibility. Because he was indigent and could not pay for his own care, the costs of his treatments and maintenance at Essondale was supported by a combination of charitable private, religious, and public sources. Since he resided within an institution, he was not recorded as an “enemy alien” along with his fellow Japanese-Canadian community members in early 1942. He was already confined and monitored within a provincial institution, and as such the BCSC made no effort to assume responsibility for moving him or paying for his treatments. The BCSC used the fact that he was not given a registration number as evidence that he was not under their jurisdiction and therefore it was not their responsibility to pay for his medical care.

Overall, the BCSC’s goal of keeping financial costs of internment as low as possible, wherever possible, drove their approach to financing mental healthcare at Essondale. The confusion surrounding registration and payments for patients at Essondale, like S.H., reveals the complex and disorganized nature of the BCSC. His case also emphasizes the complexities of provincial versus national responsibilities for healthcare maintenance. Regardless of these efforts, the Commission paid $9,836.12 for internee care at Essondale during the 1943-44 fiscal year. From 1944-45 the amount paid was $10,369.41; totalling a cumulative cost of $20,205.53 for maintaining Japanese-Canadian patients in only two years.116

**Forced Community Connections: Class Divisions and Internee Mental Health**

Another prominent theme within the Essondale patient records is the divisions within the Japanese-Canadian community. Considering how and when this theme arises adds to our understanding of the diversity within the internee community itself. Looking at the ways in which community divisions were related to mental health deterioration during internment, demonstrates how internees coped, or did not cope, with forced community connections within internment spaces. Oikawa reminds us that while White people are individualized, “racialized subjects are often viewed as all the same; their complex and sometimes contradictory subject positions are not considered… essentializ[ing] racial difference while reifying a white Canadian

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The Essondale patient files show just some of the ways that internees were divided by their fellow community members, the medical profession, and the nation-state. In these records, they are understood to be divided along class lines, linguistics, religious affiliation, and other cultural markers. Often, these distinctions were erased by colonial narratives that were solely concerned with ‘othering’ the internees in justification of the internment policy.

The patient histories and personal reflections within these files are therefore significant because they document internal community divisions, most commonly predicated on differentiations in class or cultural practices. Moreover, the records suggest patients and medical professionals believed the artificial communities of internees created by the state were not mindful of cultural differentiations within the Japanese-Canadian community and therefore, when faced with the repercussions of these differences, internees mental health could suffer. For example, S. I.’s daughter told Essondale staff that, “S. I. [insisted] upon speaking high class Japanese and her attempts to place herself in a position well above the New Denver Japanese community … made her position one of lonely isolation.”118 When wartime relocation orders were put in place, S. I.’s family of three was sent to Slocan. One year later, S.I.’s husband was sent to the Sanatorium in New Denver. By 1946 the rest of the family moved to New Denver to be near him. Shortly after moving to this internment space, according to her daughter, S.I.’s personality began to change.119 Her daughter stipulated that:

there was an experience in Slocana [sic] to which the patient [attached] a great deal of importance. [S.I.’s family] were forced to live with two or three other families, sharing a common kitchen. One of these women was particularly unfriendly and she frequently got into fights with the patient…On one occasion, she struck the patient across the face. Inasmuch as her assailant was a member of a lower class, the patient never forgot the incident…120

Some of the internal class divisions of the Japanese-Canadian community are hinted to by S. I.’s daughter in the information she chose to share with medical staff. She valued this information

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117 Oikawa, Cartographies of Violence, 47.
118 “Background information provided by patient’s daughter for patient file”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1157, File 27732, British Columbia Archives, Victoria.
119 “Background information provided by patient’s daughter for patient file”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1157, File 27732, British Columbia Archives, Victoria.
120 “Background information provided by patient’s daughter for patient file”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1157, File 27732, British Columbia Archives, Victoria.
enough to feel it was necessary to share in justifying her mother’s mental condition. Her belief was that when people lived together, cooked together, and raised their children together with members of their community which they viewed for one reason or another as ‘different’ or ‘other’ it had a significant impact upon their mental state. The forced combining of a community that was not culturally, socially, economically, religiously, or even politically monolithic certainly strained relations within internment sites. The culmination of such tensions in health conditions conducive to institutionalization is not a commonly included aspect in internment history discussions. This family’s experiences of these tensions are more common placed in internee reflections, but the committal of S. I. because of these disparities in community identity markers is a more unique experience.

**Forced Professionalism: Race Divisions and Internee Mental Health**

In addition to these cultural, internal community divisions, the files from Essondale also document some examples of race-based medical professional discrepancies. In particular, there were often differences in how Japanese-Canadian physicians and White British-Canadian physicians detailed the history of Japanese-Canadian patients upon their admittance to Essondale. The medical certificates, which had to be filled out by two physicians upon referral for admittance to the mental institution, were very indicative of these racial differences. Discrepancies in medical certificates ranged from different spellings of the patients’ names to a vastly different representation of the patient’s character and condition.

In the case of patient K. K., Dr.’s Uchida and Venables produced two very different reports on the patient’s character and reasons for committal. Dr. Uchida’s medical certificate seemed to be strategically sanitized. His language and the patient history details he choose to include leaned in favour of supporting the care of the patient over smearing his morals. Conversely, the physician at New Denver identified by the BCSC as the White supervising physician, Dr. A. Venables, wrote in his medical certificate that K. K.’s admittance to Essondale was because of the patient’s “sexual urges,” and vulgar behaviour. His notes stated that this including simulating masturbation in public, public urination, and general wandering and

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pestering of fellow community members, including children. Dr. Uchida’s medical certificate pointed to delusions of God telling the patient that he was dead, singing, mumbling, and wandering about the community. There was no mention of the patient’s crude public behaviour. Meanwhile, Dr. Venables suggested drastic treatments that would dispel K. K.’s sexual deviancies and lude behaviour, going so far as to suggest a lobotomy.

Though it is impossible to say which physician’s medical certificate was more accurate of K. K.’s behaviours at the Rosebury internment site, the decisions which each physicians made, suggest some professional tensions may have been at play here as well. Dr. Uchida was the one Japanese-Canadian physician who decided to only treat Japanese Canadians. His experiences before the war as a young Japanese man in Vancouver, compounded with his experiences of internment, and he therefore “wouldn’t accept any white people. . .[and he] didn’t change his attitude after the war. [His] patients were Japanese. [He] didn’t look after Canadians.” The disparities in K. K.’s medical certificate arguably illustrates a different set of goals each physician had when offering their expertise and professional support to Japanese-Canadian patients. Both physicians recommended institutionalization, but Dr. Uchida sought support for delusions and the general unwell nature of his patient, while Dr. Venables’ supported a more aggressive approach to treatment for the same patient. Likely these professional divisions were rooted in long standing racial tensions.

There also appeared to be some professional tension between two physicians at Tashme – Dr. Miller and Dr. Shimokura. Dr. Miller writes to Colonel Arthur, Medical Supervisor of the BCSC, in October 1944, that he “approached Dr. Shimokura re: committing him [I. F.]and he [Shimokura] said that he would go down and see the Committee [camp leadership committee] first before he agreed to sign anything. He did and came back and agreed the man was very bad,

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122 “Medical certificate, signed by Dr. Venables”, (Sept 12, 1946), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23763, British Columbia Archives, Victoria.

123 “Medical certificate, signed by Dr Uchida”, S(Sept 12, 1946), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23763, British Columbia Archives, Victoria.

124 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23763, British Columbia Archives, Victoria.

125 Broadfoot, *Years of Sorrow, Years of Shame*, 208-210.

126 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23763, British Columbia Archives, Victoria.
but thought we should keep him here under observation for a while at our Hospital…” Dr. Shimokura seemed use the camp leadership committee at Tashme to achieve his preferred method of treating a Japanese-Canadian patient, much to the chagrin of Dr. Miller. Dr. Miller went on to note that Dr. Shimokura was feared among the nurse aides of the camp. The photographic and personal records of both Dr. Shimokura and Registered Nurse Alice Reid from Tashme strongly suggest otherwise.

The documentation of these tense moments suggests that the professional relationship between these two physicians working at the same internment site, Tashme, was strained along professional and racial lines. Dr. Miller used his social and professional status to speak to his superiors within the BCSC and the administrative staff at Essondale about what he believed was the true nature of this Japanese-Canadian patient. At the same time, Dr. Shimokura appears to have tried to protect this patient-internee from further isolation, and possibly deterioration, at Essondale. In the end, Dr. Miller’s connections outranked Dr. Shimokura’s. I. F. was admitted to Essondale in 1944 where he remained until his death in 1956. Once again, these Japanese-Canadian patient files from Essondale reveal a great deal about the internal politics of care within internment sites. They provide evidence that reinforces the conclusion that physicians across internment spaces were also divided along racial lines and demonstrate how this influenced their practices.

These patient records include facts that significantly add to a preliminary understanding of cultural differences among internees that lead to subsequent medical treatments and medical recommendations. These files leave a lot of room for further investigation based on patient experience that is not as easy to deduce. There is no clear indication as to why cultural differences were accepted as reason for mental deterioration to the point of institutionalization. Perhaps it was another way for the BCSC, and by extension the Canadian government, to alleviate themselves of any potential fault. There is also no clear indication that Essondale regularly took one physician’s medical certificate notes more seriously than the other based on the physicians’ race or otherwise. Both Dr. Uchida and Dr. Venables reports lead to subsequent

127 “Letter Miller to Arthur”, (October 26, 1944), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1292, File 22160, British Columbia Archives, Victoria.
128 “Letter Miller to Arthur”, (October 26, 1944), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1292, File 22160, British Columbia Archives, Victoria.
treatments of K. K. while he was at Essondale.\textsuperscript{130} And, while Dr. Shimokura campaigned for I. F. to remain at the Tashme Hospital to be monitored further, he does eventually sign off on his institutionalization. Unfortunately, we have no way of knowing if this was coerced or forced by Dr. Miller. Even though cultural differences among internees have been noted by scholars in an effort to dispel the myth of the Japanese-Canadian community as monolithic, the ways in which these differences led to different types of healthcare and professional outlooks on healthcare adds another aspect to our understandings internment history.

\textbf{Trans-institutional Movement, Inter-provincial Expenses, and Repatriation: Complicating Institution-based Care for Internees}

Another trend which the Essondale patient files expose is that institution-based healthcare for internees was dynamic. Internees could, and did, move between medical institutions within British Columbia, between provinces, and even internationally if they, or their family, chose to repatriate. Multiple patient files created between 1942 to 1949 trace the care of Japanese Canadians from the Sanatorium at New Denver to Essondale. More still document the challenges associated with moving Japanese-Canadian patients across provinces in Canada. The financial and political hurdles patient families came up against are the result of jurisdictional debates surrounding internee, provincial, and federal responsibilities. Finally, some patient files document patient, or patient family, decisions to repatriate to Japan. The international movement of institutionalized, mental hospital patients was equally logistically challenging according to these records. All of these instances of movement demonstrate another way in which the internment scheme was not isolated to internment sites, in interior British Columbia or to prairie farms. Patient files from Essondale show instances of Japanese Canadians continuing to be labelled as internees and ‘enemy aliens’. They were still internees even as they entered and were transferred between healthcare institutions, and sometimes, even as they were scheduled for deportation.

Multiple Japanese-Canadian patients who ended up at Essondale during the internment years began their medical treatment at other healthcare facilities operated by the BCSC. One patient, S. I. began her treatments for tuberculosis at the New Denver Sanatorium. Within a few months of her admittance to the Sanatorium she was transferred to Essondale for treatment of

\textsuperscript{130} Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1292, File 22160, British Columbia Archives, Victoria.
mental condition as well as the continued monitoring of her tuberculosis. For eight years she resided at the North Lawn Building, the infectious disease hospital wing within the larger Essondale medical facility, getting tuberculosis treatments and constant surveillance of her mental capacities.¹³¹

Likewise, S. Iz.¹³² was admitted to Essondale on June 2, 1945, from New Denver where she was receiving treatment for pulmonary tuberculosis as well.¹³³ S. Iz. was admitted to the Sanatorium from Taber, Alberta where her family was relocated to work on a sugar beet farm.¹³⁴ Since she was deemed indigent and her family could not financially support her treatments, she was forced to leave her family and return to British Columbia to receive care at the BCSC’s centralized institution for tuberculosis care, the Sanatorium in New Denver. According to the medical certificate filled out by Dr. Uchida, she became upset when she found out she was to be sent to New Denver for treatment.¹³⁵ The isolation of the Sanatorium further alienated S.Iz. from her family and from Canadian society. Her mental health suffered because of these institutions of internment. She died at Essondale within three months of her admittance from “acute exhaustion of manic depressive depression.”¹³⁶

S.Iz.’s movement was controlled by the BCSC by facilitating her movement between approved institutions where they could pay for her treatment and continue to monitor her. In less than a year, S.Iz. moved from Taber, Alberta, to New Denver, British Columbia, to Coquitlam, British Columbia. She moved back inside of the protected area of British Columbia when she was admitted to the Provincial Mental Hospital. Institutionalization did not alleviate her of her internee status. But at the same time, her internee status did not mean her healthcare experiences were entirely static. Her experiences illustrate the geographic span of the internment policy went beyond designated internment sites and included other state institutions, like hospitals.

¹³¹ “Ward notes”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1157, File 27732, British Columbia Archives, Victoria. 2 ¹³² To differentiate between two patients with the same initial I have added the second letter of the last name to this patient’s pseudonym. ¹³³ “Ward notes”, (June 2, 1945), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria. ¹³⁴ “BCSC letter, from Sanatorium in New Denver, signed by Dr. Uchida”, (May 31, 1945), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria. ¹³⁵ “Medical certificate, signed by Dr. Uchida”, (June 2, 1945), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria. ¹³⁶ Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1281, File 22678, British Columbia Archives, Victoria.
The complicated politics of healthcare surrounding Japanese-Canadian internees extended beyond institutions in British Columbia. When the family of a patient held at Essondale moved east of the Rockies, following orders given to them by the Dominion government, they were told: “the care of the mentally ill of each province is a provincial responsibility and, unfortunately, there is no inter-provincial means of transferring a patient from one province to another…”137 So, when S. I.’s daughter requested that her mother be transferred to a hospital in Ontario after moving in 1947, she was told that it was impossible to do so because “the Ontario Government will not accept responsibility. Were you able to arrange accommodation for her in a private hospital, we might be able to assist you in the matter of transportation.”138 Obvious class-based differentiations were also evident here. Those patients who had families that were unable to support their care financially, deeming the patient indigent, were often the families who could likewise not afford to make arrangements for their family members to move to private facilities following an interprovincial move. This is, of course combined with race-based restrictions and resentment they likely faced in their new homes as well. In such cases, families were often left with no other option but to leave their relative in British Columbia so that they continued to receive the care they needed. Prior to the 1960s movement for deinstitutionalization, transferring patients between mental hospitals was viewed as the socially acceptable, perhaps the only, option for securing required assistance and care for one’s family member who was institutionalized.139 Therefore, Japanese-Canadian families who could not fund the movement of their relatives to new provincial institutions were left with no real alternative – either their family member continued to be care for at Essondale or they risked not being able to support their institution-based care requirements in their new home province.

Revealingly, the movement of patients in the opposite interprovincial direction, typically Ontario to British Columbia, was not as difficult to arrange. A few of the patients’ files demonstrate this trend. H. Y., who initially did not want to go to the work camps in British Columbia and was therefore sent to the Angler internment camp in Ontario in 1942, was returned


138 “Letter from J.E. Boulding, Deputy Medical Superintendent of Essondale to daughter of patient (unnamed)”, (Jan 8, 1959), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1157, File 27732, British Columbia Archives, Victoria.

139 Dyck and Deighton, Managing Madness, 195-196.
to Essondale when he became nervous about the conditions within the Ontario camp. This occurrence suggests that the movement of patients of Japanese-descent between provinces was not impossible to arrange. H. Y.’s experience shows that the financial responsibility for these patients was the underlying reason for their lack of interprovincial mobility. There was a desire to continue to collect and segregate these racialized patients in one place, preferably in British Columbia, where the BCSC could make payments for their care to one institution, streamlining their financial responsibilities to the internee community.

When the issue of repatriation to Japan is included in these discussions of Essondale patient mobility, it is even more evident that finances and social responsibility for this patient population were chief concerns among those who constantly debated their role in paying for their care. There were cases where the administrators at Essondale tried to send patients back to Japan before repatriation was surveyed en masse by the BCSC. Often this was instigated by the patient asking to be sent to Japan, but was only taken seriously if the Essondale staff thought they were of relatively sound mind. The idea of repatriating a patient to Japan cause a breadth of logistical difficulties for the administration of Essondale. The BCSC was eager to send internees, patients or not, to Japan where they would be wards of another nation. But, there was some confusion as to the responsibility of Essondale medical staff in ensuring the patient was properly cared for and did not deteriorate on the journey. Ultimately, some of the patients at Essondale which the BCSC administration attempted to repatriate died before they could do so. This meant that the BCSC had to take responsibility for their burial arrangements.

In some respects, movement internationally was the same as movement provincially. For those patients who desired to go back to Japan, there was a need to locate family willing to vouch for them and provide arrangements for them in Japan. However, according to the patient files from Essondale, there was never an attempt by the BCSC to search for family of patients outside of Canada. Many patients and their families “abandoned [the] intention of repatriating

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140 “Patient history”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1311, File 21157, British Columbia Archives, Victoria.
141 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1315, File 20924, British Columbia Archives, Victoria; Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1, File 21961, British Columbia Archives, Victoria.
142 “Ward notes”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23763, British Columbia Archives, Victoria.
143 “Various letters from family members”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1257, File 23763, British Columbia Archives, Victoria.
to Japan,” as they gained a better understanding of the coercive nature of the repatriation survey.

The case of patient N.W. reveals many of the logistical considerations staff at Essondale and administration of the BCSC had to consider when moving patients between nations and institutions. N.W. was tentatively approved for discharge when her family was planning to return to Japan in 1946. N.W. was about 4 months pregnant when admitted to Essondale for treatments for paranoidal schizophrenia. Her discharge was tentatively approved based on financial responsibility being transferred to her family. At that time, N. W. was still pregnant. Hospital officials and medical staff intended to allow the patient to continue her pregnancy should the family repatriate to Japan. Repatriation would suggest that the financial and welfare responsibilities of this patient, and her child, would rest with her family or Japan should she become indigent again. However, when administrators at Essondale found out that her family was no longer planning to move to Japan, there was a letter added to N. W.’s patient file which stated:

the matter should be investigated as to why Mr and Mrs [N.W.] have not carried out their original plan to return to Japan. If it is their intention to remain in Canada, we feel that it would be unwise to allow the present pregnancy to continue, providing it is still in the early months, as there is considerable probability that if the pregnancy is allowed to continue it will probably precipitate a further recurrence of her mental illness.

The medical professionals at Essondale positioned themselves in these records as though they were making a decision about terminating N.W.’s pregnancy because of her mental health. However, because of the recommendation’s correlation with repatriation, it is not unfounded to presume that this decision was also made on the basis of cost of maintenance and welfare responsibilities. The responsibility to care for the child, in addition to the mother, if the family did not repatriate and remained in their indigent class status, would fall to the Dominion government. A handwritten note within her file, from the non-Japanese physician at Grand Forks who initially recommended N.W.’s committal to Essondale, states: “I feel that the pregnancy

144 “K Saito to the Superintendent of Mental Sanitorium, Essondale”, (July 23, 1946), in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 1315, File 20924, British Columbia Archives, Victoria.


146 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0990, File 36477, British Columbia Archives, Victoria.
should be terminated and sterilization done at a later date.” Evidently, the financial status of the mother and her family influenced the recommended actions surrounding the patient’s pregnancy.

N. W.‘s pregnancy and the debate over termination and subsequent sterilization add a gendered aspect to the BCSC’s consideration of cost efficiency and medical care for the Japanese-Canadian community. Her status as an indigent patient justified a debate among medical professionals and government representatives as to her capability to continue her pregnancy and care for a child in the future. These details are unique to her patient file – sterilization is not discussed in any other Japanese-Canadian patient file from 1942 to 1949. This does not mean the procedure was not considered. Indeed, British Columbia had a sexual sterilization law in effect since 1933. N.W.’s experiences at Essondale exemplify how issues of repatriation and welfare responsibilities among the wider Japanese-Canadian community impacted institutionalized community members. In her case, and a handful of others, the mental hospital became a place of deportation when Japanese Canadians, regardless of whether they were born in Japan or not, were faced with the option of repatriation.

**Internment at the Institution(s)**

The onset and continuation of removal, forced relocation, and segregation policies are all attributed to Japanese-Canadian patients’ mental state several times, across multiple patient files from Essondale. Isolation and segregation within medical institutions amplified the containment goals of internment. Furthermore, the trans-institutional movement of internees, between various healthcare institutions operating in collaboration with the internment scheme, shows the critical role of institutions in the successful implementation of internment policies.

The inclusion of the Japanese-Canadian patient experiences from Essondale during internment expands our knowledge of the internment experience overall. The predominate narrative that the community persevered or that Japanese Canadians made of the best of the situation is a perpetuated falsehood. Not every internee was okay. Not every patient got better.

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147 “Handwritten note”, in Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0990, File 36477, British Columbia Archives, Victoria.
149 Mental Health Services Patient Case Files Series, GR-2880, Accession 93-5683 (1943-1969), Box 0990, File 36477, British Columbia Archives, Victoria.
There were cases where ill health occurred because of the mental and physical toll which internment took upon community members.

The silencing of these patient’s records reveals that the stories which are known, told, and commemorated about internment are largely controlled by the Canadian state. Patients at Essondale did not fit within the government’s constructed, positive public narrative of internment. Therefore, they are not acknowledged. Further, the role of healthcare institutions within internment policies is only ever positioned by the government as positive. The taboo understandings of institutionalization and poor mental health conditions, coupled with their internee status, meant the almost entire exclusion of the names and stories surrounding the patients admitted the Provincial Mental Hospital in British Columbia from various internment spaces within the archival record.

The patient files from the British Columbia Provincial Mental Hospital illustrate a multitude of experiences of internment which have not been the focal point of historical examinations. Once again, considering health and healthcare as essential aspects of the internment experience gives us a new way of examining internment as a complex experience that was not confined to segregated internment sites but rather travelled with people designated as “enemy aliens” wherever they ended up. Whether that was to a nursing school in Guelph, Ontario, or a mental health institution inside the protected area of British Columbia, Japanese-Canadian internees retained their internee status as they moved between and out of designated internment sites. Thus, considering the experiences of Japanese-Canadian patients, like those of their Japanese-Canadian healthcare providers, brings the history of Japanese-Canadian internment into the broader history of healthcare in Canada and illustrates the geographic scope of internment to be truly national.
CHAPTER FOUR: REALITIES, MYTHS, AND CONSTRUCTED PERCEPTIONS OF HEALTHCARE DURING INTERNMENT (1942-49)

It was important for international reasons that no Japanese, even if a Canadian citizen, be permitted to die from medical neglect.

- Forrest E. La Violette

Due to both international and national considerations the Canadian government became very concerned with ensuring the observable, adequate health and wellness of Japanese-Canadian internees in the early 1940s. Initially it was believed that portraying an image of fair, equitable treatment of Japanese Canadians would ensure Canadians abroad were treated with equal fairness. The quote above by sociologist Forrest E. La Violette, who undertook multiple anthropological field-studies of Japanese internment camps in Canada and the United States, was mirrored in multiple government reports throughout the 1940s. “International reasons” were a growing, prominent worry within reports on internment conditions through the decade. As early as January 14, 1942 the Prime Minister of Canada released the following statement, directing that the BCSC ensure:

No action will be taken or permitted which would give any excuse to the Government of Japan for mistreating Canadians under Japanese control. Nor will any action be taken or permitted which would help the Japanese anywhere to arouse Asiatic hostility against the white race.

International delegates and national commission members who reported on the conditions within internment sites were aware of the government preoccupations with potential international repercussions of internment. Therefore, their reports ensured that the government and the internment conditions were positioned in a positive light. Even when recording the complaints

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made by internees there was an attempt to absolve the Canadian government of any negative results of internment. For instance, International Red Cross representative, Ernest L. Maag, noted that a mass relocation of this scale was surely difficult but was done “without incurring a number of hardships…[and] the care for the sick on the whole [was] adequate…” These passing remarks about the health of internees set a precedent for the continued efforts to position internment as positive on an international and national stage.

Thus, as internment continued in the early 1940s, demonstrating the maintenance, or improvement, of good health within the Japanese-Canadian community became an invaluable tool for the national promotion of the internment policy. International concerns were not the only reason the federal government collected positive reports of internee experiences. National, general public perceptions of internment were also closely curated by the British Columbia Security Commission (BCSC) and other federal representatives concerned with internment administration. Reports and images of healthy, smiling internees, looking very much like any other healthy Canadian became a central aspect of propaganda about internment. The perceptible good health of internees and their ability to integrate into Western, modern, bio-medical ideals of health and sanitation served the government well in proving to Canadians that Japanese-Canadian internees could assimilate, were no longer a threat to the nation, and could therefore settle east of the Rockies, as was the central aim of internment as a dispersal strategy.

Therefore, though healthcare was not the first concern of internment policy makers, it quickly became an essential consideration. The construction of healthcare facilities throughout internment spaces, coupled with the training and employment of Japanese-Canadian medical professionals, demonstrated that the government was tackling very real healthcare needs among the internee community. But the strategic manipulation of these realities within state-funded propaganda indicates how health was a useful tool of the state in proving their reasoning and rationale for internment.

The use of health and wellness as themes within propaganda was a thoughtful strategy that aligned with contemporary concerns over immigration, moral and physical health of society, and the future of the Canadian nation-state. Health was used, and accepted by the Canadian

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public, as a colonialist tool of social integration. The government subtly showed Canadians that the Japanese community was becoming assimilated, ‘Canadianized’ members of society by showing the internees as willing participants in British-Canadian practices of health, hygiene, and modern medicine. Japanese-Canadian internees were shown to be assimilated through Western medical culture and care facilities. By extension, internees were portrayed by the government as thankful for the care internment provided. According to government records, at internment sites Japanese-Canadians were exposed to healthy outdoor spaces, like the lakes and fresh air of the Kootenay Mountains. They were also vaccinated, tested, and treated for infectious diseases according to Western, modern medical norms. The overcrowding and inadequate housing, particularly in the winter months, was not often discussed in government documentation. Thus, the Canadian government constructed an image of internment that argued the plan was beneficial for the safety of Japanese Canadians and wider Canadian society. At the same time, internment was advertised as a means of integrating this group of immigrants into ideal Canadian cultural norms.

This chapter offers a case study of one propaganda film produced by the National Film Board (NFB) of Canada –of Japanese Descent: An Interim Report (1945). The film provides an opportunity to explore Japanese-Canadian internment through a unique lens which combines themes of health, the state, and assimilation strategies of nation-builders of the early- to mid-twentieth century. –of Japanese Descent was sponsored by the federal Department of Labour and distributed by the NFB. It was produced when the NFB was “deeply into its war-propaganda phase.” It followed the same style as other productions of the era and aimed to achieve a particular goal as a tool of the state: to portray government action through a positive lens with a clear intention of shaping viewers to believe their government acted in the best, most just

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manner. Examining this state tool of information construction and dissemination demonstrates the efforts of the Canadian government to portray internment as positive, all while playing upon central themes of socio-cultural concern within the nation.

The short film showcases how health and general wellness of internees became essential to the discourse surrounding Japanese-Canadian internment. It stives to show viewers that internees were healthy, and the environments of internment spaces were similarly hygienic and clean. The Canadian government chose to show that internment created an opportunity to produce healthier members of this ethnic community. They did not show any images that suggested internment itself created the conditions which necessitated the construction or appropriation of healthcare facilities to treat up-rooted Japanese Canadians. By extension, the fact that Japanese-Canadian community members were needed in unprecedented numbers to care for their own community, was not mentioned. Instead, the narrative of the film emphasized that the healthier internees became the more assimilated, loyal citizen of Canada they could be.

The patients who spent time at the New Denver Sanatorium were the stars of this nationally viewed propaganda film. Their outward positivity and healthy appearance in—of Japanese Descent was used to justify broader internment practices and policies. Their experiences can be directly contrasted to the patients who were sent to Essondale, to be treated for mental health concerns brought on by internment policies and conditions, who were not spoken about. The patients shown in the film at the Sanatorium were well dressed, appeared well-nourished, and were presented in generally good spirits. The film demonstrates that one of the most effective ways of proving internment did not negatively affect the Japanese-Canadian community was to show Canadians that the internment spaces were clean, internee homes were sanitary, and health was improving among the ethnic community members.

The use of silent, compliant, racialized patients as a primary visual representation of adequate healthcare shows that the government was concerned with documenting sufficiency in care and the assimilation of a population perceived as entirely ‘other’ through modern, Western medicine. Unsurprisingly, Japanese-Canadian medical professionals themselves were not the

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8 Zoe Druik, Projecting Canada: Government Policy and Documentary Film at the National Film Board (Montreal: McGill-Queen’s University Press, 2007); Gary Evans, John Grierson and the National Film Board: The Politics of Wartime Propaganda (Toronto: University of Toronto Press, 1984).

focal point of this production. The government was not concerned with showing broader Canadian audiences that Japanese Canadians were also healthcare professionals, educated at Canadian institutions, who had been integrated into Canadian society for decades.\(^\text{10}\) They conveniently played upon popular, racialized opinions about the Japanese-Canadian community members, which were further radicalized by the events of the Second World War. In particular, the idea that Asian immigrants were unclean was exaggerated to illustrate the Japanese internee community as improving their standards of living and general cleanliness within internment spaces.\(^\text{11}\) An emphasis on health in the film also took advantage of other nationalistic opinions about immigrants as vectors of disease who could only hope to be assimilated (saved, even) by accepting Western biomedicine as doctrine and best practice.\(^\text{12}\)

The central way the government chose to demonstrate the community’s improved health over the course of the 1940s was to show that infectious disease was being reported to proper officials and treated according to Western medical expectations at the New Denver Sanatorium. The visual of the Western medical facility allow for viewers of the government production to see internees conforming to well-known, Western ideals of medicine provided through a designated, modern medical facility. As well, the emphasis on ridding the ethnic community of tuberculosis spoke to other similar assimilation efforts in the nation at the time. Indigenous communities and other Asian communities in British Columbia were among the most targeted groups for tuberculosis campaigns.\(^\text{13}\) Even in La Violette’s brief consideration of the medical care and welfare of the interned Japanese-Canadian community, he pointed to “the construction and operation of the New Denver Sanatorium [as] one of the undeniable good things which [came]


\(^{\text{11}}\) Patricia Roy, A White Man’s Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858-1914 (Vancouver: University of British Columbia Press, 1989), 32. It was more often Chinese immigrants who were consistently perceived as unclean, but Japanese immigrations were periodically included in these general stereotypes when they served the larger goal of the nation or province in proving their “otherness” in relation to health and hygiene.


out of evacuation, for it [was] built for permanent use and [was] a definite contribution to the public health programme of Canada.”

The State, Health, and Assimilation

Focusing on good health allowed the government to show internment efforts as part of growing state assimilation policies justified under the guise of social reform and hygiene. This thematic focus in –of Japanese Descent reveals contemporary concerns of state-builders and the general Canadian public. Due to fears over preserving an ideal ‘Canadian’ race, grounded in British norms, the arguments made in the film would have been easily understood by viewers as positive action to integrate this immigrant community into the Canadian nation. Thus, the film worked towards justifying the mass civilian internment that occurred, moving beyond the initial argument that forced relocation was necessary to preserve national security.

Throughout Canada and the United States policies and practices arose amidst increasing rates of immigration at the turn of the twentieth century which spoke to growing political and popular concern over the social, moral, and so-called genetic deterioration of the nation. Historian Marius Turda places eugenics at the centre of this narrative, as the epitome of converging concerns over racial purity, the health of society, and expanding senses of nationalism in the twentieth century. In her examination of the Alberta Sterilization Act, Erika Dyck explains how the “language of ideal citizenship relied on racialized hierarchies conceptualized within a broader colonial framework.” The desire to build a strong nation, united in social and cultural standards, all while striving for idealized modernism, was indeed facilitated through eugenic policies. This was epitomised in British Columbia with rampant,

14 La Violette, The Canadian Japanese and World War II, 103.
19 Dyck, Facing Eugenics, 59.
vocal calls from provincial authorities to curb the “Oriental problem”\textsuperscript{20} Part of this demand for the assimilation of immigrant groups manifested in educational and coercive campaigns through mediums such as film. These propaganda productions situated British, Western medical understandings of health as the ideal standard to strive for in preserving social purity.\textsuperscript{21}

The approach to the healthcare maintenance of Japanese-Canadian internees paralleled regional expressions of eugenic programs concerned with assimilating marginalized, lower class, racialized communities into Canadian society through medicine and social hygiene campaigns. Of course, colonial assimilation tactics were by no means a new aspect of the Canadian medical sphere. As historian Esyllt Jones acknowledges in \textit{Radical Medicine}, “healthcare, like all state institutions, rests upon social hierarchy and inequality.”\textsuperscript{22} Eugenic ideas concerning class, ethnicity, and hygiene were prevalent in early twentieth century Canada, particularly in Alberta and British Columbia where sexual sterilization policies were enacted in 1928 and 1933, respectfully. As Dyck demonstrates, “at the heart of eugenics programs…lay a desire to exert power and surveillance over families that did not suit the national or regional plan.”\textsuperscript{23}

Healthcare institutions were a means of assimilating the internees and proving to the Canadian public that internment was benevolent and beneficial to citizen-building within the ethnic community. With these state and social goals in mind, the BCSC took various steps to ensure the internees had adequate Western, modern medical care. The building of hospitals within internment sites highlighted the government’s belief in “the relationship between good health and proximity to a modern hospital.”\textsuperscript{24} Infectious disease prevention through vaccination, screening, and isolation-based treatments within formal Western, healthcare facilities were all acceptable expenses for the government to incur because these efforts furthered the goals of assimilation into the Canadian state. Compliance with health measures of this kind were all part of the wider history of assimilation of minority groups in Canada through health. Multiple examples of assimilation efforts propagated through healthcare measures can be attributed to the Canadian government over the course of the nineteenth and twentieth centuries – from

\textsuperscript{21} Leavitt, \textit{Typhoid Mary}; Valverde, \textit{The Age of Light, Soap, and Water}.
\textsuperscript{23} Erika Dyck, \textit{Facing Eugenics}, 7.
\textsuperscript{24} Erika Dyck, \textit{Facing Eugenics}, 64.
immigrant medical examinations which could hinder their entry to the nation, to Indian Hospitals segregating Indigenous people at substandard institutions.\textsuperscript{25} Japanese-Canadian internee healthcare of the 1940s should therefore be understood as another layer of the racialized, exclusionary history of socialized medicine in Canada.

The BCSC’s healthcare initiatives during internment, while positioned as unquestionably positive, were assimilative in intention. They were enacted at a time when medical inspections and healthcare provided for immigrants were regulated based upon desirable racial criteria more than medical facts.\textsuperscript{26} This was amplified in British Columbia by the widespread mistrust of Japanese immigrants and the pervasive assumption that “they could never be assimilated.”\textsuperscript{27} The belief that “Oriental immigration precluded a homogenous Canadian citizenship,” and threatened the very nation’s existence was supported widely by British Columbian politicians and citizens, and echoed in national policies. As historian Isabel Wallace demonstrates, there was “widespread conception that “Oriental” diseases threatened non-Asian public health in the first half of the twentieth century,” in Canada.\textsuperscript{28} The public view at the time was that immigrants carried and spread disease to otherwise healthy spaces and infected people in colonialist nations.\textsuperscript{29} Like internment sites, often the conditions of immigration ships resulted in immigrants contracting or being more susceptible to infectious diseases.\textsuperscript{30} However, this reality was amplified by nativist ideals concerned with preserving the social purity and health of the nation and the ideal British-Canadian race.\textsuperscript{31} Thus, health policies made during internment which held the potential to show Canadians that this population of racialized, Orientalized “others”, an “alien race” was cooperating with and embracing British-Canadian ideals of a healthy society were particularly useful for the positive narrative the government strove to construct for national audiences.

The Canadian government therefore sought ways to report on positive aspects of internment which aided in the broader narrative of integration of immigrants into healthy Canadian society. The perceivable improvements in health, sanitation, and prevention of disease were among the most valuable tools at their disposal for shaping this discourse when it came to the Japanese-Canadian internee community. Even before the Sanitorium at New Denver became

\textsuperscript{25} Wallace, \textit{Not Fit to Stay}; Lux, \textit{Separate Beds}.
\textsuperscript{26} Kraut, \textit{Silent Travellers}.
\textsuperscript{27} Ward, \textit{White Canada Forever}, 106
\textsuperscript{28} Wallace, \textit{Not Fit to Stay}, 10
\textsuperscript{29} Kraut, \textit{Silent Travellers}; Leavitt, \textit{Typhoid Mary}.
\textsuperscript{30} Wallace, \textit{Not Fit to Stay}.
\textsuperscript{31} Valverde, \textit{Age of Light, Soap, and Water}. 
the “showplace” of the internment scheme, as Maag reported in 1943\(^\text{32}\), the success of vaccination efforts among internee children was used by the state as a tool to advertise the growing accomplishments of the wider internment scheme. Vaccination of Japanese-Canadian children against infectious, communicable diseases was one avenue of medical expenses that the BCSC deemed appropriate. In a report to the Medical Supervisor of the BCSC on work done at Kaslo, British Columbia from April 1943 to March 1945 it was detailed that:

…as soon as possible after getting facilities ready we inoculated all the children up to high school age against scarlet fever, pertussis, diphtheria, typhoid, and vaccinated all who had not been done in the last five years. The children who have been born since are inoculated as soon as they are 6 months old. The result is that we have not had one case of communicable disease since 1942… it is my opinion it was a justifiable expenditure as owing to the crowded conditions up until recently. An outbreak of contagious disease would have been difficult to handle.\(^\text{33}\)

The inoculation of children, like the treatment of tuberculosis, was used by the government as evidence of their benevolence towards the Japanese-Canadian community. The reality of improved community health, particularly of children, is hardly a negative attribute of internment healthcare. However, the unacknowledged aspects of pre-internment healthcare for Japanese Canadians, as well as the ill-health-fostering conditions of internment spaces, are essential contexts to consider when placing the inoculation of children in a broader history of health of the community. Multiple internees, including Ken Morisawa, recalled that conditions even at the initial collection centre in Vancouver (Hastings Park) were “fairly primitive, it [Hastings Park] smelled and the sanitary conditions were not the greatest and [they] got everything that you can catch, including the flu, dysentery, smallpox, whatever was going around we got it.”\(^\text{34}\) The spread of infectious disease caused by overcrowding and poor sanitation of internment spaces is just one example of an internment-era condition which was forced upon the Japanese-Canadian community because of relocation policies. In turn, these conditions resulted


In healthcare initiatives, like the inoculation of children, that the government used to their advantage when shaping a positive narrative about internment policies.

Inoculation and isolation based institutional care were two strategic health measures taken by the BCSC to prevent compounding costs of medical care and poor public perceptions of the internment spaces. Furthermore, the racialized connotation of infectious diseases, the common belief that immigrants and minority ethnic communities were vectors of disease, supported the efforts of the BCSC in spending medical funds in this manner. Ultimately, these efforts furthered two paralleled goals. First, to support the perception that internment was done to protect Canadians. Second, to demonstrate one way that the relocation of the entire Japanese-Canadian community served the betterment of the racialized internees as well.

The New Denver Sanatorium – A ‘Showplace’ of Internment

The Sanatorium at New Denver was only one of the racialized, isolation-based institutions which treated minority groups in Canada by the mid-twentieth century. Healthcare institutions, such as hospitals and sanatoria, reinforced and perpetuated a belief in social hierarchies reflected in race-based exclusions. Segregated healthcare spaces ensured race-based (as by association, class-based) diseases were contained through humanitarian efforts. The separation of the ‘other’ from mainstream, British-Canadians within healthcare institutions ensured that assimilated, cooperative Canadian citizens received the best modern medical care without risking exposure to disease or other afflictions of immigrants or otherwise racialized bodies.35 During this period when hospitals in the Western world were working to be redefined as a place for preventative, modern, scientific medicine, institutions also worked to reinforce social hierarchies of health and health access. This was deemed increasingly central to nation building as the health of the nation quickly became central to fostering a uniquely Canadian identity.36

In Canada, perhaps the best indication of this tiered, segregated system of institution-based healthcare, and its correlation with nation-building and assimilation efforts, was the introduction of Indian Hospitals. Historian Maureen Lux argues, “Indian hospitals reflected the

changing role of healthcare in an emerging welfare state, but they were also firmly rooted in persistent, century-long government policies that… sought to protect, civilize, and assimilate Aboriginal people.”

Indian Hospitals created a physical place where state policies were carried out as Indigenous people were “segregated in order to assimilate and [isolated] in order to integrate.” Like other “underfunded, poorly staffed, and racially segregated institutions” Indian Hospitals isolated racialized bodies while Canada worked towards defining “national health as liberal white citizenship.” These institutions were likewise documented by the government through “positive images of life and death… [and] ‘excellent propaganda’…” The images produced and archived from Manitoba’s Indigenous tuberculosis treatment facilities alone constitute hundreds of images of Indigenous patients within federal institutions. They follow similar trends to the photographs and films produced about Japanese-Canadian internee tuberculosis treatment in that they too show recovering racialized bodies becoming ‘healthier’ through Western, modern medicine.

The Sanatorium at New Denver was another construction of the nation-state concerned with the health of marginalized people because of the interests of nationalism. The institution was a physical indication to Canadians that they would be protected from not only the perceived security threats of Japanese Canadians but also from the infectious diseases they were believed to be biologically prone to carrying. The specialized healthcare institution offered a centralized location through which the successful treatment of tuberculosis within the internee community could be documented and shown to broader audiences through images and film. Thus, the propaganda which focused on New Denver played upon the trope of immigrants as vectors of disease. Using this construction of the isolated racialized, diseased immigrant body allowed the government to portray the internee community as a one solely made up of immigrants in need of integration – effectively hiding the fact that more than sixty percent of internees were born in Canada.

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37 Lux, Separate Beds, 7.
38 Lux, Separate Beds, 129.
39 Lux, Separate Beds, 191.
40 Lux, Separate Beds, 129.
As a site of exclusion and isolation, the Sanatorium was an extension of the internment plan itself. The medical discourse of the era supported the idea of patient improvement through confinement. In particular this approach was used for those who were understood to have a background or social standing that had not yet granted them the ability to be rational, healthy citizens on their own—such as Japanese-Canadian internees. Like Maureen Lux argues of Indigenous tuberculosis treatment at Indian Hospitals in the twentieth century, race-based isolation in healthcare institutions “represented an effort not to isolate less, but to isolate better.” These institutions were part of the “broader colonial project of racial exclusion and isolation [and] Western medicine [was] far from benign and apolitical,” in the larger colonial project.

Treatment at the New Denver Sanatorium, like other sanatoria of the era, emphasised patient bed rest, confinement, followed by exposure to ‘fresh air’ as an essential component of recovery from tuberculosis. Former patient Eddie Nishida remembered the treatment including laying flat on the bed, no standing, and no moving for months before being able to move around the Sanatorium grounds. Once patients were well enough to be exposed to fresh air or move around the grounds, the surrounding mountainous and lake-filled environment of the Slocan Valley played a vital role to the success rate of patient treatment at New Denver. The racialization of the disease, combined with widespread anti-Asian sentiments in British Columbia, made building a sanatorium for the interned community a priority in the eyes of the federal government. The ideal environment of interior British Columbia boosted this plan further.

The Sanatorium became a “showplace” of modern medicine for the Canadian government; framed even after internment as a positive outcome of a racist policy. The concept of segregating Japanese-Canadian tuberculosis patients during the 1940s reflected earlier social reform efforts and continued racial prejudice. Indeed, the needs of most of the Canadian public of British descent were the central focus of funding and policy decisions for the BCSC.

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43 Lux, Separate Beds, 10  
44 Lux, Separate Beds, 9  
45 Tabiji: She journeyed with them. Directed, written, and produced by Denise Calderwood, (2003).  
However, at every stage, the BCSC disguised their actions as beneficial to the Japanese-Canadian community. But the purpose of this institution was clear – the Sanatorium was a formal exercise of state power that intended to maintain the status quo and public order of Canadian society by isolating diseased, inferior bodies of the “other.”

Ironically, at the same time the Sanatorium was also a site of significant Japanese-Canadian healthcare labour. The hiring of Japanese-Canadian physicians, nurses, and auxiliary staff for the institution, allowed the community a very unique chance to provide culturally inclusive care to their fellow internee community members. This reality, as previously discussed, sets the Japanese-Canadian internee-patient experience apart from other race-based segregated healthcare institutions in Canada. In addition, the emphasis on sanatorium-based care provided the opportunity for Japanese-Canadian medical professionals and community members to focus on tuberculosis treatment during the war. Earlier efforts to control and treat tuberculosis within the community, exemplified by the nurses and doctors who worked at the Japanese Clinic in Vancouver, continued into internment because of the Sanatorium.\(^47\) This was both a benefit to the community in terms of managing the spread of this infectious disease and served as a way to further align themselves with the Canadian nation-building project by actively working alongside other healthcare providers in the nation to rid the country of so-called “immigrant diseases.”\(^48\)

The patient experiences at New Denver were diverse and reflect tensions and the needs of the community in a way that government reports on expenditures and state-funded propaganda choose not to include or highlight. Often, internees contracted tuberculosis which necessitated their stay at the Sanatorium in the 1940s because of internment conditions. For instance, Mr. Shoichi Matsushita, who was hired as a carpenter at Hastings Park, developed a haemorrhage which led to him contracting tuberculosis while being treated at the make-shift hospital within

\(^{47}\) Reid, “St. Joseph’s Oriental Hospital”.

\(^{48}\) Discussion surrounding public health and immigration restrictions in Canada and the development of the idea that particular diseases (infectious, mental, etc.) were biologically inherent to immigrants, and therefore a threat to healthy Canadian society which had to be monitored and controlled, can be found in the following works.; David C. Atkinson, *The Burden of White Supremacy: Containing Asian Migration in the British Empire and the United States* (Chapel Hill: University of North Carolina Press, 2016); Ian Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca & London: Cornell University Press, 1997); Alan Kraut, *Silent Travellers: Germs, Genes, and the “Immigrant Menace”* (Baltimore: Johns Hopkins University Press, 1995); Peter W. Ward, *White Canada Forever: Popular Attitudes and Public Policy Toward Orientals in British Columbia*, 3rd ed. (Montreal: McGill-Queen’s University Press, 2002). The further development of this idea is illustrated by those scholars who look at historically ‘racialized” diseases. For example, see: Maureen K. Lux, *Medicine That Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001); Keith Wailoo, *Dying in the City of Blues: Sickle-Cell Anemia and the Politics of Race and Health* (University of North Carolina Press, 2001).
Hastings Park. He was later moved to New Denver. Mr. Matsushita remembered that the people in the towns surrounding New Denver were still somewhat anti-Japanese and were certainly discriminatory towards people who had tuberculosis. He was hospitalized for eleven months in New Denver and recalled feeling discriminated against by his own people as well. Another former patient of the institution, Eddie Nishida, similarly remembered not telling his family about his tuberculosis diagnosis because whole communities were known to banish people or avoid families based on a tuberculosis diagnosis.\(^9\) Public Health Nurse Eileen Williams wrote in *The Canadian Nurse* before internment that “there is a social stigma on those who have the disease and they do not wish the neighbours to know.”\(^{50}\) Likely, part of this tension related to the trope of immigrants as vectors of disease which tarnished the community’s reputation and perceivable ‘Canadian-ness’. As historian Patricia Roy argues, “the construction of the sanatorium caused some consternation within the Japanese [Canadian] community because the Japanese were ‘very frightened of TB.’”\(^{51}\) The happy patients and smiling community members portrayed in government photographs and films show no such internal tensions. Similar to other hospitals across the nation, the development of this institution at New Denver provided more than just a space for medical services. It also employed people and provided a sense of community-building for those who were isolated from mainstream society.\(^{52}\) The institutional space fostered community and personal connections. For instance, Eddie Nishida met his wife, who was also a patient, at the Sanatorium.\(^{53}\) But, this did not eliminate the associated discrimination experienced by those who worked, lived, and were treated within the Sanatorium. Mr. Matsushita also met his wife at the Sanatorium where they both experienced these multifaceted layers of discrimination. She was a nurses’ aide who arrived in New Denver from Slocan in 1944. She was one of the Japanese-Canadian women, discussed in Chapter Two, who received professional training within an internment medical space which allowed her to then move between internment sites. Part of Mr. Matsushita’s rehabilitation was occupation-based

\(^9\) *Tabiji: She journeyed with them*. Directed, written, and produced by Denise Calderwood, (2003).


\(^{52}\) Erika Dyck and Alex Deighton made similar observations about the mental hospital in Weyburn, Saskatchewan. See: Erika Dyck and Alex Deighton, *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada* (Winnipeg: University of Manitoba Press, 2017).

\(^{53}\) *Tabiji: She journeyed with them*, directed, written, and produced by Denise Calderwood, (2003).
work within the Sanatorium. Therefore, once he was deemed able to do so, he worked as an orderly and, eventually, came to work alongside the woman who would become his wife, at the Sanatorium. This Japanese-Canadian couple’s life during internment therefore circulated around their stay and work within the Sanatorium. There, they experienced discrimination based on their race as well as the disease they carried and treated. They were regarded differently because of the perceivable threat to both the Canadian and Japanese-Canadian communities which their institution-based associations suggested.

Mr. and Mrs. Matsushita’s experiences did not fit the narrative the federal government strove to illustrate through propaganda efforts. Therefore, they are not central, or even mentioned, in government documents. However, their complicated experiences and multitude of identities, as patient, nurse, orderly, and internees’, reflect some of the lesser-known realities of healthcare provided at this state-funded medical institution. Conversely, the government’s choice to focus on the perceivable well-being of patients and the generally improved health of the community speaks to the nation’s over-arching goal of assimilating racialized others through means such as healthcare. Further, as La Violette argued:

> although there was a shortage of doctors and equipment and the camps were only temporary settlements, it was desirable to have the most adequate medical care which could be provided under the circumstances. . . government officials generally [felt] that the Japanese group [had] adequate medical service, to the point where the health of the Japanese segment of the Canadian population [was] probably better than that of any other civilian segment.  

Indeed, this argument, that Japanese Canadians were somehow receiving better healthcare than other Canadians during wartime, was mentioned sporadically in the press and government reports. Pictures taken of the construction of the Sanatorium at New Denver show a literal construct of health built by Japanese-Canadian men, for the use of the interned community, that later served the Canadian government as a visible sign of Western medicine, an assimilation tool, and evidence of fair treatment of internees. Not only do these images continue a narrative of

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56 Adachi, *The Enemy That Never Was*, 266.

the use of Japanese-Canadian labour to ensure their own segregation and isolation, but they also
document a facility which was central to hundreds of internees experiences of forced relocation.
Yet, the experiences of these internees were reshaped by the government in order to produce a
narrative proclaiming the benefits of mass civilian relocation. Improved health conditions were
understood as assimilative and part of the nation-building process and were useful mechanisms
for illustrating the so-called positive outcomes of internment according to the federal
government. The continuation of these themes is present not only in the still images of the
construction of one medical facility, but also through wide-reaching nationalized outlets such as
National Film Board propaganda.

**The NFB as a Tool of the State**

The NFB is, and was in the 1940s, a federal tool; a “cultural institution formed by the
discourses and technologies of liberalism.” It was framed as an organization intended for
education, in the name of shaping Canadian identity within the nation and abroad. It was a tool at
the disposal of the federal government which super ceded provincial control of education
allowing the federal government to speak to regional issues with a federal perspective of
nationalism and unity. In this respect, the NFB allowed the government of Canada to
strategically inform Canadians outside of British Columbia about the work ethic, health, and
overall progressive nature of the Japanese-Canadian community. Not only did it allow the federal
government to show internment as a positive experience and policy, but it also allowed them to
‘sell’ Japanese Canadians to other regions of Canadians, presenting them as no threat to British
Canadian ideals of nation building. As media and political theory scholar Zoë Druick argues:

[Charles E.] Merriam’s instrumental ideas about civic education and his emphasis on the
need for social scientific study of the population to assess loyalty and devise plans for
building national sentiment can be traced clearly in Grierson’s [first Commissioner of the
NFB] work. Grierson used these ideas to sell the idea of documentary film as an empire-
unifier to the Empire Marketing Board and, subsequently, to convince the Canadian
government that public education through film could produce both Canadian unity and a
sense of distinction from the United States.

As Gary Evans further explains, “the National Film Board was supposed to help galvanize the
will of the naturally disunited country to endure the conflict [the Second World War], Grierson

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59 Druik, *Projecting Canada*, 42-44.
60 Druik, *Projecting Canada*, 51-52.
and his associates used truth as their standard and ‘propaganda as education’ in an effort to define ‘public duty’.”

Typical of the NFB’s work during the 1940s, *–of Japanese Descent* touches on multiple common themes of nationalism. In its early years, the NFB produced films concerned with “health, housing, work, and citizenship.” By 1948, films concerned with “people and places” represented 71% of NFB films in circulation, with an emphasis on “exploration and containment of cultural/regional difference,” with particular focus on labour. Films were made in conjunction with the other federal departments, such as the Department of Health and Welfare and the Department of Labour. In educating Canadians about differences in region, all while promoting a unified Canadian ideal among workers, people, and places, the NFB of the 1940s was, as Druick argues, “a welfare state technology.” *–of Japanese Descent*, produced for the federal Department of Labour, speaks to these prominent themes of the NFB’s work during the 1940s.

Circulation of NFB productions was at its peak in the mid-1940s. The scheme for the circuit was, “adapted from the imperial practice of mobile cinema, corresponded to the Canadian state’s work on integrating immigrant communities through public information.” From 1942 to 1946, films such as *–of Japanese Descent* were shown in rural schools, churches, community centres, and factories or trade union halls. Films were delivered to these places by projectionists, or ‘field men’ who acted as a government surveyor of the viewing. The ‘field men’ regularly reported back to the NFB offices information about the reception, discussions, and questions films generated in showing rooms. By 1944, one year before *–of Japanese Descent* was released, NFB films on the national circuit could reach 385,000 people per month with 3,000 screenings. *The New Canadian* advertised the upcoming screening of *–of Japanese Descent* on September 13, 1947, stating that the at a meeting of the Manitoba Japanese Canadian Citizens Association the “feature of the evening,” would be a viewing “of a National Film Board color

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63 Druik, *Projecting Canada*, 64.
64 Druik, *Projecting Canada*, 72.
67 Druik, *Projecting Canada*, 80-82.
68 Druik, *Projecting Canada*, 82.
movie of the B.C. ghost towns.” Unfortunately, there are no follow up articles or discussion about the film in the Japanese newspaper so we are left with no sense of the community reception to the film.

Alongside the growing importance of NFB films in disseminating state discourse, the beginnings of racialized film-stereotypes surrounding Asian Canadians were taking root. As Druick notes, “Asian Canadians and visible minorities in Canada have been expected to document rather than fictionalize their lives.” At the same time, there was a complicated “gap between cinematic and photographic practices, the rule of law, and to the extent to which none of these categories [were] able to confer definitive truth on the images of internment(s).” --of Japanese Descent, and the NFB productions about Japanese Canadians which follow, “demonstrate how a singular cultural institution, such as the National Film Board of Canada, is able to retain seemingly contradictory representations of major socio-political event like the internment within their library and archive, while there is a rich body that consists of more experimental films and videos concerning the internment and Japanese-Canadian identity.” Indeed the film “…constructs an image of compliant, productive Japanese Canadians, happy to build and to live in their own prisons.”

The centrality of health and healthcare services to the discourse established in –of Japanese Descent is most evident when looking at the subsequent productions about Japanese-Canadian history by the NFB. Since –of Japanese Descent was released in 1945, there were four more films produced by the NFB that focus on Japanese Canadians, as well as a virtual reality game based on the work of Joy Kogawa and a Heritage Minute dedicated the Japanese-Canadian baseball team, the Asahi. While –of Japanese Descent strove to show Canadian viewers that

69 “Ghost Town Movie at Manitoba JCCA Meeting Friday,” The New Canadian, September 13, 1947, 12.
70 Su-Anne Yeo, “Vancouver Asian: West Coast Film Cultures, on the Rim and at the End of the Line,” in Reel Asian: Asian Canada on Screen, edited by Elaine Chang (Toronto: Coach House Books and the Toronto Reel Asian International Film Festival, 2007), 115.
73 Gagon, “Cinematic Imag(in)ings of the Japanese-Canadian internment,” in Reel Asian, edited by Elaine Chang, 279.
internment was a good policy decision made by the Canadian government, predominately through the illustration of good health, later productions take on a more critical lens. The films and digital works created reflect the contemporary concerns of the society and time period in which they were produced.

*Enemy Alien* (1975) focuses on the “frustration and injustice experienced by Japanese Canadians, who fought long and hard to be accepted as Canadians.”

The 26-minute documentary film focuses almost exclusively on economic consequences of internment, particularly the sale of Japanese-Canadian property. This focus is not surprising considered the film was produced and released in the early stages of the campaign for redress and an apology from the Canadian government. Indeed, it reflects the goals of the redress campaign and the lead up to the official Canadian government apology in 1988.

The first NFB film about Japanese-Canadian internment to be directed and produced by a Japanese Canadian was the 1992 animated 18-minute film, *Minoru: Memory of Exile*. Once again, the film focuses on the theme of property and economic competition in British Columbia that pushed the federal government to make the decision to relocate the entire ethnic community. Told from the perspective of a young boy who was born in Canada, interned, and then made to leave Canada through unlawful repatriation, the story complicates the experience of internment for viewers. It shows inter-generational tensions and identity crises of Japanese Canadians that long outlive the war years. The film effectively contextualizes the then recent government apology and redress campaign for its audiences by demonstrating the tensions within the Japanese-Canadian community as they strove to be accepted as part of the Canadian nation-state.

*Obachan’s Garden* (2001), directed by Linda Ohama is a feature-film length production that once again speaks to internment, this time from the perspective of one Japanese-Canadian.


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75 *Enemy Alien*, directed by Jeanette Lerman, produced by Wolf Koenig, presented by the National Film Board of Canada, (1975), accessible online [https://www.nfb.ca/film/enemy_alien/](https://www.nfb.ca/film/enemy_alien/).


family.78 The film focuses on the life of Linda’s grandmother, her obachan, and internment is just one small piece of the story she tells. The desire to expand the narrative beyond internment is reflective of the expanding historiography of Japanese-Canadian studies at the turn of the twenty-first century, as well as a shift in the NFB’s production standards to longer documentary style films. Likewise, the 50-minute film Sleeping Tigers: The Asahi Baseball Story (2003) includes the history of internment told through the lens of Japanese Canadians who strove to continue a sense of normalcy and community through sport.79 Reclaiming the narrative of internment by expanding their community’s history beyond internment years, as well as beyond the tragic narrative of loss, are just two of the trends in Japanese-Canadian productions over the last twenty years reflected in these films.

However, the importance of remembering and telling the history of internment has not been lost. The most recent production of the NFB to focus on Japanese-Canadian internment was the 2018 release of a virtual experience app named East of the Rockies.80 The app provides “an interactive narrative AR experience told from the perspective of a 17-year-old girl forced from her home and made to live in BC’s Slocan Japanese internment camp during the Second World War.”81 The app is advertised as a digital teaching tool—a new way to reach students of Canadian history to allow them to engage with first-person accounts of internment. The award-winning virtual experience demonstrates a commitment to sharing this history through various mediums, facilitated by the NFB’s national reach and continued interest in education.

None of the productions after 1945 focus on health, sanitation, and assimilation in the same way that –of Japanese Descent did. As noted, this thematic emphasis reflects both the interests of the NFB at the time, as a tool of the state, as well as the broader goals of nation-builders of the era. The continued reference to the health of internees and their increasing ‘Canadian-ness’ indicates more about the society in which the film was produced than the realities of internment healthcare. A closer look at the ways in which health is used to indicate

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78 Obachan’s Garden, directed by Linda Ohama, produced by Selwyn Jacob and Linda Ohama, presented by the National Film Board of Canada, (2001), accessible online https://www.nfb.ca/film/obachans_garden/
79 Sleeping Tigers: The Asahi Baseball Story, directed by Jari Osborne, produced by Karen King-Chigbo, presented by the National Film Board of Canada, (2003), accessible online https://www.nfb.ca/film/sleeping_tigers_the_asahi_baseball_story/
positive attributes of internment life for the Japanese-Canadian community demonstrates how essential health was to the state discourses surrounding internment on the national screen and with respect to international concerns.


Maintaining a positive public image of the internment efforts was central to the government’s publication of the National Film Board’s public relations film -- of Japanese Descent: An Interim Report (1945). Though medical care is not the focal point of the film, health, hygiene, and sanitation are prominent themes repeatedly invoked in the discourse of internment that the federal government constructed. The film itself “implies that the relocation and internment of Japanese Canadians was benign and necessary.” The documentary-style film mimics the flow of people during internment, from coastal towns characterised as fishing-industry-slums with poor sanitation, to the once-again bustling towns of interior British Columbia where internees were forced to relocated to. Tashme, Kaslo, and New Denver are highlighted as places where groups of Japanese Canadians of all ages smile happily for the camera. The film is overtly positive and promotes internment as a necessity for the safety of all Canadians, and not in any way harmful to the well being of the Japanese community in Canada. In fact, the film even proposes that “relocation has resulted in an improvement in the general health level,” of the ethnic community.

Sanitary living conditions and suitable living conditions among the community were used as measures of assimilation, and by extension loyalty, to the Canadian state. Therefore, the common understandings of immigrants as vectors of disease who live in unsanitary, un-Canadian conditions are prominent at the outset of the film. The narrator notes that even though “some [people of Japanese descent in British Columbia] had adopted Canadian ways and lived a healthy life in good surroundings… others lived crowded into houses and apartments, where health

---of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s. It should be noted that there is a silence regarding this film in the NFB records. The Department of Labour fonds may hold more clues about the initiative behind the film.

---of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s

---of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s
conditions were below the standard.”

Viewers are told that the ‘primitive’ conditions of the fishing villages they worked and lived in contributed to “the unsanitary conditions resulting... [in] much poor health,” among community members. Images of garbage and run-down buildings along docks at the fishing village in Steveston are shown while the narrator speak about poor health of the community before internment. These images are contrasted by the open air, evergreen lined lakes, and mountainous spaces of internment sites which viewers would likely connate with good health and cleanliness.

The themes brought together by the NFB production from 1945 were reflected, and perhaps even strengthened, through academic reasoning in La Violette’s first-hand research of the community throughout the 1940s. Indeed, both productions demonstrate that the connotations between sanitation and national loyalty were not unique to —of Japanese Descent. Like the NFB film, La Violette’s research condemns the living standards and inability of the Japanese-Canadian community to “[secure] better.”

The first chapter of La Violette’s work begins with a focused on “The Standard of Living,” immediately highlighting racialized understanding of “housing and sanitary conditions” of the community surrounding Powell Street, Vancouver and the Japanese-Canadian fishing village of Steveston. The issues of “low standards of living, inassimilability [sic],” and general integration into Canadian society, characteristics of the community of Japanese immigrants long established in Canada,” La Violette states, were the reason that “evacuation was finally undertaken.”

As —of Japanese Descent continues, images of clean homes and healthy environments are repeatedly association with internment spaces. Clean water sources, uncrowded outdoor spaces, as well as abundant gardens within internment locations are shown. The viewer is made to see that places such as Tashme, New Denver, Rosebery, and other internment sites in the Kootenay Valley have been revitalised by the Japanese-Canadian community. The narrator emphasises that community members have taken it upon themselves to better their surroundings – by planting gardens and expanding resources in their new communities. The ability to help themselves and

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85 —of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s
86 —of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s
adapt to more mainstream, British-style homes are characterised as positive attributes of the racialized community. These aspects are sold to viewers as an indication that internment has helped to promote assimilation and integration of these immigrants into loyal, Canadian society.

Common British-Canadian stereotypes of healthy people, healthy environments, and spaces of healing are highlighted throughout the film as it showcases various internment sites. Indeed, the narrator explains that New Denver is “one of the most beautifully situated and also one of the healthiest spots.” While former internees certainly speak to the beauty of interior British Columbia as well, they also remind us that “all of the interior camps were psychologically deceptive places in which to live. The magnificence of the outdoor setting and the echoes of a romantic past were but candy wrapping, hiding a grim reality.”

So as internees faced the realities of being in remote and isolating places with restricted freedom of movement, the Canadian government opted to show the beauty of these locales in the summer – with flowers in bloom, children swimming in the Slocan Lake, and baseball being played. The environment which the film propagated was akin to a summer vacation advertisement – filled with happy, healthy people, unscathed by their forced relocation from their coastal homes and lives. The role of the so-called healthy landscapes in promoting a positive image of internment in this film, and elsewhere, demonstrates how healthy places and bodies were central to the government’s public relations efforts. These tropes ultimately allowed the government of Canada to frame internment as a positive event for those involved to all those watching internment unfold within Canada.

The report of the Jackson Commission (1944) notes a sufficiency of healthcare within internment sites that the government should be proud of. Like —of Japanese Descent, the Commission report emphasises the inoculation of children, higher rates of tuberculosis control, and the importance of institution-based healthcare that the BCSC is provided to internees. The report goes so far as to say that the “Japanese people [are] exceptionally healthy.” The report

89 —of Japanese Descent: An Interim Report (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s
90 Adachi, The Enemy That Never Was, 251.
recommended the extension of tuberculosis control efforts beyond New Denver, demonstrating the importance of this disease and this particular institution to the narrative about healthy internees and the positives of internment put forth by the government in multiple formats.

Film footage of New Denver, and more specifically the Sanitorium, epitomise the narrative that the government was promoting about the ‘positives’ of internment. Images of well-dressed patients at the Sanitorium, either in bed or strolling through the grounds, being visited by smiling people, laughing and generally performing happily for the camera last for about two minutes of the twenty-one minute film. The narrator explains:

Before the evacuation from the coast, tuberculosis was known to exist among the Japanese and medical measures against it were carried out. However, the true extent of the wide-spread ravages of the disease went unreported to the proper authorities until the relocation. Then, so many cases were detected, it was necessary to build this Sanitarium to fight tuberculosis alone. In addition, regular hospitals were built or expanded. Thus, quite a large number of the brightest young men and young women will have a chance for life which they would not otherwise have had. 93

This passage in the film demonstrates that the government knew about the high rates of tuberculosis among the Japanese-Canadian community prior to internment but chose to place the blame upon the community itself for not correcting the situation. Evidently, this speaks more to the government and public’s perception of racialized immigrant bodies as diseased and threatening to the health of the general Canadian public, than the realities of the Japanese-Canadian community’s efforts.

The film constructs an argument that the Japanese-Canadian community could not help the tuberculosis situation or improve itself without the intervention of White, British-Canadian, modern medical knowledge. This argument sought to situate the government as a White saviour rather than a colonial overseer. The great success that Japanese-Canadian medical staff had in lowering the rates of tuberculosis within the community by half within four years is, of course, not spoken about in the film. The efforts of Dr. Kozo Shimotakahara and Yasuko Yamazaki (PHN), along with other Japanese-Canadian nurses, physicians, and volunteers, who were called upon by the Vancouver Health Department to run tuberculosis clinics and educational campaigns

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93 "Of Japanese Descent: An Interim Report (1945)", directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, (1945), Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s

within the community in the years prior to internment, are not mentioned at all. Likewise the recommendation made by delegates of the Jackson Commission (1944) that “the Japanese nurse on the BC Security Commission staff at Kaslo, who has been specially trained in Public Health, be used to assist in [a tuberculosis case-finding programme] by carrying out education amongst the Japanese throughout the Settlements,” goes entirely unmentioned in the film.

Ultimately, the narration and images combined in the film to show Canadian viewers that they could feel good about the actions their government took to forcibly relocate people of Japanese descent in Canada. They saw the benefits of relocation as they were formulized and constructed for them. Healthy internees were understood as those who had access to hospital-based medical care provided by the federal government and, in a broader sense, as those who lived within a clean and healthy environment. Ultimately, the government constructed the perception that these were benefits of internment. Indeed, internment is ‘sold’ to Canadians as positive in part because of the general improvements to health within the ethnic community. The coercion of relocation, the necessary cooperation of Japanese-Canadian healthcare providers in supporting medical care within internment spaces, or the realities of these spaces in any other season than summer, are not part of the narrative put forth by the government in –of Japanese Descent. Though improving the health of the community was never a guiding principle of internment policies at the outset, by the time –of Japanese Descent was produced in 1945 there was an obvious emphasis placed upon health.

Health as Justification for Internment in 1940s State Narratives

–of Japanese Descent is a 1940s wartime piece of propaganda. It is also a unique NFB production about Japanese-Canadians because it brings together themes of health and assimilation. The goals of the state are explicit through this documentary-style film. In shaping their desired discourse about internment, the state used health as a lens for justifying their actions and promoting the acceptance of internees east of the Rockies. In no other NFB film about Japanese Canadians is the emphasis on health so clearly used to the benefit of the positive narrative the Canadian government put forth for viewers.

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of Japanese Descent provides an opportunity to examine the state discourse about internment beyond documentation or political posturing because of the style of the film, the year of production, the intended audience, and the focus on health as a theme. It briefly, passingly showcases Japanese-Canadian healthcare workers and their labour without crediting the breadth of their efforts. The film also ignores the severity of medical conditions brought on by internment, such as increased infectious diseases and mental health concerns exemplified by Essondale patient records. Though of Japanese Descent visually documented health and healthcare within internment spaces it did so in a positive manner while only crediting the continued health, if not improvements in health, to the efforts of the Canadian government. This was done because the overarching goal of the film’s funding agency, the federal Department of Labour, was to facilitate the final goal of the internment plan – resettlement and dispersal of the Japanese-Canadian ethnic outside of British Columbia.

The government ignored negative aspects of internment, in terms of healthcare or otherwise, in their promotion of a positive narrative. The severity of increased rates of transmission of infectious disease were diminished in official reports and propaganda through class- and race-based reasonings that were common placed, if not readily accepted, by the Canadian public and policymakers. The realities of the New Denver Sanatorium patient experience which made to look entirely positive, amplify the extent of these purposefully ignorant retellings of internment experiences by government officials.

The narrative put forth in this film is even more significant when considering that this production pre-dates socialized medicine on a national scale in Canada. In the 1940s, providing healthcare services to an entire segregated ‘enemy’ community was unique to the Japanese-Canadian experience. The propaganda surrounding Japanese-Canadian healthcare experiences during internment thus provides an essential moment to analyse the deployment and development of federally funded healthcare services in an era which pre-dates Medicare, both as a reality and as a marker of Canadian identity. The film created a space within which the Canadian government strove to be credited with providing a federally funded source of healthcare to a minority population. The advertisement of health provisions and improved health of an entire community of immigrants and their descendants was unique for the 1940s. Though the government funded some healthcare service to immigrants, particularly in the form of

Marchildon, Making Medicare, 5-8 & 131.
medical inspections upon arrival to the nation, they were by and large assimilative and coercive in nature. Federal responsibilities to provide Indigenous health and welfare services was another cost incurred by the government. But, the boastful emphasis on healthcare in –of Japanese Descent was indicative of shifting politics and identity-markers for Canadians in the second half of the twentieth century. The fact that the government was willing to promote this type of work through their own propaganda suggests the development of healthcare policies and social welfare strategies in Canada were shifting by the end of Second World War.

This short NFB production is an important film to consider because it was a tool of the state used to promote integration of internees outside of British Columbia. As a piece of national propaganda from 1945 this film is clearly part of the federal government’s strategy to promote relocation of internees outside of British Columbia. Looking at this film with attention to health as a theme further illustrates how healthcare history is important to broader internment histories. Health was a tool utilized by the government in this propaganda effort. Good health, healthy spaces, and even institutions of health, such as sanitoria, are easily understood markers of modern, assimilated Canadians. These themes were also relatable to viewers who likely sought healthcare provisions in hospitals and appreciated the benefits of ‘healthy’ natural landscapes.

--of Japanese Descent indicates another way in which health is important to the history of internment. Not only was internee health changed by internment, and Japanese-Canadian medical professional labour reshaped by internment demands, but health was also a tool used by the government to shape perceptions of internment. A recognizable healthcare institution, the Sanatorium at New Denver, was the focal point of a film that situated internment as a positive, nation-building exercise. --of Japanese Descent ultimately illustrates how healthcare institutions was therefore part of the internment scheme and does not suggest that these spaces were negatively restricted by race-based segregation. In some respects, the illustration of internment spaces in this way solidified the understanding of internment spaces as more permeable than perhaps previously thought by the Canadian public, in order to illustrate that the Japanese-Canadian internees were capable of entering integrated, “Canadian” spaces both during and after internment restrictions were lifted.
CHAPTER FIVE: HOW DO THE COMMUNITIES REMEMBER? POST-INTERNMENT COMMEMORATION OF HEALTHCARE

In the summer of 2021 a house for sale in New Denver, British Columbia was advertised online. The text of the advertisement read that the house on 9th Avenue was “…constructed using two ‘internment homes’…”. The use of internment-era ‘homes’, or shacks as former internees more commonly referred to them, as skeletons for modern-day homes in New Denver was common post-WWII and remains common today. Driving through the community visitors can still see, as Kirsten McAllister notes in Terrain of Memory, that the “homes are remarkably similar. Many are shacks from the internment camp.” The Japanese Canadians who remained in New Denver following internment “modified the flimsy, leaking shacks, refashion[ed] and extend[ed] walls, add[ed] windows, and [dug] gardens.” Changes to the layout and landscape of homes and city streets such as these still evident in New Denver, demonstrate that throughout the region, the geographic spaces of internment shifted not only with arrival of Japanese Canadians but also following the staggered end of internment-era policies in the second half of the 1940s.

New Denver was the hub of BCSC operations during internment and the designated congregation point for those Japanese-Canadian internees who opted to repatriate to Japan. Therefore, it is the strongest example of how communities in the Slocan Valley, and across the Kootenay region, were altered by the presence of internees. Most internees who remained in New Denver after the lifting of internment restrictions did so because of the healthcare and medical institution in the town. Some patients and employees of the Sanatorium chose to make New Denver their home. Some stayed because of healthcare access, others because of the proximity to family members being treated within the institution, and some simply because they continued to do the job they began during internment.

The centrality of healthcare and BCSC services in New Denver influenced the building of public places of remembering internment in the subsequent decades. The focal point of

1 Webpage archived by author (August 2021), kijiji.ca.
2 Kirsten Emiko McAllister, Terrain of Memory: A Japanese Canadian Memorial Project (Vancouver: UBC Press, 2010), 49.
3 McAllister, Terrain of Memory, 50.
healthcare in New Denver led to a unique domino effect within this particular internment space, culminating in New Denver as a model for commemoration of internment in the region. As well, following internment, New Denver became one of the prominent spaces where in which the beginnings of Japanese-Canadian community-based activism and social justice campaigns took root. It remains the centre of Japanese-Canadian history in the region.

The Nikkei Internment Memorial Centre (NIMC) was established within the town, on the footprint of an internment space that was originally called “The Orchard.” The museum centres around four original buildings from the internment era, each recreated to demonstrate what living conditions at New Denver were like for internees over time. It is the “only site in Canada dedicated to telling the story of this infamous chapter of World War II history.” In July 2010 the NIMC was designated as a National Historic Site of Canada. The NIMC is well known in the area as a point of interest that speaks to local history and draws visitors and local students to New Denver.

A few factors set New Denver apart as the public history centre of internment which it is today. The creation of an immersive museum centred on materials, possessions, and buildings from the time of internment was possible in New Denver because physical buildings remained which could be refurbished for commemoration. This was because New Denver continued as the hub of BCSC activity into the late 1940s. It was also the site of the Sanatorium, which remained central to Japanese Canadians and their community’s access to infectious disease healthcare services. In New Denver there was a common shared experience among internees within the space because of the role of the Sanatorium in community health. A large portion of the history presented at the NIMC focuses on the Sanatorium and the healthcare services provided in New

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5 There are lots of personal and historical examinations of New Denver and the NIMC. To learn more about the organization and development of the memorial centre see: Anne Champagne, Kyowakai: Memory and Healing in New Denver, BC (New Denver: Village of New Denver, 2020); McAllister, Terrain of Memory also provides a personal in-depth examination of the space and the surrounding community, and the meaning of memory among the Japanese-Canadian community. With studies such as these in mind, this chapter does not seek to re-analyze the NIMC but rather will focus on smaller, perhaps lesser-known local initiatives which preserve the history of internment through various lenses.


Denver. The displays especially draw visitors’ attention to those people who remained in New Denver because of the Sanatorium long after internment restrictions lifted.8

The emphasis on healthcare as part of an internment site’s history is not the norm among Japanese-Canadian community driven public history displays. Due to the regional importance of the healthcare institution at New Denver, the NIMC remains the most well known and advertised public history attraction in the region which relates healthcare to internment history. However, there are other examples of public history displays in British Columbia which demonstrate the lasting affects of Japanese-Canadian healthcare provision in the region. The lesser-known stories of Japanese-Canadian physicians and nurses beyond the Sanatorium constitute a large portion of the public history outputs in the region curated by those ethnically outside of the Japanese-Canadian community.

The reason for the varied emphasis on healthcare during internment is, in part, because of the realities of healthcare accessibility in rural and remote regions of the nation during the first half of the twentieth century.9 The importance of place in public history displays explains why non-Japanese Canadians, the residents of the region who hosted internees and their descendants, point to the significant work of Japanese-Canadian healthcare providers within the region.

McAllister argues, the collection of “elder’s accounts” of internment through oral history interviews “capture something intangible about New Denver, a sense of place that cannot be depicted in either the [NIMC] memorial’s mapping exercises or the government records used by administrators to run the camps.”10 Expanding upon McAllister’s examination of memory and place, I argue that a healthcare focus allows for another understanding of place – one which is grounded in the realities of limited healthcare services in rural spaces throughout Canada, in the early to mid-twentieth century.11

Healthcare accessibility in isolated places in British Columbia was shaped by demands of community members and influenced by the needs of predominantly male resource-based labour

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8 A prominent example of this are Mr. and Mrs. Matsushita. See, McAllister, Terrain of Memory; “Mr. Shoichi Matsushita Interview” (April 25, 1972) Interviewed by Maya Koizumi, translated from Japanese, part of the Oral History Project, Vancouver. Cultural Communities Series, 1972 and Reynoldston Research and Studies Oral History Collection, British Columbia Archives, Victoria.
10 McAllister, Terrain of Memory, 83.
11 For more analysis on the themes of health and place, see: Erika Dyck and Christopher Fletcher Locating Health: Historical and Anthropological Investigations of Health and Place (London: Pickering & Chatto, 2011).
Hospitals in British Columbia were often built in remote spaces because of the needs of resource extraction labour camps. However, as these camps closed or shifted, so too did the associated hospitals and clinics at their disposal. This was the case with most towns which ultimately hosted Japanese-Canadian internees. These so-called ‘ghost towns’ had buildings, including hospitals, which were not in use and therefore offered the federal government a space to house internees quickly and relatively inexpensively. The residents of these places were subjected to boom-and-bust economies of resource extraction which by extension meant they had inconsistent access to healthcare services in their remote regions of British Columbia. Increasing demands in the province for standardization of hospitals and healthcare by the 1920s meant that there was a shifting emphasis on urban hospitals as superior, necessitating travel to metropolitan places for advanced hospital-based care.

The arrival of Japanese-Canadian healthcare practitioners in remote regions of British Columbia was a substantial event for local community members. Local residents were suddenly able to access more healthcare services without leaving their rural towns and villages. The racialization of these healthcare providers was largely a secondary factor to their professional capabilities. The residents of interior British Columbia towns were desperate to access modern, medical care without the requirement of travel to an urban centre. Thus, with the onset of internment, Japanese-Canadian healthcare professionals combated the challenges of remote medicine in British Columbia by providing care to local communities. In providing healthcare to those beyond their ethnic community, these Japanese-Canadian internees demonstrate how internment-era healthcare was also part of a longer history of racialized healthcare providers filling a major place-based service gap in Canadian healthcare by working in rural communities.

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Commemorating Internment in British Columbia: How is Health Included?

Healthcare provides a very specific way of remembering internment. Extending the analysis of internment through a healthcare lens to the local community demonstrates that internment changed geographic places. Indeed, internment should be considered part of the longer history of racialized healthcare providers in Canada taking up the labour of providing care in remote and rural places of need.

The Japanese Canadians who remained in the rural, remote regions of British Columbia, which once hosted internment sites, influenced the economics, politics, social and cultural landscapes of the area. The results of their presence remain visible through food, festivals, and historic sites in the region like the NIMC. Communities like New Denver, Slocan, and Kaslo present the complicated history of mass civilian internment in local historical displays. While the communities and their constructed displays acknowledge the wrong-doing and the racist nature of internment policies they also grapple with the complicated benefits their community reaped because of the influx of people to the region. Many displays strike a balance between education about this period in Canadian history and recognizing the influence Japanese Canadians had upon revitalizing the local economy of these resource-extraction based spaces.

The significance of the presence of medical professionals in these rural and remote locales in British Columbia is self-evident from the repeated inclusion of images and texts speaking to the number of, and work done by, Japanese-Canadian healthcare providers during the 1940s. Multiple public history outputs – from historical walks\(^{17}\) to museum displays\(^{18}\) to self-published documentary films\(^{19}\) – note that the internment of Japanese Canadians in the community meant a sudden influx of medical professionals in the area that had not been seen in years, if ever. There are striking commonalities in the attention to the healthcare aspects of internment across commemorative public history exhibits and interpretive signs.

The realities of healthcare accessibility in rural and remote spaces in British Columbia, similar to the rest of Canada at this time, were exasperated by wartime needs. Physicians, nurses, and healthcare services were limited in rural spaces in British Columbia throughout the early

\(^{17}\) Slocan Valley Historical Society, “Historical Sites,” last modified 2017, [https://slocanvalleyhistory.ca/historical-sites/](https://slocanvalleyhistory.ca/historical-sites/)


\(^{19}\) *Tabiji: She journeyed with them*, directed, written, and produced by Denise Calderwood, (2003).
twentieth century. Demands for physicians and nurses on the warfront made accessing healthcare in rural spaces even more difficult. This problem continues to the present day, and as Sasha Mullally and David Wright note of the 1950s onwards, the “regional variations of what ‘rural and remote’ communities looked like… among provinces and regions [in Canada]… made it extremely difficult to plan and enact a Canada-wide strategy for rural and remote health care.” Mullally and Wright explain various ways in which foreign healthcare providers were, and continue to be, a solution to issues of scarcity in the Canadian healthcare landscape. Though they were not all immigrants, and certainly did not identify themselves as ‘foreigners’, internees who provided medical care in the 1940s are part of this larger historical trend in Canadian medical history. Internment brought in Japanese-Canadian physicians and, as was discussed in Chapter Two, created a need to train Japanese-Canadian women as nurses and nurse aides in unprecedented numbers. The reality of this influx of professionals meant that the local communities had more healthcare access than previously possible; a fact that is remembered fondly by public history curators of the region.

Internees who were healthcare providers were not restricted in their practices during internment to solely serving Japanese Canadians. While some chose to focus their labour on serving their own community, such as Dr. Uchida, in the 1940s many medical professionals within the Japanese-Canadian community provided services to willing local community members of various ethnicities. Some Japanese Canadians provide their healthcare services to the community surrounding their internment space, even going so far as to use this fact as a bargaining tool in campaigning for fairer remuneration for their services. Others still were compensated for their services by the federal government when they extended care to local

22 Mulllay and Wright, Foreign Practices, 180.
Indigenous communities – effectively providing services to wards of the federal state while also being wards of the federal state themselves. 25

Interjecting the perspective of local commemoration of internment, with particular attention to how healthcare is central to this narrative, brings the history of internment into the longer history of healthcare services and accessibility in remote and rural spaces of Canada throughout the twentieth century. In the previous chapters, I examined how myths of good internment conditions and fair treatment were constructed through healthcare institutions, Japanese-Canadian healthcare labour, and propaganda about healthy, natural spaces. I demonstrated how the internee experience did not match the narrative put forth by the government. In this chapter, I shift to focus on local communities, meaning those places and the people living predominately within the Slocan Valley and Kootenay Mountain region of British Columbia. I strive to look beyond the Japanese-Canadian community within internment spaces. Therefore, this chapter aims to differentiate types of remembering, beyond constructions of national memory or emphasis on the ethnic community’s memories, to inclusions of the local community and ‘public’ commemoration examinations through a healthcare lens. Consideration of the local community allows for an analysis of memory at a geographic level, emphasising the importance of place.

Bringing the perspective of the local residents, made visible through public history displays and representation of community memory, together with the recollections about healthcare services during internment presented by Japanese Canadians and the Canadian state allows for the examination of internment healthcare through three distinct, inter-related levels of community. The federal government strove to focus on positives – in particular through an emphasis on eliminating infectious diseases through the Sanatorium in New Denver. 26 The Japanese-Canadian community mostly shows how Japanese-Canadian healthcare providers were able to continue a tradition of circumventing racism and restrictions in the Canadian healthcare system, even during internment. 27 But the perspectives of the residents of remote communities in British Columbia, which played host to internees throughout the 1940s, is one which places

27 Multiple pieces written by Japanese-Canadian community members present this outlook on internment-era medicine and healthcare professionals. For example, see: Miller, “Pioneer Doctor: Kozo Shimotakahara”; Masako Fukawa, “Jean Shigeko Kitagawa,” Nikkei Images 18 (1) (Spring 2013), 10-15.
Japanese-Canadian healthcare providers in a positive, at times even heroic, light. The
descendants of the people who lived in these places before, during, and after the influx of
Japanese-Canadian community members portray this moment in their local history as one which
emphasises the significance of having medical professionals within these spaces. Japanese-
Canadian physicians, nurses, and dentists who worked within rural spaces in British Columbia
during internment years, regardless of their status as internees, and racialized persons, are
remembered by local historical associations as a huge benefit to the local community.

In the case studies of public history outputs within interior British Columbia which
follow, I offer an analysis of a snapshot of a given locale and its residents. The representations of
internment which are analyzed through each example below offer a glimpse into one community,
as it was presented by public history curators, at any given time. These do not necessarily
represent the memories or opinion of all community members. No small group in charge of
curating public history displays will represent every opinion of a given community. The outputs
considered are also unchanging representations of the community’s public history priorities at a
given time. They reveal more about the community in which these displays are created than the
historical moment they strive to educate the public about. Therefore, the question of who tells
this history versus who owns this history remains.

This chapter examines how communities chose to commemorate traumatic events, such
as internment. It shows how healthcare provides an analytical lens for understandings the
multitude of ways in which events can be remembered. This chapter does not seek to list every
local commemoration efforts or to analyse the importance of place and memory in internment
history in the way that other scholars such as Kirsten McAllister, Pamela Sugiman, and Mona
Oikawa have in recent years. Rather, my aim is to build upon the work of these scholars while
continuing a thematic focus on health and healthcare in order to highlight the specific ways in
which internment changed the local community and influenced remote and rural healthcare in
this region of British Columbia.

The chapter begins with consideration of small-scale, local historical displays, such as the
Miyazaki House in Lillooet, the permanent display of Japanese-Canadian internment history

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Canadian Women’s Life Stories” *The Canadian Journal of Sociology*, No. 3 (2004): 359-388; Pamela Sugiman, “A
Million Hearts from Here”: Japanese Canadian Mothers and Daughters and the Lessons of War” *Journal of
within the Langham Hotel and Museum in Kaslo, and the “Historical Walk” in Slocan presented by the Slocan Valley Historical Society. In some of these public history exhibits there is a sense of reverence and appreciation for the work of Japanese-Canadian healthcare providers in these communities – communities which typically could be characterised by a shared desperate need for healthcare services.

More recent installations encourage viewers to engage with critical analysis of internment. These changes do not entirely negate an overall positive outlook on internment, but they do reflect a local and national effort to construct a more diverse narrative that acknowledges mistakes of the historical past. This is another attempt to shape a national narrative, as Mona Oikawa argues, “this narration [of past mistakes] should be viewed as part of a process of constructing notions of Canada and its citizens.”29 Oikawa notes that the “forgetting [of internment] is actively produced,” among non-Japanese Canadians within interior BC, and should be considered part of the creation of a national understanding of internment. However, when looking specifically at healthcare as a theme of internment history that is repeatedly central to local public history displays, it is evident that not all aspects of internment are forgotten. Though events of the internment era and people brought to the region because of internment policies are reimagined in a positive light in most public history displays, the very inclusion of healthcare providers of Japanese descent in these public imaginings of historical changes, demonstrate that local communities have not entirely subscribed to the ‘active forgetting’ efforts seen on the national stage. The people, more specifically the healthcare professionals, which internment brought to interior, remote, rural spaces in British Columbia are actively remembered by community members.

The differences in how healthcare and internment are discussed across displays indicate different ways of remembering between the ethnic and the local communities. For instance, roadside historical displays near internment sites, curated predominately by the Japanese-Canadian community, include the work of healthcare providers in a very different, often passive way. While sometimes highlighting the work of one or two prominent Japanese Canadians, they do not tie the labour of these healthcare professionals to a longer history of scarcity of healthcare accessibility and services in the region.

29 Oikawa, Cartographies of Violence, 39.
As resource-extraction based towns, the spaces used for internment were particularly susceptible to ebbs and flows in population and associated services for residents. The very reason these so-called “ghost towns” were chosen as internment sites was also the reason they did not have consistent, adequate medical services available. Therefore, the sudden influx of thousands of internees, coupled with the healthcare providers that had to be brought with them or trained from among the internee population, meant a great deal more access to healthcare services was suddenly possible within the region. Local commemoration efforts reflect these realities of rural healthcare in this region of Canada.

Miyazaki House

The work of one Japanese-Canadian physician, Dr. Masajiro Miyazaki, has been recognized at the local, regional, and national level more than his colleagues. Dr. Miyazaki was not only a Japanese-Canadian physician and internee, but also the first Japanese Canadian to hold a public office position when he was elected to the Town Council in Lillooet, British Columbia. After internment, Dr. Miyazaki was asked by the residents of Lillooet to move his practice from the Bridge River internment centre, a self-supporting camp, to Lillooet proper. His services were accessed by internees and local residents alike. He even provided care to local Indigenous communities when asked, which allowed him to bill the federal government for his services, all while being an internee himself. His story is more widely known than some of his colleagues, and his contributions to the community of Lillooet are respected and remembered by community members. His work was recognized on the national stage when he was awarded the Order of Canada in 1977.30

Dr. Miyazaki’s legacy is remembered in Lillooet to this day. His home in Lillooet, where he lived and practiced medicine, was turned into a small museum. “Miyazaki House,” as it is now known, was donated to the town by Dr. Miyazaki before his retirement. “The very home he was prohibited from purchasing in 1946,” now serves as a local museum dedicated to his work and commitment to the community.31 A video on the museum’s website includes clips of

residents of Lillooet sharing memories of Dr. Miyazaki and remembering that “he was just an all around good Doctor, and we felt so fortunate in having him here.”

The respect and recognition given to Dr. Miyazaki is just one example of the local, public memory of internment that was shaped by healthcare which has now been presented, over the decades since internment, by local historical associations in British Columbia. Miyazaki House represents the typical themes of appreciation for medical professionals in the region. Despite the racialization of Japanese-Canadian physicians, the need for healthcare access in rural and remote regions of British Columbia meant that residents of these locales sought the professional skills of interned physicians in spite of prejudices or preconceived notions about Japanese Canadians.

Other instances may not be as obvious or singular in their efforts to commemorate the work of one physician or nurse brought to the region through internment policies, but they are no less striking. All inclusions of medical professionals in public history outlets in the region reveal a telling truth about the lack of healthcare access for residents in the early to mid-twentieth century. Taking this perspective, internment history aligns with the long history of rural and remote healthcare in British Columbia, and Canada more generally. Local history outputs provide insight into the effects of internment on local communities. Looking at various outputs shows that internment labour was not exclusive to resource-extraction and indeed revitalized the internment communities in other ways.

The Langham (Kaslo)

In Kaslo, another West Kootenay town, the old Langham Hotel is home to various rotating galleries and performance spaces, and a permanent Japanese Canadian Museum. The heritage building was restored by the Langham Cultural Society in the 1980s. The hotel itself was once the hub of Kaslo’s busy core. In the 1890s, The Langham was a “grand hotel with running water and electricity.” It served as a “bottling plant, a wooden boat factory, a bank, and most importantly, an internment centre for Canadians of Japanese descent during WWII.”

The permanent small museum display about internment opened in 1988, in time for the fifty-year

32 The Historic Miyazaki House in Lillooet, BC Canada, “Memories of Dr. Masajiro Miyazaki,” Copyright 2015, https://www.youtube.com/watch?list=PL9r5lpnnjVqqsIGZ23Amgj3D2T2HIBs&time_continue=51&v=sYAY\wwLR\Egg&feature=emb_logo
anniversary of internment in 1992. The museum includes numerous photographs of internment, small artifacts and cultural displays, all of which were mostly donated by one family who was interned at The Langham – the Konnos. The museum focuses on a recreation of the boarding rooms at The Langham which housed Japanese-Canadian internees in the early 1940s.

As visitors enter the Japanese Canadian Museum at The Langham they are greeted with a plaque which reads “this project is dedicated to the Japanese Canadians. Through courage under adversity, they demonstrated the ability to overcome injustices. They continue to make enormous contributions to Canada’s development as a multicultural mosaic and are leaders in the ongoing fight to overcome racism.” The emphasis on themes of multiculturalism, the Canadian ‘mosaic’ trope, and overcoming adversity as immigrant community members reflects the attitudes of the era in which the museum opened. Though the Japanese-Canadian community was involved in the construction of this historic display in Kaslo, the concerns of the local community and the narrative of a united country strengthened by diversity remained the prominent driving force behind the display’s language, the materials included, and the general tone throughout the exhibits. Rather than detail the harsh realities of internment, visitors can experience the cramped space of a bunkhouse at The Langham, while learning about the perseverance of the Japanese-Canadian community in Kaslo. The introductory text of the museum display continues:

The face of Kaslo also changed when the first of some 1,200 ‘ghost town evacuees’ arrived on the Nasookin in May 1942. This project attempts to document their contributions to our community and to provide us with a window into their way of life 50 years ago in Kaslo. Here at the Langham Hotel, 78 Japanese Canadians were resident.

While curators were careful to not over emphasize the positive contributions Japanese-Canadians made to the community, the choice of language like “resident” instead of interned (or similar) indicates the type of perception the Kaslo community members who facilitated the construction of this exhibit wanted to impress upon visitors. A level of critical analysis and complication is offered with mentions of the Redress movement and notes about “the loss of material

possessions, and conditions of physical and emotional tribulation.” The efforts to point to dispossession, details which were added later, in 2006, reflect shifting public and community expectations. Certainly, these inclusions reflected the overarching Japanese-Canadian activist goal of the 1980s – highlighting the losses of former internees in order to promote their redress and apology efforts.

The Langham’s Japanese Canadian Museum subscribes to a typical nationalist narrative of the 1960s to 1990s in English-speaking Canada. The exhibit represents over-arching socio-cultural goals of the era in which it was created. It promotes the unification of the nation through metaphors of strength through difference, such as the idea of the Canadian mosaic. These stories took precedence over other possible stories which curators could choose to tell. The exhibits which remain on display in Kaslo were written and put together during a period when Canada was striving to construct a national identity in order to celebrate a centennial. The history presented at The Langham was written when the nation was faced with referendums and French-speaking Quebec’s campaigns for separatism. At the same time, Japanese-Canadian community activism was pushing for a national apology and reparations for their material losses incurred with internment policies. Bridging these efforts made historians and the public question the idea of Canada as a nation and the unifying characteristics of a nation with so much diversity. In an effort to celebrate differences, The Langham offers an ideal example of how hardships were presented with caution, and critical analysis of events was left to viewers of exhibits to ponder themselves in favour of shaping the narrative of the nation as celebratory and positive. It is, as Oikawa notes in her work on remembering internment, a “highly organized and strategic forgetting of the many subjects and effects of internment.” The way in which internment is remembered in this small museum in Kaslo, British Columbia illustrates the re-imagining of notions of nationhood and ideal citizenship. It shows us who and how certain groups were shaped and reshaped, excluded and re-introduced, to the idea of Canada.

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Throughout the display there are a few images and some texts about the Japanese-Canadian healthcare providers in the region during internment. However, these are not central or highlighted in the story which is presented at The Langham. However, the fleeting, minor mentions of Japanese-Canadian healthcare providers does not indicate that they were insignificant members of this community. In fact, Dr. Kozo Shimotakahara was a highly influential community member in Kaslo and is remembered for his significant contributions to healthcare services in the region.\(^{41}\) His dedication to community it remembered fondly by descendants of his patients during internment years. His professional expertise in arthritis care brought people to Kaslo from other remote regions of the province. Rather the lack of emphasis on healthcare as a theme within the history of internment at this one exhibit reflects the local effort to emphasise national goals over the experiences of local residents in the 1980s. This effectively leaves the history of internment presented at The Langham as largely uncomplicated and rather straightforward. It reflects the then-dominant narrative of perseverance of an ethnic community which made the best of the situation they were thrust into.

Celebrations marking 150 years since Canadian Confederation, revealed some of the ways that the nation and its diversity were being presented differently. In the lead up to the 2017 celebrations in Canada, local historical organizations were encouraged to re-examine their treatment of past events, and to walk viewers through critical analyses of past historical moments. This was no less of a prescribed narrative that ultimately still placed the nation in a positive light, but these changes in how public history was presented are evident in later regional historical displays such as the historical walk in Slocan.

**Slocan’s History Walk**

In the small village Slocan, British Columbia (population of less than 500 people) there are nine locations marked with signage and information about the community’s “colourful past.”\(^{42}\) Beginning in 2013 and completed in 2017 with funds, in part, from BC|Canada150 grants in collaboration with local fundraising efforts, the community organized a historic walking tour complete with photographs collected from the Slocan Archives.\(^{43}\) 

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\(^{41}\) Miller, “Pioneer Doctor: Kozo Shimotakahara,” 15.
historical society curated a guidebook which is accessible through the community’s website, allowing visitors to learn more about Slocan’s beginnings as a resource-based village in rural British Columbia. The website also allows for a virtual tour of the signs, extending the local historical display to wider audiences.  

The historical tour of Slocan offers insight into the most recent ways in which those within the geographic places which hosted internees in the 1940s grapple with this part of their local history. The language, images, and overall tone of the tour remains positive and celebratory, but also makes space for critical analysis of events in the past. The tour encourages folks to recognize the hardships of internment alongside the conclusion that internees forever re-shaped the economy and cultural landscape of the region. Healthcare, in particular, emerges as a feature that was forever changed by the presence of internees. Professional knowledge and labour pools boosted the region and the town, but the centrality of healthcare history in this public exhibit reveals the desperate need for services which was felt, and likely continues to be felt, in the region. The historical walk brings the history of internment into the local history of healthcare, and, by extension, the longer history of rural health challenges in Canada.

The walking tour, taken either in-person or virtually, begins with a sign that immediately focuses the town’s story on the main local industry – forestry. This labour emphasis is presented alongside anecdotes about sports teams. Continuing on, the second sign focuses on transportation and the development of Slocan City. The clearing of roadways, accessibility to the locale, and even a small snippet of information about “A Tradition of Women in Politics” portray the small community as cosmopolitan and advanced for their level of relative geographic isolation. The woman highlighted for her political efforts, Emilie Popoff, was one of the

for funding and redress, it does not appear to be financially linked. Most recent updates on the apology here:
owners of the Popoff Farm -Slocan Extension internment centre, though that part of her personal history is not highlighted on this sign.47

The third sign, takes visitors to the site of the Slocan “Odd Fellows Hall.” The text of the sign explains that the organization stood for “Friendship, Love & Truth,” represented by three rings which hung on the outside of the building. The building is now the Silvery Slocan Social Hall and “continues to play an important role in the community.”48 The online version of this historic location marker includes more photographs than the in-person sign. Many of these photographs are of Japanese-Canadian residents using the hall for Buddhist ceremonies, dances, and other social events beginning in the 1940s. The inclusion of these photographs signifies to viewers that the Japanese-Canadian community changed the culture and ethnic makeup of Slocan. Their addition to the website and not the physical sign may indicate that a later review of the historical signs deemed that multicultural activities which took place in the village with the onset of internment were worthy of inclusion. Perhaps later curators of these displays saw value in diversity and included these sources in their online displays which could be more easily updated.

“Internment Days” become a prominent part of the historic displays, photographs, and information provided across the subsequent historic location markers in this community and virtual tour of Slocan. The sign at the third location on the tour reads:

Between 1942 and 1946, more than 4800 Japanese Canadians were forcibly interned in four camps between Slocan and Lemon Creek. In this era, use of the IOOF hall was turned over to the [BC] Security Commission. Initially used for residences; it later became a community centre…49

The tone of this sign sets the stage for the other inclusions of internment-era information presented throughout the historic walk. Facts like dates, numbers, and locations of internment sites are included. There is no effort to make the text apologetic, but rather it appears to remain factual.

At the fourth location on the tour the focus of the historic walk shifts almost entirely to internment and Japanese Canadians within the Slocan community. If visitors take the tour physically, they find themselves stopping at the Slocan Village Market. Here, the sign explains that this stop was the location of “Kino’s Market,” which was one of the successful businesses set up by internees in this community during the 1940s. The historic overview provided at this location demonstrates how the influx of Japanese-Canadian internees shifted the economy, culture, and day-to-day life of the community. As the sign reads, “the Japanese Canadians interned here during the Second World War brought with them their skills, expertise and culture. . . Druggists, tailors, and forestry workers all found work as the sleepy community of less than 500 swelled to thousands.”

The importance of Kino’s Market, and its owners, are not a coincidental inclusion. The Kinoshita family was prominent within Slocan during, and after, internment. In fact, one member of the family, James Kinoshita, who was a young boy when his family was interned at Popoff Farm, became an internationally recognized architect. During internment, the Kinoshita family assisted Emilie and Konstantine Popoff with the management of a small store and dairy production on their farm, which was one of the Slocan internment site extensions. Before internment the Kinoshita family owned various stores along Powell Street, including a fish and meat store, a Chinese restaurant, and a general store. James’ father, Zenichi, moved to Canada when he was fourteen and worked at the fish and meat store owned by his father-in-law. When internment restrictions and displacement began, the Kinoshita family was among the last to leave Vancouver because they provided essential services in supplying groceries through their stores. When they were forcibly relocated the family travelled to Slocan City, then Rosebury, then Popoff Farm. Mrs. Emilie Popoff ran a small general supply store on her farm for internees and eventually left the store to James’ father. The family moved themselves and the store to Slocan

52 Kinoshita, From Slocan to Hong Kong, 28.
53 Kinoshita, From Slocan to Hong Kong, 32.
proper after the Popoff Farm extension was closed. Then “Zenich and Yoshiko Kinoshita supplied food in the [Slocan] Valley for 32 years until their retirement in 1974.”

The focus on James Kinoshita’s family at the fourth location in the Slocan Historic Walk is both a recognition of an important internment-era institution in the community and represents a community’s public claim of a successful professional. James, though only a child of 8 years old when interned with his family, would eventually redesign his family’s market in Slocan when he was an architecture student enrolled at the University of Manitoba in the early 1950s. He built the store “from local woods and labour,” and it was “extremely ‘modern’ architectural treatment for the small town of Slocan.” The panel emphasises the successful architectural career of James that followed his initial school project of redesigning Kino’s Market in 1952.

The choice to emphasise the success of an internee with an internationally recognized professional career is typical of internment-era commemorations. Demonstrating professionalism, and social capital via professional knowledge, is a common tactic when presenting internment history in public history outlets – effectively emphasising the perceivable ‘worth’ of Japanese-Canadian citizens. Teachers, physicians, and nurses are similarly remembered in internment commemorations in Slocan, and throughout the region.

The nod to Japanese-Canadian professionals continues at the fifth location on the Slocan Historical Walk where “Heritage and Education” are highlighted. Once again the professional efforts of internees are included in a small snippet on the panel entitled “Ghost Town Teachers,” which reads:

an inspirational story arose from the Japanese Canadian wartime years... The 200 plus Ghost Town Teachers – mostly teenagers with little or no teaching experience – were chosen and trained by Hide Hyodo Shimizu. They provided exceptional schooling for over a thousand displaced children.

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54 Kinoshita, *From Slocan to Hong Kong*, 38.
This explanation is followed by two quotes from the book *Teaching in Canadian Exile*\(^\text{59}\), which examines the work of Shimizu and the internees she trained to be teachers. Alongside information about the original school buildings in town, and the development of other schools over time, is the recognition of the work of these racialized educators from the internment era. This suggests a preference for highlighting professional work done by internees. It also implies the importance of internment to the region for, among other things, bringing in professionals and labourers who revitalized the small community.

The next location marker continues to focus on education, as well as community events and social spaces – including the local “Logging Show” and a community skate park. It does not specifically showcase any internees or the internment era, but on the historical society’s website where the sign is elaborated on, pictures of Japanese Canadians on hockey teams and among the community at events are visible.\(^\text{60}\) Perhaps, similar to the sign at the third location which looked at the local community hall, these images were added to the virtual space later as indication of shifting goals within the Slocan historical society who curated these displays.

The seventh location marker takes visitors to the Village of Slocan Cemetery. The focal point of this panel is the Buddhist Memorial located within the Slocan Cemetery. The sign explains that the Slocan Buddhist Mission Society “in 1944… was granted permission to construct a memorial to the Buddhist residents cremated in Slocan prior to the construction of the New Denver crematorium.”\(^\text{61}\) The memorial includes a small monument, in the form of a stone cairn with writing on all four sides, is placed between two large evergreen trees and encircled by a white wooden fence that is maintained by the community at regular intervals. The cairn reads “Fellow countrymen – Cremated here” (north side), “Rebuilt – Slocan – Donated” (south side), “May 1969” (east side), “Buddha have mercy on me” (west side). The names of just over a dozen internees are listed on the sign just outside the cemetery where the monument space lies. Most were elderly and died of cancer or other unknown causes. A few children are listed, one of whom drowned in Slocan Lake. “In the early days of internment,” the sign reads, “when a

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A Buddhist died in the Slocan camp a group of men was chosen to cremate the body. This was said to have often occurred at a mountain site enroute to the Arlington mine.\textsuperscript{62}

The concessions made by the Slocan community, and the choice to commemorate Buddhism within the community, indicates the effect the influx of Japanese Canadians had upon the place and people within this region. There are tangible reminders to visitors and community members alike that Buddhism, and those who brought it to Slocan in the 1940s, made this community different. This is both a marker of diversity that the community chose to highlight in its own historical imagining, but it is also a reality of the space. An accompanying panel presents statistics which explain that the “number of deaths registered at Slocan from 1942-46 (73 of them) was far greater than any other similar period in its history, reflecting both the size of the population during the internment and the harsh conditions Japanese Canadians lived in…”\textsuperscript{63} The language in this public display is sombre, and reflects a realization of the hardships internees faced. On the very same historical panel, viewers are presented with a celebration of diversity of religion in the village. Ultimately this demonstrates a complicated understanding of the past that the community wished to represent when these panels were written and installed.

This historic tour strives to present a complex narrative that, while ending on positive notes, also acknowledges that life was not simple or straight-forward for the Japanese-Canadian internees who were forced to make Slocan their home in the 1940s. This marks a stark difference in the goals of public history curators by the time of Canada150 celebrations. If these signs had been written in the 1960s, for instance, a more Canadian-centennial style of promoting multiculturalism and the ideal of a Canadian mosaic may have been prominent. It would have been more likely that earlier public history makers wanted to align with national goals and construct a sense of nationalism instead of encouraging the critical analysis of decisions made by governing bodies in the past.\textsuperscript{64}

At the next location on the tour ethnicity and diversity of the region are further examined and celebrated specifically in relation to labour and local economics. Both in-person and virtually, visitors are introduced to the Indigenous history of the region in a very preliminary and superficial way. The display quickly switches into discussions about mining history, including


\textsuperscript{63} Slocan Valley Historical Society, “Historical Site -Location G,” Last modified 2017, https://slocanvalleyhistory.ca/portfolio/location-g/

\textsuperscript{64} Igartua, \textit{The Other Quiet Revolution}, 167-172.
the changes to the local resource economies with the influx of Japanese-Canadian internees in the 1940s. Overall, the goal of this historical location marker is to note the boom-and-bust nature of Slocan. The website and sign read, “the mining rush and the Japanese-Canadian internment produced brief booms and exceptional short-term population influxes…” The sign includes quotes from David Suzuki, who was among the first group interned in Slocan with his family as a boy. The text states how internees were placed in a hotel or had to live in tents until three-room wooden shacks were constructed by the BCSC. The decaying state of various buildings on Main Street, including the Arlington Hotel, are acknowledged on the panel, as the community remembers the state of the accommodations that internees were subjected to upon their arrival in Slocan.

The sweeping overview of Slocan’s economic history presented on this panel signifies the importance of resource-economies to the small village. The overall message of the tour also situates Slocan as a “transportation hub” for the region – something which was experienced by internees who were brought by train from Vancouver to Slocan en masse and then spread between internment sites of the region by truck and car. The commemorating tour offers some concluding thoughts on Japanese Canadians in the region and states “while outlying camps were evacuated and the shacks bulldozed, moved, or taken apart, many families moved into Slocan as ‘self-supporting’. They remained here, becoming an essential part of both heritage and community.” The inclusion of a 1964 quote from Prime Minister Lester B. Pearson solidifies the over-arching tone of the commemoration presented. The exhibit organizers argued, like Prime Minister Pearson, that there was “no reason to be proud of this episode,” but there were substantial changes that internment brought to the community, both bad and good. Pearson’s quote alongside the boom-and-bust economic history of the region reveals that when referencing Japanese-Canadian presence in the region the tour attempts to be critical, yet celebratory. The

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deliberate positive outlook on internment, despite brief, scattered acknowledgments of hardships, clearly indicates how this community largely wishes to remember this moment in its history.

The final location on the Slocan Historic Walking Tour further situates the ever-changing makeup of Main Street in the fluctuating economy of Slocan. Alongside the sign focused on Main Street, a separate sign dedicated to Japanese-Canadian internment reiterates much of the same information included on earlier thematic and place-based panels on the tour. It notes that “descendants of Japanese Canadian internees (hundreds lived on Main St.) and other Oldtimers find no trace of the bustling ‘downtown’ of yesteryear in Slocan today.” Most significantly, on the panel which addresses Japanese-Canadian internment, there is a picture of a smiling Japanese-Canadian woman doing laundry with the caption, “SMILING in spite of it all!” Unlike previous panels which aim to present a more balanced interpretation of internment – one which neither celebrated nor condemned entirely – the final panel changes the narrative to be more positivist in its historical construction.

The final panel of the tour points to a professional group of internees which influenced the rural and remote community in a substantial way – healthcare providers. The very inclusion of their image and mention of their presence on a public history panel indicates that the community members who put together these displays, over sixty years after internment, found the presence of medical professional significant. The panel presents viewers with an image of Japanese-Canadian men and women in healthcare uniforms. The picture is labeled “BC Security Hospital Staff, Slocan ’43,” and it includes over twenty internees who worked at the Slocan Hospital by that time. The text of the panel reads, “There were at least 27 medical personnel in town!” Certainly, as was noted with teachers, architects, and other professionals within the ethnic community on earlier panels, this influx of medical professionals changed Slocan and the region in significant ways. Such a substantial increase in healthcare providers in the region was likely never seen so quickly before, and certainly would not have been seen since. In the case of Slocan, the influx of internees and medical professionals also meant the revitalization of the local community.

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hospital under the supervision of the BCSC. The old Miners Union Hospital, or Gill’s Building as it is locally known, was re-purposed for internees and is also commemorated on the final panel of the walking tour.74

Providing healthcare was just one way that internees changed Slocan and surrounding places of interior British Columbia in the 1940s. But, because of the limitations in rural and remote healthcare in Canada, these racialized healthcare providers are among those most fondly remembered in local memory. While providing necessary services to their own community, Japanese-Canadian physicians, nurses, dentists, and others filled a major service gap in the Canadian healthcare landscape by bringing their expertise to underserviced rural regions of the province. Japanese Canadians boosted the overall economy of the region, brought diverse cultural activities to the isolated space, and revitalized resource-based economies with their labour and expertise. The celebratory tone regarding internment by the final panel of the historical tour of Slocan is largely based on the labour and professional expertise which Japanese-Canadian internees brought to the region.

The historical tour reflects the goals of Canada150 grant funding and social expectations of the era to critically analyse past events and acknowledge wrong doings. The work done by healthcare professionals provided the curators of this tour with an opportunity to celebrate the work of Japanese Canadians within the region. Other historical exhibits within the region are less critical. They tend to focus on the positive results of internment for the local communities over a priority to include some of the negative effects of internment or to call out the racism of previous government policies which brought Japanese Canadians to the region. Like the Slocan Historical Walking Tour, the choices made by public history display curators across the region reflect the goals of the local and national society of the era in which they were created. Beyond Slocan, it is possible to trace the development of these goals within public history displays by looking at the ways in which healthcare providers of Japanese descent in the region are, or are not, included in other exhibits throughout interior British Columbia towns which played host to internment sites in the 1940s.

Roadside History

In addition to the work of local, small museums and archives throughout the region\textsuperscript{75}, another primary way of disseminating history of internment to the public in British Columbia is through roadside signs. Roadside history displays were prominent in interior, Southern British Columbia after the First World War. Historian Ben Bradley argues that the “identification, development, and promotion of historical and historically themed attractions was as much a way to shape the views of citizens as to steer the consumption patterns of tourists.”\textsuperscript{76} Where nature was not a visible, obvious draw for motorists and tourists in the region, “boosters and roadside business owners sought to transform underdevelopment into an asset by cultivating association with the past.”\textsuperscript{77} Bradley’s analysis of British Columbia highways and roadside historic attractions traces how these developments began in post-WWI British Columbia. But these trends in shaping roadside local history in the province continued into the twenty-first century as the province continued to build itself “in cultural terms.”\textsuperscript{78}

On the occasion of the 75\textsuperscript{th} anniversary of Japanese-Canadian internment in 2017, “nine interpretive signs were created… to provide information about the internment camps, self-supporting sites, and road camps where Japanese Canadians were held or forced to work during the internment years.”\textsuperscript{79} Signs were placed at former internment sites (both self-supporting and government supported) in East Lillooet, Greenwood, Kaslo, New Denver, Slocan, Tashme, and three road camp locations near Hope-Princeton, Yellowhead Blue River, and Revelstoke-Sicamous.\textsuperscript{80} Their content and placement was part of the Highway Legacy Sign Project in British Columbia which was also partnered with the Japanese Canadian Historic Sites registry project. Laura Saimoto, chair of the project committee explains:

The Highway Legacy Sign Project was an outgrowth of the Japanese Canadian Historic Sites registry project, which announced fifty-six Japanese Canadian historic sites on a


\textsuperscript{76} Ben Bradley, \textit{British Columbia by the Road: Car Culture and the Making of a Modern Landscape} (Vancouver: UBC Press, 2017), 109

\textsuperscript{77} Bradley, \textit{British Columbia by the Road}, 131

\textsuperscript{78} Bradley, \textit{British Columbia by the Road}, 235.

\textsuperscript{79} Government of British Columbia, “Japanese Canadian Internment Signs,” last modified April 1, 2017, https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/traveller-information/japanese-canadian-internment-signs

\textsuperscript{80} Government of British Columbia, “Japanese Canadian Internment Signs,” last modified April 1, 2017, https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/traveller-information/japanese-canadian-internment-signs
provincial online heritage registry by the Ministry of Multiculturalism and Heritage Branch on April 1, 2017. As part of the seventy-fifth commemorations of the internment, Japanese Canadian community organizations in the Lower Mainland united to form the Japanese Canadian Legacy Committee, a coalition of community organizations to drive this registry.81

The government of British Columbia, through the Ministry of Transportation and Infrastructure, committed to eight interpretive signs and three stops-of-interest markers related to Japanese-Canadian history. The Ministry pledged to pay for their creation and installation. The Japanese Canadian Legacy Committee, which “consisted of representatives from the major Japanese Canadian community organizations in the Lower Mainland,”82 was in charge of content creation for the signs. The first sign was erected on October 27, 2017, at the site of the former Tashme Internment Camp. The other eight interpretive signs followed throughout the next year.83 The Japanese Canadian Legacy Committee fundraised for a year and worked with local communities to organize unveiling events. They were primarily concerned with education and as such there was concerted effort to include school-aged local children at these ceremonies. The emphasis on exposing school-aged children to shifting historical narratives with particular goals in mind, in this case the revision of Japanese-Canadian history within highly localized exhibits, is a long-standing method of sharing particular views on local, regional, and national histories.84

When asked what the impact of these commemoration efforts was the Japanese Canadian Legacy Committee reflected that, “the true legacy of this project is that the local communities now feel the internment history that happened in their backyard is now their history.”85 Whereas the Historical Walk in Slocan was an initiative of the local community members and included internment as an important historical moment, these provincially funded roadside signs were the work of the Japanese-Canadian community first. They introduced local community members to internment through the lens of Japanese Canadians themselves. The Japanese Canadians who curated these displays were mostly descendants of internees (Sansei generation and later). But because of their inclusion in the ethnic community there was a conscious effort made to include

84 Igartua, The Other Quiet Revolution, 63-88.
internees in both the organization of materials that would illustrate the signs and in their unveiling ceremonies across these locales.

The differences in tone and inclusions reveal diverse perspectives on internment and the act of remembering internment dependent upon which community facilitates the public commemoration effort. For instance, the Japanese-Canadian internment Interpretive Sign posted at New Denver by the British Columbia Government and curated by the Japanese Canadian community organizations of the region includes the following passage about the New Denver Sanatorium:

New Denver differed from other camps because of the Sanatorium facility located at the south end of the Village of New Denver, facing Slocan Lake. The facility was intended to show how well Canada was treating its Japanese civilians, in the hope that Canadian prisoners of war would be similarly treated. In 1943, 100 internees with tuberculosis were transferred to the Sanatorium by train from Hastings Park in Vancouver. Others followed, bringing the total number of patients to 110. Today, the original Sanatorium building is part of the Slocan Community Health Centre. Dr. Matsuburo Uchida looked after the Sanatorium patients, as well as 2,500 internees in New Denver and Rosebery. He also attended the Slocan Community Hospital and set up a medical clinic in New Denver to look after both the Japanese Canadians and locals. Dr. Kumagai was the dentist and Henry Naruse was the optometrist.\(^{86}\)

The inclusions here match the language and prominent historiographical analyses of government records of internment era healthcare. Pointing to the importance of treating internees well in order to secure the fair treatment of Canadian prisoners of war in Japan suggests that the researchers and curators of this commemorative sign had knowledge of federal government records. There is also a conscious effort to credit the work of Dr. Uchida, as well as the Japanese Canadian dentist, Dr. Kumagai, and Henry Naruse, the optometrist, for the services they brought to the region during internment. The pictures included alongside this text are of patients, a few nurses, and an aerial shot of the Sanatorium itself. Though the text suggests the Sanatorium set New Denver apart from other internment sites and holds the work of Dr. Uchida in high praise, it does not point to the nurses, nurse aides, and other healthcare support staff who also worked at the Sanatorium. The choice to acknowledge the work of one physician over the work of dozens of other healthcare professionals is indicative of different commemorative goals between the

Japanese-Canadian community and the local community. On a basic level, the presence of
Japanese-Canadian women as nurses and nurse aides is evident for viewers of the sign in the
photographs included. But these women are mostly left nameless, and the extent of their work is
not acknowledged in the same manner as Dr. Uchida’s. Likely this is a reflection of the choice to
emphasise the work of a physician over that of the nursing staff because there is more
documented evidence of Dr. Uchida’s contributions to the healthcare within the community.
Ultimately this reality of government records suggests a larger gendered-base gap in the
historical record of healthcare during internment. As mentioned in Chapter Two, many of the
names and contributions made by Japanese-Canadian women as nurses and nurse aides must be
deduced from photographs or oral history recollections of internment. These racialized women
are not visible in the written record, and it appears that the archived written record that formed
the basis for this collection of historical roadside signs.

The Interpretive Sign near Slocan illustrates themes of education and community life but
states nothing of the healthcare services provided by internees in the community during
internment years. While the local community’s Historic Walk notes that “there were at least 27
medical personnel in town!” during internment, the Japanese-Canadian community chose not to
point to the effect of healthcare personnel in shaping the Slocan-centred experiences of internees.
The disparities in the centrality of healthcare professionals to the histories presented in these two
different public displays points to the priorities of the curators. Displays dependent upon
government archives produce different stories of internment than those which colloquially tell
the history of a given town or region. Descendants of both of internees and local community
members, who organized and funded two very different historical displays near Slocan, represent
the diverse range of experiences that their ancestors, families, and friends had during internment.

Where the local community remembers the influx of Japanese-Canadian medical
professionals as a high point in medical care access in the community, Japanese Canadian driven
commemorations typically leave out or minimally mention healthcare during internment. There
could be many reasons for this conscious choice in commemoration efforts. As the New Denver
roadside interpretive sign suggests, the Japanese-Canadian community is all too aware of the
reasons why healthcare was provided to internees. In the case of the New Denver Sanatorium,
the community clearly understands that care of internees was used on the international stage to
ensure fair treatment of Canadian prisoners of war in Japan.\textsuperscript{87} At the same time, healthcare was used by the state as a tool of propaganda in national campaign efforts as well, as is evident in the themes of the National Film Board’s 1945 production –\textit{of Japanese Descent}.\textsuperscript{88} In addition, internees and descendants of internees are also very cognisant of the fact that many of the detrimental health conditions of internment, such as the high rates of contagious diseases, were brought on by the poor living conditions of internment spaces.\textsuperscript{89} Recollections about life and conditions within Hastings Park in Vancouver point to poor sanitation and over-crowding as the main causes for a sudden increase in infectious disease rates among the Japanese-Canadian community.\textsuperscript{90} Jean Shigeko Kitagawa recalled “lots of people [at Hastings Park] had diarrhea, athletes’ foot and contagious diseases spread easily.”\textsuperscript{91} Living in tents or quickly constructed shacks at interior internment sites exasperated these rates of infectious disease among internees. There was even an increase in rates of appendicitis in the first winter season of internment, which Dr. Uchida and Dr. Francis (New Denver) both attributed to “something to do with the environment,” of internment sites.\textsuperscript{92} Perhaps, based on these realities, the Japanese-Canadian community felt their commemorative efforts were better suited to other areas of internment. They may not have wanted to put their efforts into detailing aspects of internment that were so readily used by the state as tools of propaganda. Furthermore, there may have been very little desire to commemorate the necessary work done by Japanese Canadians because of conditions created by the state’s policies. The common exclusion of discussions related to health and healthcare during internment in Japanese-Canadian commemorations is striking but not surprising considering the ways in which health was negatively impacted by internment and the way the state manipulated healthcare services to suit their narrative.


\textsuperscript{88} –\textit{of Japanese Descent: An Interim Report} (1945), directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, 1945. Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online \url{https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s}.


\textsuperscript{90} The Japanese Canadian Hastings Park Commemoration and Education Project, “Hastings Park 1942,” Last updated 2017 \url{http://hastingspark1942.ca/}.

\textsuperscript{91} The Japanese Canadian Hastings Park Commemoration and Education Project, “Hastings Park Stories, Jean Shigeko Kitagawa,” Last updated 2017 \url{http://hastingspark1942.ca/hastings-park-stories/jean-shigeko-kitagawa/}.

\textsuperscript{92} Dubois, eds. \textit{Medical Aspects of Evacuation Days}, 12.
On the other hand, the inclusion of Japanese-Canadian healthcare professionals and notes on the increase in health services available during internment years in local community public history outlets directly correlates to the realities of remote and rural healthcare services in 1940s British Columbia. The opportunity to receive healthcare within their local region or town shifted the experience of healthcare services for the people of interior British Columbia. More significantly, there are few mentions of racial discrimination while receiving this care. Locals were more typically glad to be receiving care from professionals, without having to leave their homes for metropolitan centres. In some cases, people were happy to be able to access specialized healthcare services that Japanese-Canadian physicians could offer. Linda King, for instance, remembers travelling to Kaslo from Trail, British Columbia with her mother to see Dr. Shimotakahara “because he was a specialist and her mother was very ill.”93 The King family, and others like them, made regular trips to Kaslo for medical services that would have not been readily available in rural British Columbia at this time without the presence of Dr. Shimotakahara. Indeed, locals remember “Kozo” or “Doc Shimo” and his dedication to the community in Kaslo after the Second World War when he became “famous for treating arthritis” for folks in the region. People from as far as Washington and Alberta came to see Dr. Shimotakahara who upgraded his education in Pathology following the war.94 With the scarcity of healthcare services in these locales it is not surprising that local community commemoration efforts recognize the work of Japanese-Canadian healthcare providers.

The end of internment and restrictions upon the movement of Japanese Canadians set forth a new set of challenges for the former internees and the local residents. One question that arose for the select group of Japanese-Canadian internees who were medical professionals was whether they would remain in the remote region or return to the metropolitan centre on the coast of British Columbia, or perhaps even leave the province entirely. Those who remained, even for a short time, are remembered fondly in local commemorations and respected for their work. Likewise, even those who left the region are often remembered in various public history outlets as providing an essential service to not only their fellow internees, but also to those outside of the interned ethnic community.

93 Linda King, interview (11 April 2018) interviewed by Carolyn Nakagawa, Part of the Landscapes of Injustice Oral Histories Collection, accessible online https://loi.uvic.ca/archive/oral_history_king3_2018-04-11.html
Japanese Canadians Providing Care Post-Internment

Where and for whom Japanese Canadians provided healthcare services to post-internment was highly personal and varied between each professional. The work of women as nurses and nurse aides is harder to trace – their labour was often lost in the administrative files of hospital-based care or ended when they started families. One well known exception is Jean Shigeko Kitagawa who was a young Japanese-Canadian woman who trained as a medical secretary at Hastings Park. When the last of the Japanese-Canadian internees, who were all tuberculosis patients, left Hastings Park in spring 1943 for the newly constructed and opened Sanatorium in New Denver, Jean travelled with them. She then worked at the New Denver Sanatorium in a similar capacity as a medical secretary. She returned to Vancouver in the early 1950s with her husband, who she met at Hastings Park when he worked as an orderly in the makeshift isolation hospital there. Eventually, she gained employment at Mount St. Joseph’s Hospital. Despite the professional training many Nisei women like Jean gained during internment, they continued to be turned away from jobs upon their return to the West Coast of British Columbia because of their Japanese heritage.

The race-base restrictions in healthcare were not eliminated in urban spaces after internment restrictions lifted. The importance of place here is undeniable -- in rural and remote regions of British Columbia, as with other regions of Canada well into the later twentieth century, racialized healthcare providers filled a gap in services and healthcare accessibility in a way which they were not as welcomed to do in urban, metropolitan centres. Jean’s story of employment during internment is just one of the many which demonstrates the ways in which Japanese-Canadian healthcare labour during internment is indeed part of a larger story of racialized healthcare providers supporting the healthcare landscape in rural and remote spaces of Canada.

The handful of Japanese-Canadian physicians who served their interned communities and the wider communities of southern interior of British Columbia made varying choices about their labour post-internment. Dr. Shimotakahara remained in Kaslo and continued to serve the local community, extending his services to those who sought out his specialized knowledge of

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In a very short time, before his death in Kaslo in 1951, he became a vital and respected member of the community. Similarly, Dr. Miyazaki remained in the Bridge River and Lillooet area for the remainder of his career. Evidenced by the prominence of the Miyazaki House museum in Lillooet, he established himself as a prominent professional in the community and a highly engaged member of the town. Dr. Kuwabara, who worked in Sandon and New Denver, left for Ontario in the late 1940s. Dr. Shimokura chose to leave British Columbia for Alberta, leaving Tashme with his family to settle for a time in Raymond and then Lethbridge, Alberta where there were growing communities of Japanese Canadians. In 1951, two years after all restrictions upon the movement of Japanese Canadians lifted, Dr. Shimokura returned his family to Vancouver to continue his practice. He worked in Vancouver for another decade and died in the city in 1975. Another physician who returned to Vancouver, Dr. Uchida, left New Denver first for Kamloops then returned to Vancouver in the mid-1950s. He recalled having “to start all over again,” and chose to keep his practice devoted to patients of Japanese descent. “My patients were Japanese, I didn’t look after Canadians,” he recalled, because he “didn’t change [his] attitude after the war.” His experiences pre- and post-interment shaped the nature of his professional practice in the post-interment years to come. Racist policies, compounded with the dispossession of his property, left Dr. Uchida with the desire to only treat his own community members. Surprisingly, Dr. Uchida appears to be the only Japanese Canadian to make this choice in the post-interment era – or, at least, was the only one to record this choice openly.

Regardless of the length of their stay within the rural and remote regions of British Columbia post-interment, the work done by Japanese-Canadian physicians left a lasting impression upon these communities. Residents of the resource-extraction based towns of New Denver, Kaslo, Slocan, Sandon, and surrounding extension camps were for a brief time able to access medical services that were previously only available in certain larger centres of the region, such as Nelson or Kamloops. The labour of Japanese-Canadian internees in various fields of work shifted the tone with which people in the region regarded their presence. The internees

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98 Johnson, “The Case of Dr. Masajiro Miyazaki.”
99 Dubois, eds. Medical Aspects of Evacuation Days, 12.
100 Tashme Historical Project, “Health Care” last modified 2017 http://tashme.ca/camp-organization/health-care/
101 Dubois, eds. Medical Aspects of Evacuation Days, 19.
were valued for their contribution to local economies and for revitalizing resource-based industries in the region. These contributions are regularly recognized and well known in the discourses put forth by the state in recalling the events of internment. However, the professional skills of internees, especially as medical professionals who could provide health and dental care, were gladly received by members of the communities they were uprooted and moved to the British Columbia interior.

Thus, healthcare is a prominent theme in most local historical exhibits. Those displays curated by the local historical societies often include mention of medical professionals and their work for the community. Japanese Canadian’s often point to the work of specific healthcare providers, focusing on those who they have a personal connection to or whose work is well known and well documented. But the local communities’ memory, presented through various means of public history outreach, tell stories of important professional contributions to the region that were not the norm. Local community members remember internment as a period of positive, if short-lived, changes to healthcare accessibility in the region. Indeed, the work of Japanese-Canadian medical professionals is presented by the local historical associations as a moment that profoundly changed rural and remote spaces.

Local History as Part of a Longer National Story

Recognizing the history of Japanese-Canadian internment gives the federal government a rather unique opportunity to openly acknowledge a mistake, while at the same time boasting about a subsequent federal apology. Oikawa understands this as the nation continuing to benefit from “the internment of Japanese Canadians in the ways in which [Canada] redeems itself through its construction of a now unified ‘model minority,’ reducing their complex and heterogenous forms of survival and resistance to a visible, redemptive stereotype.” Canadians of Japanese descent remain an ideal immigrant group in the eyes of the state because of ways in which the history of internment continues to be treated in the national, public sphere. But regional and local commemoration efforts reveal a different level of engagement with internment history.


103 Oikawa, Cartographies of Violence, 202.
Public commemoration of interment in the region has come to increasingly include interment in a nuanced way – it is both condemned and presented as revitalizing for the region. The prominence of healthcare inclusions in public history displays made by local community members, and not driven by the Japanese-Canadian community alone, demonstrates how significant the movement of medical professionals into the region was for local’s access to healthcare services. The influx of Japanese-Canadian people who could fill these gaps in healthcare services, left a lasting impression on the precarious nature of healthcare in remote and rural spaces in British Columbia in the mid-twentieth century.

Considering the ways in which healthcare is included in commemoration in the region, reveals how internment was a significant moment in Canadian history for healthcare in remote and rural spaces. Though this history is grounded in British Columbia, it is part of Canadian history as well. When examining internment through a healthcare lens, the regional character of this history only further illustrates the importance of this moment to broader Canadian history. The role of Japanese-Canadian healthcare providers in the history of healthcare accessibility throughout rural and remote regions of British Columbia because of internment policies and conditions parallels trends in rural medicine across Canada, and supports the long history of racialized healthcare providers supporting the diverse healthcare landscape of Canada. Understanding internment-era medicine provided by Japanese-Canadian internees themselves helps to better situate this moment within Canadian healthcare history and gives credit to Japanese-Canadian medical practitioners who helped to shape the landscape of rural and remote medicine in British Columbia, and beyond, through their efforts.

The work of Japanese-Canadian physicians and nurses was not exclusive to the internment spaces within which they were theoretically ethnically isolated. The reality of healthcare within these rural, remote spaces of British Columbia during the Second World War was far more complex. The sudden influx of medical personnel to this region plays a major role in the local memory of internment. As local commemoration shows, the healthcare labour provided by the internees was impactful and remains important to the region’s memory of internment. The regionalized memory of healthcare during Japanese-Canadian internment is strikingly complicated. The stories from local community members demonstrate how place also shaped internment healthcare history and memory.
CONCLUSION

Health and healthcare significantly shaped the experiences of internment. From government records we gain a preliminary understanding of how and when healthcare institutions and medical personnel were provided for internees. The maintenance of hospitals and the employment of Japanese-Canadian healthcare providers differed at each internment site, which shaped individual experiences of healthcare during internment depending on place.\(^1\) Japanese-Canadian physicians continued their professional practices under the restrictions and surveillance of the BCSC. These professionals brought with them a long history of community knowledge surrounding ways of resisting racism in medical spaces.\(^2\) Their professional standing garnered them liberties and social capital which they could in turn use to campaign for better conditions and care for their community members.\(^3\) The labour of Japanese-Canadian physicians, nurses, newly trained nurse aides, medical secretaries, orderlies, dentists, ophthalmologists, and other medical staff was essential in order to sufficiently staff the hospitals within internment sites and subsequently maintaining the health of their community.

Japanese-Canadian women were particularly vital to the maintenance of health within the internee community. Because of the sudden requirement for healthcare staff to support the needs of the community brought on by internment conditions, Japanese-Canadian women were provided with training as nurse aides within internment sites. These professional skills also garnered them different social standing within the internee community. In some cases, their training allowed them to move outside of internment sites and support themselves with newfound professional skills they would not have been able to gain so quickly outside of internment sites.\(^4\)

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\(^4\) For pre-internment contexts see: Glennis Zilm and Ethel Warbinek, Legacy: History of Nursing Education at the University of British Columbia, 1919-1994 (Vancouver: UBC Press, 1994), 76-77; For Japanese American
The stories of Japanese-Canadian healthcare providers during internment are forgotten contributions to the history of healthcare in Canada. They are silenced because of the isolated nature of internment, tensions surrounding race relations, and because of the rural places in which they provided professional healthcare services. The erasure of their labour from the history of healthcare in Canada also incorrectly suggests that the expertise of Japanese-Canadian healthcare workers stopped at the boundaries of internment sites based on racial segregation. But the significance of their professional labour is remembered by the residents of the remote and rural communities they came to work within during the 1940s, revealing that their labour extended beyond their own ethnic community and the designated internment sites.\(^5\)

Not only does a healthcare perspective expand the geographic scope in which we should understand the breadth of internment policies, but it also brings the history of internment into the longer history of healthcare in Canada. The case studies and sources examined in this study show how internment was a significant moment in Canadian history of healthcare in remote spaces and the history of racialized healthcare providers and spaces of care. The role of Japanese-Canadian healthcare providers in expanding the accessibility to healthcare services in rural regions of British Columbia in the 1940s parallels trends in rural medicine across Canada.\(^6\) It is also an underacknowledged part of the history of racialized healthcare providers supporting the Canadian healthcare landscape by providing care in these underserved rural places.\(^7\) This study is a preliminary step in crediting Japanese-Canadian medical practitioners who helped to shape the landscape of rural and remote medicine in British Columbia. It also reveals the lasting impression left by these racialized healthcare providers evident across displays of regional historical memory.

Alongside the active silencing of these racialized healthcare providers in the national record, are the equally selectively silenced stories of Japanese-Canadian patient experiences. The Canadian government made strategic decisions about which healthcare services and patients they

\(^5\) Dr. Shimotakahara is just one example. See: Naomi Miller, , “Pioneer Doctor: Kozo Shimotakahara,” Tri-Village Buzz 184 (Nov 2015), 15.


would include in their reporting and propaganda efforts, both within the nation and for international concerns.\textsuperscript{8} Ridding the racialized community of a so-called immigrant disease, tuberculosis, became an advertisable benefit of the internment plan.\textsuperscript{9} Ignoring the effects of internment upon Japanese-Canadian community members mental state was equally essential to shaping a positive narrative about the internment for Canadians and international representatives. The Canadian government took credit for working towards ridding the Japanese-Canadian community of an infectious disease colloquially associated with immigrants, but tried to lessen their financial responsibility towards those who suffered from mental health deterioration because of internment. Japanese-Canadian patient files from the British Columbia Provincial Mental Hospital illustrate that there are many experiences of internment that remain to be included in historical examinations.

Once the government realized the perceivable good health of internees within internment sites could be used as a tool to advertise the positive, healthy, assimilative effects of internment, the BCSC’s attention to the health of internees went from negligent to highly attentive. Ensuring adequate healthcare was available for internees was a responsibility outlined in the mandates of the BCSC.\textsuperscript{10} But the decisions about what types of healthcare were worthy of funding were shaped by the social, cultural, and, mostly, economic goals of the federal government and nation-builders of the 1940s.\textsuperscript{11} The healthcare policies and practices of the BCSC show that internment

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\textsuperscript{8} The many patient records considered in Chapter Three are not prominent in any federal government reports (besides expense reports). See any from the collection: Mental Health Services Patient Case Files Series, GR-2880, Accession 91-4268 (1872-1942) and 93-5683 (1943-1969), British Columbia Archives, Victoria. However, as was shown in Chapter Four, the patients at the Sanatorium in New Denver are the stars of an NFB film. See: \textit{--of Japanese Descent: An Interim Report (1945)}, directed by O. C. Burritt, produced by Leon C Shelly, presented by the National Film Board of Canada for the Department of Labour, 1945. Ronald O’Brien Fonds, 1974-0173, IDC 83414. Accessible online https://www.youtube.com/watch?v=QSCupvMYFR8&t=13s


\textsuperscript{11} In part, this related to the development of socialized medicine across the nation. See: Gregory P. Marchildon, ed. \textit{Making Medicare: New Perspectives On the History of Medicare in Canada} (Toronto: University of Toronto Press, 2012). Race and nation-building shaped hospital spaces in other cases as well. See: Maureen K. Lux,
goals of isolation extended to healthcare institutions and well beyond the geographic places of internment sites. Like the strategies of internment overall, healthcare policies were first and foremost concerned with protecting the general Canadian public from this ethnic community.

Placing health and healthcare at the centre of this history is one way of diversifying our understandings about internment experiences and demonstrates one way in which internment was not confined to segregated internment sites. Isolation and segregation within medical institutions, such as Essondale, amplified the containment goals of internment. Movement of internees for medical reasons shows the permeability of boundaries set by internment. Internment was also not a static event set in one place. Internment as a concept, and associated public perceptions of the Japanese Canadian community, continued beyond the locales of New Denver, Slocan, Tashme, Kaslo, and other interior British Columbia sites. The ways in which people moved because of healthcare services or labour is just one way we should recognize the geographic span of internment as national, not regional, and certainly as facilitated through multiple state institutions, including hospitals.

Internment history is regionally significant to British Columbia, but it also part of the longer history of Canadian nation-building. Considering internment as a process through a healthcare lens illustrates the national scope and significance of internment to healthcare history in Canada. Geographically, internment spanned healthcare institutions beyond designated internment sites. As a part of the nation-building project of twentieth century Canada, the efforts to contain disease within the Japanese-Canadian community were part of a much longer history interested in containing and sanitizing bodies of racialized others in an effort assimilate them into acceptable Canadian cultural norms of health and hygiene. But the significance of health to the history of internment also brings this moment in Canadian history to longer histories of healthcare services and healthcare practitioners in Canada. Just as the theme of healthcare reveals

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Separate Beds: A History of Indian Hospitals in Canada, 1920s–1980s (Toronto: University of Toronto Press, 2016). Finally, mental health, the role of the institution, and the state as a benevolent caregiver were all ideas developing in the post-WWII era across Canada. See: Erika Dyck and Alex Deighton. Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada. (Winnipeg: University of Manitoba Press, 2017).


more ways in which the nation used internment to shape public perceptions of this racialized community, it also reveals the ways in which internment has been erased from healthcare history of Canada. The labour of Japanese-Canadian healthcare professionals during internment deserves recognition for the contributions to developing and supporting rural medicine. Likewise, the untold histories of internees who were institutionalized at Essondale deserve to be included in our perceptions of internment. The negative effects of internment policies were varied and felt in very different ways. The inclusion of a handful of internees’ experiences at Essondale is significant for revealing the state power they continued to feel even while outside the internment sites within a healthcare institution. How healthcare was provided to internees and why health became a central theme in state propaganda reveal the state’s priorities of segregation, isolation, and, later, assimilation of Japanese Canadians. Moreover, asking how others remembered healthcare during internment demonstrates the different ways in which internment history has been erased from our national memory. Looking to local historical memory brings this historical moment back to the national stage in new and significant ways.

This study underscores some of the ways in which we should reconceptualize Japanese-Canadian internment as an significant moment in shaping healthcare in Canada in the 1940s. Healthcare within internment sites was not only important to Japanese-Canadian internees, but also significant to local communities because Japanese-Canadian healthcare professionals’ expertise did not stop at the arbitrary boundaries of internment sites. The essential role perceptions of good health played in shaping the national narrative about internment meant that certain patient and professional experiences were valued in the written and public record while others were actively ignored or erased entirely. The ways in which health and healthcare during internment has been remembered by Japanese Canadians, the Canadian state, and local communities near designated internment sites illustrates the shaping of a particular way of remembering, and forgetting, internment within and between these communities. Bringing a multitude of perspectives together, while focusing on health and healthcare, gives us a more holistic view of internment experiences and facilitates the inclusion of internment history in other national stories of health, racialized healthcare providers, and medicine in rural spaces.
### APPENDIX

#### Clinical Staff by Internment Location (1942-1949)

Compiled from archival collections at Library and Archives Canada, Nikkei National Museum, and Nikkei Internment Memorial Centre, and supplemented with published sources. * = Repeats as the result of movement of people.

<table>
<thead>
<tr>
<th>Hastings Park (Vancouver)</th>
<th>Tashme</th>
<th>Slocan City/Sandon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Irene Anderson</td>
<td>Miss Alice Reid *</td>
<td>Dr Kuwabara</td>
</tr>
<tr>
<td>Miss Trenna Hunter</td>
<td>Miss Beatrice Fetterley</td>
<td>G L Reynolds</td>
</tr>
<tr>
<td>Miss M E Fieman</td>
<td>Dr Harold Shimokura</td>
<td>Miss Lala Boyd</td>
</tr>
<tr>
<td>Miss Sarah E Lipsey</td>
<td>Mrs Ethel Shimokura</td>
<td>Miss Yoshi Kuwabara</td>
</tr>
<tr>
<td>Lucky Goto</td>
<td>Dr Cooke*</td>
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</tr>
<tr>
<td>Lucy Fujimagari</td>
<td>Miss Kihara</td>
<td></td>
</tr>
<tr>
<td>Connie Kagayama</td>
<td>Miss Yoneda</td>
<td></td>
</tr>
<tr>
<td>Hizzie Kika</td>
<td>Miss Adachi</td>
<td></td>
</tr>
<tr>
<td>Miki Yamamoto</td>
<td>Miss Tehara</td>
<td></td>
</tr>
<tr>
<td>Sam Kimura</td>
<td>Miss Negata</td>
<td></td>
</tr>
<tr>
<td>Shuzzy Yamada</td>
<td>Miss Yonemure</td>
<td></td>
</tr>
<tr>
<td>John Kitagawa</td>
<td>Miss Nakamura</td>
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</tr>
<tr>
<td>Jean Urabe</td>
<td>Miss Kaneko</td>
<td></td>
</tr>
<tr>
<td>Dr. Cooke</td>
<td>Miss Ishikawa</td>
<td></td>
</tr>
<tr>
<td>Dr. S M Miller</td>
<td>Miss Yano</td>
<td></td>
</tr>
<tr>
<td>Dr B E Lang</td>
<td>Miss Yamamot</td>
<td></td>
</tr>
<tr>
<td>Miss P Lee</td>
<td>Miss Kumano</td>
<td></td>
</tr>
<tr>
<td>Mrs L A Grundy</td>
<td>Miss Edna Lipsey*</td>
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</tr>
<tr>
<td>Miss M E Coburn</td>
<td>Miss Mitobe</td>
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</tr>
<tr>
<td>Miss Alice Reid</td>
<td>Miss Kawamoto</td>
<td></td>
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<tr>
<td>Mrs I Salt</td>
<td>Mike Ishida</td>
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</tr>
<tr>
<td>Miss Beth E Shirley</td>
<td>Mr Tanako</td>
<td></td>
</tr>
<tr>
<td>Mrs M Goodman</td>
<td>Mr Kumiyama</td>
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<tr>
<td>Shuz Yamada</td>
<td>Mr Okada</td>
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<tr>
<td>Marge Yonemura</td>
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<td>Miyo Ishiwata</td>
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<td>Dory (or Dori) Mizuhara</td>
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<td>Ted Kuwai</td>
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<td>Miss Tanouye</td>
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<td>Miss Jean Hideko Uchikura</td>
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<td></td>
<td>Miss Shizue Adachi</td>
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<tr>
<td></td>
<td>Miss Takata</td>
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</tr>
<tr>
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<td>Miss Kakamasu</td>
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</tr>
<tr>
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<td>Miss Kimiko Furmoto</td>
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<td>Dr S M Miller*</td>
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* = Repeats as the result of movement of people.
### Clinical Staff by Internment Location (1942-1949) [PART 2]

Compiled from archival collections at Library and Archives Canada, Nikkei National Museum, and Nikkei Internment Memorial Centre, and supplemented with published sources. * = Repeats as the result of movement of people.

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<thead>
<tr>
<th>New Denver</th>
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<th>Kaslo</th>
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<td>Dr M Uchida</td>
<td>Mrs F E Robinson</td>
<td>Dr Shimotakahara</td>
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<td>Dr J M Burnett</td>
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<td>Miss Reynolds</td>
<td>Miss M Fujimura</td>
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<td>Miss Boyd*</td>
<td>Miss T Yodogawa</td>
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<td>Mr Matsushita</td>
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<td>Mr (?) Miyazaki</td>
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<td>Mrs M L Rendell</td>
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<td>Geo Kimwaia</td>
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## Clinical Staff by Internment Location (1942-1949) [PART 3]

Compiled from archival collections at Library and Archives Canada, Nikkei National Museum, and Nikkei Internment Memorial Centre, and supplemented with published sources. * = Repeats as the result of movement of people.

<table>
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<tr>
<th>Bridge River area (self-supporting)</th>
<th>Alberta</th>
<th>Other (BCSC staff not associated with a specific location)</th>
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<tbody>
<tr>
<td>Dr. Miyazaki</td>
<td>Dr K J Murray</td>
<td>Dr. Lyall Hodgins</td>
</tr>
<tr>
<td>Dr Stewart Rose</td>
<td>Dr. G D Clement</td>
<td>Colonel Arthur</td>
</tr>
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<td>Dr. A Wright</td>
<td>Mrs M A Partridge</td>
<td>Miss E McGillevray</td>
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<tr>
<td></td>
<td>Mrs E McGillevray</td>
<td>Miss B McPherson</td>
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<td></td>
<td>Mrs V Collins</td>
<td>Mrs G E McDonald</td>
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<td>Mrs E Summers</td>
<td>Dr F W Grauer</td>
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<td>Dr E Boak</td>
<td>Major G Lyall Fraser</td>
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<td>W G Murrin</td>
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<td>Dr G F Strong</td>
<td>Dr Wallace Wilson</td>
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</table>
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[https://www.nfb.ca/film/sleeping_tigers_the_asahi_baseball_story/](https://www.nfb.ca/film/sleeping_tigers_the_asahi_baseball_story/)

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